



NLR Alliance Multi Annual Strategy 2020 – 2022

until No Leprosy Remains

approved by RvT 13 December 2019

1. NLR Alliance

Who we are

In 1967, Ms. Francisca Anten and Dr. Dick Leiker were so passionate about the plight of persons affected by leprosy that they decided to found an organisation to raise funds for the fight against leprosy and the suffering that it leads to. Today NLR is transforming into an Alliance with an International Office in The Netherlands, and member NGOs in Brazil, India, Indonesia, Mozambique and Nepal, who are still committed to carry on the work that was started by our founders to work towards a world free of leprosy and its consequences.

What drives us

Leprosy has a devastating impact on the lives of people that contract the disease, and on the people close to them. It is a neglected tropical disease, caused by *Mycobacterium leprae*, which mainly affects the skin, peripheral nerves, mucosa of the upper respiratory tract, and the eyes.

There are still over 200,000 new patients worldwide every year. Millions of people are at risk of being infected.

Leprosy can easily be cured. However, if diagnosed at a late stage, leprosy may cause disabilities that need lifelong self-care to prevent worsening. Leprosy is surrounded by stigma, with severe impact on the persons affected and their family members.

Leprosy destroys lives, and leprosy-related discrimination constitutes human rights abuse, leading to great injustice for persons affected by the disease.

We cannot accept this.

NLR Alliance has over 50 years of shared history in the fight against leprosy and the promotion of inclusion.

We are inspired by our mission and share a passion for applying all knowledge and experience that we have to contribute to this fight.

We are determined to continue our joint efforts until No Leprosy Remains.

Our Vision: A world free of leprosy and its consequences

Our Mission: To prevent, detect and treat leprosy and support health, ability and full inclusion in society for persons affected by leprosy

Our Principles

- We work rights-based and non-political.
- We work inclusive and gender responsive.
- We believe in the value of co-operation and actively seek partnerships
- We are positive, pro-active, transparent, accountable and promote integrity.
- We involve persons affected by leprosy in our programmes and policies
- We work evidence based
- We are leading in developing , implementing and sharing innovations that enhance the impact of our work
- We continue until No Leprosy Remains

Where we work

NLR Alliance consists of NLR International in The Netherlands and offices and NGOs in in 5 countries, of which the three most endemic countries India, Brazil and Indonesia. These three countries together count for 80% of new leprosy cases annually. Other countries where NLR Alliance is represented are Mozambique, and Nepal.

NLR Alliance is developing Technical Partnerships with Research Center for Inclusion Vietnam on Zero Exclusion Programmes and with Leprosy and TB Relief Nigeria on programmes on Zero Transmission and Zero Disabilities

Mozambique – Maputo

India – Delhi

Indonesia – Jakarta

Brazil – Fortaleza

Nepal – Kathmandu

The Netherlands – Amsterdam

Technical Partnerships:

Research Center for Inclusion (Hanoi, Vietnam)

Leprosy and TB Relief (Jos, Nigeria)

2. Our Theory of Change

2.1 Where we stand

An analysis of our strengths and weaknesses linked to the opportunities and threats in our environment has led to a number of insights that have shaped our strategies for the years to come and are the basis of our Theory of Change. Major elements from this analysis are:

The number of new cases of leprosy has remained almost stagnant over the past decade. Innovations are needed to make next steps towards zero leprosy. NLR is strong in research and has a good track record in innovations. Research is needed in order to develop evidence for innovations. Funders are looking for evidence-based propositions. NLR will therefore continue to prioritise research, innovation and evidence-building in its strategy.

A weakness so far is that not all research outcomes are translated into innovations that are implemented on a larger scale. NLR Alliance has the opportunities to do so. We are actively engaged in 6 countries and we have extensive networks that we are actively co-operating in. A major development in 2018 was the launch of the Global Partnership for Zero Leprosy (GPZL) which unites all the major stakeholders in the leprosy field, such as the [World Health Organisation \(WHO\)](#), as an observer), the [International Federation of Anti-Leprosy Associations \(ILEP\)](#), the Sasakawa Memorial Health Foundation and the [International Association for Integration, Dignity and Economic Advancement \(IDEA\)](#), and [Novartis](#). It also includes national leprosy programmes, the International Leprosy Association, scientific organisations and the academic community. GPZL is becoming a major coordination mechanism for filling the gaps in leprosy research and developing roadmaps for zero leprosy in all countries. At several levels NLR Alliance is actively involved. We also have good co-operation with National Leprosy Programmes in the Ministries of Health. Co-operation with ILEP partners is improving, but should be further intensified. Given our limitations to implement innovations on a larger scale ourselves we will increasingly involve these networks and their members in order to achieve upscaling of innovations on national and international levels. Some of the innovations that NLR Alliance has played a leading role in are the introduction of PEP (LPEP), and further research to increase the effectiveness of PEP (PEP++ and PEP4LEP) and the SkinApp. In our strategy we will continue to take leading roles in the trial, uptake and upscaling of these innovations that are aimed at stopping transmission of leprosy.

GPZL has developed a strategy to design National Roadmaps towards Zero Leprosy with national leprosy programmes and other stakeholders. We will actively advocate for and support the development of these partnerships with financial, programmatic, technical and fundraising support.

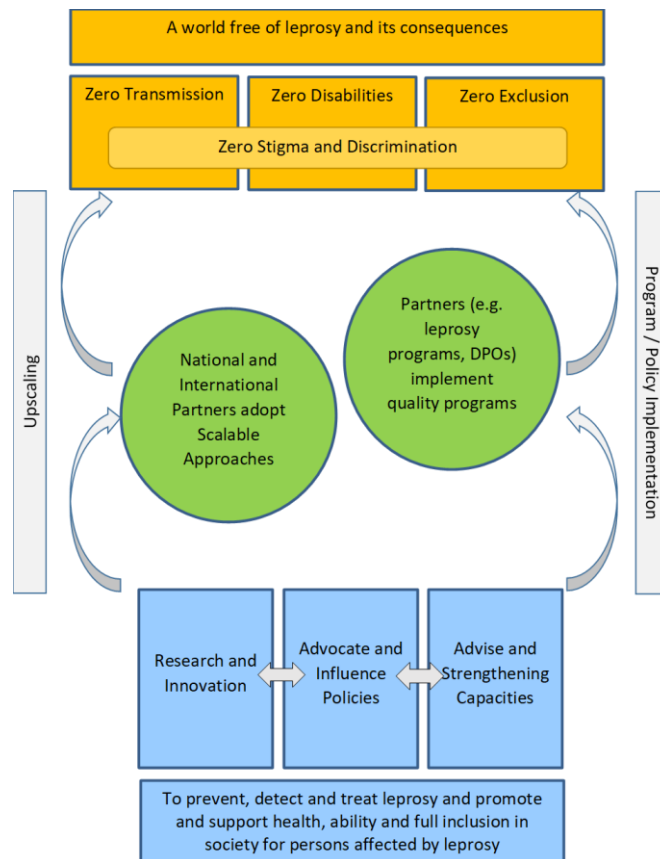
We have also identified that we do a lot on influencing other actors, but not in a structured way. Innovations do not easily get accepted and upscaled. We have the networks to influence policies and we are in the forefront of some leading innovations. In addition, we are able to link different levels. The NLR national NGOs have programmes rooted deeply in local communities, we are actively co-operating with persons affected by leprosy and we have access to networks at all levels from local to global. International policies (GPZL, WHO Leprosy Guidelines, UN Convention for the Rights of Persons with a Disability) are a good basis for lobby. Aiming at acceptance and upscaling the

implementation of innovations we want to build on our strengths and include more lobby and advocacy in our strategy.

One of our strengths is that we work closely with National Leprosy Programmes and other national actors such as civil society organisations including organisations of persons affected by leprosy and disabled peoples organisations. We note that they have to deal with limited funding, frequent staff changes (especially in the health services), and need for organisational strengthening (DPOs, organisations of persons affected). These circumstances are counterproductive to delivering quality services and to implement innovative practices. Therefore NLR Alliance will continue strengthening the national leprosy programmes and DPOs and organisations of persons affected by leprosy through capacity strengthening in organisational development, technical knowledge and lobby and advocacy.

In the past years we have invested in its fundraising capacity. This involves both private fundraising in The Netherlands as well as institutional fundraising internationally. Private fundraising in the Netherlands is under pressure. Institutional funds are available, but demand evidence-based propositions, carried out by multi-stakeholders at local, national and international levels. Our fundraising capacity is growing. We will continue building our capacities. With our innovation capacities, the national NGOs that are part of our Alliance, our track record and the networks that we are actively engaged in, we will keep on raising funds, as much as possible in partnerships. In some of the middle-income countries such as India, Brazil, Indonesia opportunities for corporate funding are growing. NLR's programmes are very relevant, our experience with corporate giving is limited. In our new NGO Boards we have knowledge and access to corporate giving. We will invest in our expertise and networks to engage into corporate funding.

2.2 Our Theory of Change



Our Vision is a world free of leprosy and its consequences. This vision can only be achieved if there is:

- Zero Transmission. We have to break the chain of transmission, in order to eliminate the disease.
- Zero Disabilities due to leprosy. Most disabilities can be prevented.
- Zero Exclusion. No person affected by leprosy should be excluded from society.

These zeros can be achieved in the decades to come. In our Multi-Annual Strategy we have programmes that work towards the zeros. In all programmes we include interventions to reduce stigma and discrimination.

Our Mission is to prevent, detect and treat leprosy and promote and support health, ability and full inclusion in society for persons affected by leprosy.

We believe that governments have the responsibility to organize good leprosy services. Together with our partners we therefore aim to strengthen governments in their leprosy work and to hold them accountable for the services they deliver. In addition we support organisations such as Associations of Persons Affected by Leprosy and Disabled People's Organisations who organize persons affected by leprosy and empower them to demand their rights.

Our three intervention strategies are:

- We research and innovate to develop new approaches to accelerate progress towards the three zeros.
- We advocate and influence policies of other stakeholders. We show to governments that new approaches work, to encourage and convince them to apply them in their programmes. We also advocate for better policies and more attention for leprosy. We link local rootedness with

national and international levels since we believe that change moves faster and that results, especially when governments are involved, are more sustainable.

- We advise and strengthen capacities. We support governments with advice and capacity strengthening, since it is known that well-functioning leprosy programmes are key to stopping leprosy. We also strengthen Associations of Persons Affected by Leprosy and Disabled People's Organisations in their functioning.

By combining these roles, we not only contribute to national governments implementing quality leprosy programmes, but also innovate and make sure that scalable approaches are implemented by national and international partners. That's why we constantly interact with these partners. In this way, the scale on which we achieve impact becomes larger. In our programme countries we actively co-operate with governments, civil society, Ministries of Health, health facilities, groups of persons affected by leprosy, and community representatives. Through our advocacy with international partners such as ILEP, WHO, Global Partnership for Zero Leprosy, we aim to further spread innovative practices in the countries where they are working.

- Our work is aligned with WHO, GPZL and ILEP strategies. We will support countries in developing and implementing their National Roadmaps to Zero Leprosy.
- We adhere and contribute to international frameworks such as the Sustainable Development Goals, UN Convention on the Rights of Persons with Disabilities and the UN Principles for the Elimination of Discrimination against Persons Affected by Leprosy and their Family Members, Universal Health Coverage
- Leprosy goes together with stigma and discrimination. In all our work, we will include activities to reduce stigma and discrimination and its consequences.
- Our work builds on a gender-responsive rights based approach and is inclusive to the most vulnerable sections of the population
- Leprosy is one of the Neglected Tropical Diseases recognized by WHO. In June 2020, WHO will launch a new NTD Roadmap 2030, which includes a strong emphasis of cross-integration of NTDs in order to achieve Universal Health Care. NLR has experience in cross-NTD work especially related to self-care, the SkinApp, and by hosting InfoNTD. We will keep working on cross-cutting issues with other NTD programmes, as long as these are to the benefit of persons affected by leprosy.

3. Our Programmes

In order to contribute to achieving the three zeros, NLR Alliance has three programmes:

- Programme towards Zero Transmission
- Programme towards Zero Disability
- Programme towards Zero Exclusion

In all our programmes we have extra attention for reduction of stigma and discrimination. This work is specifically described in section

3.1 Zero Transmission

Together with the worldwide leprosy community we aim for zero transmission. The first milestone on this road is a 70% reduction of the new case detection rate by 2030.

Since the introduction of MDT in 1981, early case detection and multidrug therapy (MDT) have been the pillars of leprosy control programmes. Even though there has been a reduction in the number of new leprosy cases the global number has remained more or less stagnant between 208,000 and 250,000 during the last 10 years.

With new approaches like preventive chemotherapy and the ongoing development of diagnostic tests and vaccines, we believe it should be possible to break the chain of transmission within the next decades. A concerted effort with all stakeholders is needed. It is therefore encouraging that WHO has included chemoprophylaxis as part of contact management in its leprosy guidelines, and that the international leprosy community has founded the Global Partnership for Zero Leprosy with the aim of promoting leprosy research and developing roadmaps to work towards zero leprosy.

NLR Alliance has been in the forefront of piloting Post Exposure Prophylaxis (PEP) and was one of the initiators of the LPEP Programme. We have a track record in leprosy control and the integration of chemoprophylaxis and we believe it is time now to scale up the use of PEP worldwide. In our programme countries we will put in every effort to support National Leprosy Programmes to introduce and roll out PEP. Internationally we will advocate and support others in their efforts to introduce and roll out PEP.

In the period 2020-2022 our programme towards zero transmission will do the following:

Objective

- Improved early detection of leprosy; reduced percentage of newly detected leprosy patients with visible disabilities
- Integration of chemoprophylaxis into leprosy control programmes scaled up

Change:

- National Leprosy Programmes provide good leprosy treatment with integrated preventive services.
- Persons affected by leprosy are aware of early signs and symptoms of leprosy and have access to treatment.
- Contacts of persons affected by leprosy are screened and provided with preventive chemotherapy.
- National and international partners roll out National Roadmaps towards zero Leprosy programmes in their countries of operation

Interventions:

- Engage in and support innovative research and pilot projects contributing to zero transmission.
- Lobby and advocate for proven innovations that contribute to stopping the transmission of leprosy, such as chemoprophylaxis and the leprosy friendly village approach, to be integrated in a sustainable way in national leprosy control programmes.
- Provide technical advice and support knowledge sharing and learning on these innovations
- Promote early case detection and prompt treatment through capacity strengthening and supporting national leprosy programmes with technical advice.
- Advise on the introduction of mapping, recording and reporting and the interpretation of data.
- Spend at least 50% of our programme-funds on stopping transmission.

Indicators and targets

(to be revised/updated Q1/2 2021)

Objective:

- rate of newly diagnosed leprosy patients with visible disabilities in intervention area
- rate of children diagnosed with leprosy in intervention areas

Change:

- number of communities with an improved attitude with regard to persons affected
- number of endemic areas covered with SDR PEP with support of NLR
- number of endemic areas covered with SDR PEP by all stakeholders
- number of contacts that received SDR PEP in intervention areas
- number of total patients of which contacts received SDR PEP in intervention areas

Interventions:

- number of health centres of which staff received training on leprosy, including SDR PEP
- percentage of resources we spend on SDR PEP

3.2 Zero Disabilities

Together with the worldwide leprosy community we aim at preventing that persons affected by leprosy will develop new disabilities during or after treatment.

While being cured, and even after having been cured from leprosy, attention is needed to prevent disabilities and worsening of existing disabilities for those at risk. Treatment of painful reactions that patients may get after being treated with MDT is another area of attention. It is important for the health system to monitor eye and nerve function and apply wound care during and after release from treatment. This is a lifelong process for persons affected by leprosy, and a part of cure that receives much less attention from public health services and government health policies. Lack of attention can have severe consequences for persons affected by leprosy who are at risk for further disability development. In this work we will be mindful that persons affected by leprosy will not be stigmatized by health staff and community members and feel free to access health services.

In the period 2020-2022 our programme towards zero transmission will do the following:

Objective:

- Persons affected by leprosy will not develop new disabilities during or after treatment

Change:

- Persons affected by leprosy practise self-care, report complications, and demand assistive devices or reconstructive surgery when needed
- Primary Health Centres (PHCs) have up-to-date in-house expertise and train community health workers and persons affected by leprosy in: prevention of disabilities, disability examination, monitoring and treatment of reactions and nerve function impairment, referral for reconstructive surgery, and facilitation of self-care groups
- Primary Health Centres apply combined approaches with other NTDs for prevention of disabilities where relevant
- Community health workers carry out monitoring regarding wound care, disability development and reactions; motivate patients to visit PHC in case of complications; and promote regular self-care and self-care group meetings
- Government implements policy to promote prevention of disabilities - facilitating combined approaches where relevant - and provide assistive devices through PHCs

Interventions:

- We pilot approaches for prevention of disabilities and support their upscaling
- We strengthen capacity of health workers on Prevention of Disabilities via Training of Trainers
- We lobby national and local authorities to implement policies, manage data, and allocate funds for prevention of disabilities
- We support knowledge sharing and learning

Indicators and targets

(to be revised/updated Q1/2 2021)

Objective:

- Number of persons affected practicing self-care

Change:

- Number of health units trained that provide Prevention of Disabilities (POD) services.
- Number of health staff trained with positive attitude (out of total health staff trained)

Interventions:

- Number of health staff trained on Prevention of Disabilities
- Number of health staff who received sensitisation on stigma and mental wellbeing of persons affected

3.3 Zero Exclusion

Together with the worldwide leprosy community we aim at improved lives for persons with disabilities due to leprosy in target areas in five countries by having access to comprehensive services and by participating in community's activities.

Persons affected by leprosy face major barriers for equal participation in society. They are often confronted with negative attitudes and are excluded from society. They are not only stigmatized by others and by society at large, but often consider themselves less worthy because of internalized

stigma. In quite some cases they are seriously discriminated. Persons with disabilities due to stigma also experience physical barriers: lack of accessibility of buildings and services.

There are international treaties that have been ratified by many countries, such as the UN Convention on the Rights of Persons with Disabilities and the UN Principles for the Elimination of Discrimination against Persons Affected by Leprosy and their Family Members. Often these are not adhered to. Governments are not doing enough to enable persons affected by leprosy to be able to exercise their rights to be full members of society.

Persons affected by leprosy need to be informed and aware of their rights. When organized in self-help groups and associations they will be able to voice their concerns and needs towards authorities and service providers. Another effective channel are Disabled People's Organisations (DPOs) who organise self-help for people with disabilities, and advocate for their rights with governments and private sector. We believe that inclusion of persons affected by leprosy in DPOs has a positive effect on their inclusion and the realisation of their rights. That is why we, as an organisation with a clear mission for the betterment of lives of persons affected by leprosy, collaborate with the wider disability movement.

In the period 2020-2022 our programme towards zero transmission will do the following:

Objective:

By 2022 persons with disabilities due to leprosy in target areas in five countries will have improved their lives by having access to comprehensive services and by participating in community's activities.

Change:

- Persons with a disability due to leprosy are empowered and able to jointly voice their concerns and needs
- Duty bearers are accountable and address the specific needs and interests of persons with disability due to leprosy.
- Existing policies and practices become increasingly inclusive

Interventions:

- We support, research and pilot new approaches that lead towards Disability Inclusive Communities. This involves:
 - Supporting Self Help Groups of persons with disabilities due to leprosy and other causes to organise themselves and work on the priorities of their members
 - Training and advising DPOs and organisations of persons affected by leprosy on how to claim their rights using international treaties such UN Convention on the Rights of Persons with Disabilities and the UN Principles for the Elimination of Discrimination against Persons Affected by Leprosy and their Family Members, and existing national laws
 - Training and advising DPOs and organisations of persons affected by leprosy on leprosy so they include persons affected by leprosy and play an active role in leprosy control and treatment programmes
 - Training and advising DPOs and organisations of persons affected by leprosy to train key stakeholders in the community on inclusion of persons with disabilities in mainstream development programmes
- Advocate governments for uptake of successful inclusive models and approaches, so that they can be replicated on a larger scale
- Share successes with other organisations, such as our ILEP partners in order to learn from one another and promote upscaling of best practices

Indicators and targets

(to be revised/updated Q1/2 2021)

Objective:

- Number of persons affected with improved socio-economic participation

Change:

- Number of communities with an improved attitude with regard to persons affected
- Number of local actors better voicing concerns and needs of persons affected compared to the start of the project

Interventions:

- Number of government (duty bearer) staff trained on leprosy or issues related to leprosy
- Number of persons affected trained on rights/ advocacy/ participation

3.4 Reducing Stigma and Discrimination and Promoting Mental Wellbeing

Leprosy related stigma affects persons affected by leprosy in their everyday lives. Stigma and exclusion are widespread in communities, amongst service providers, also in the health sector, and even with persons affected by leprosy themselves.

Our aim is that all NLR programmes and interventions will take stigma and its impact into consideration and involve measures to reduce it. This refers to stigma as a barrier to case detection, to disclosure of leprosy status for contact screening and PEP, to treatment adherence, to participation in self-care and self-help groups, to socio-economic and political participation and claiming rights, as well as to mental well-being of persons affected by leprosy.

Objective:

- Capacity has been strengthened and awareness raised on stigma reduction in NLR programmes and interventions
- An evidence base for progress on stigma reduction in our projects has been built

Change:

- NLR Alliance can assess the current situation on stigma and mental well-being in project areas, and assess whether we make progress on reduction of stigma and promotion of mental wellbeing in those areas
- Persons affected dare to disclose their status and can equally participate in socio-economic activities and access leprosy, disability and other services
- Community and family members accept and treat persons affected by leprosy equally and support them to participate
- Health staff and volunteers accept and treat persons affected by leprosy equally

The targets and indicators related to stigma reduction are integrated in each of the three Zeroes.

Mental wellbeing

Stigma and discrimination severely affect mental wellbeing of persons affected by leprosy.. It is estimated that one in two persons affected by leprosy will experience depression, anxiety and /or suicidal thoughts at some point in their lives.

In the coming period we will assess and decide how NLR plans to work on mental wellbeing.

Interventions:

- Explore interventions to reduce the impact of stigma on mental wellbeing of persons affected. Identified intervention areas to explore are peer counselling, sensitisation of health staff on stigma, mental wellbeing and counselling, and access to mental health services for persons affected by leprosy

Change:

- Persons affected and their families experience no internalised or external stigma, and meet no enacted stigma (no discrimination)
- Health (Centre) staff undertake no stigmatising behaviour towards persons affected and provide counselling to persons affected
- Self-care and self-help groups of persons affected by leprosy provide lay/peer counselling

Indicators and targets

(to be revised/updated Q1/2 2021)

- Number of persons affected with improved socio-economic participation

Change:

- Number of persons experiencing increased mental well-being and reduced depression after counselling ,

Interventions:

- Number of persons who received counselling
- Number of persons affected trained as peer counselor

4. Organisational Development

NLR Alliance Formation

In order to improve the sustainability and local rootedness of our work, NLR is transforming from a Netherlands-based organisation with country offices into an Alliance of locally registered and governed NGOs who have decided to work together and raise and utilize funds in order to engage in our mission. By 2022 local NGOs will be effectively operating in all our countries of operation, governed by local Boards. In three countries we will have closed our Country Offices. The Alliance members will work towards common goals, learn from each other and support each other. We will strengthen our Round Table of Country Directors to make operational decisions, and the Council of Chairs consisting of the Chairs of the Boards of the local NGOs to promote the joint development of strategies, priorities, and governance of the NLR Alliance.

Strategic Partnering

We will continue to invest and actively participate in international partnerships and initiatives.

Capacity Strengthening

To address the retirement of many senior leprosy experts and the rapid innovations around us, we will invest in the technical capacity of our organisation, so that each of the members have skilled staff who provide the extra value that is needed for initiating research and innovations, advocacy, and external representation of the organisation.

In our Theory of Change, the role of policy influencing is gaining importance. We will therefore invest in our lobby and advocacy capacity on a basis of learning from practice.

Hosting Research and Information initiatives

Since we aim to promote research across the leprosy and NTD sectors and to make research findings accessible, NLR is host to the Leprosy Research Initiative, and the information portals Infolep and InfoNTD.

PME and learning

We base our PME and learning on our Theory of Change. This implies that we acknowledge that the result of our work and the impact that we wish to see is strongly related to and dependent on the work of our partners, such as Ministries of Health and NGOs, CBOs, DPOs.

We are still learning how to arrange our PME. Defining our targets, monitoring them, and reflecting and learning will be further developed in 2020. We will improve our PME system so that we systematically learn from, account for, and communicate about our interventions and results.

Quantitative information and qualitative stories of change will be shared to help us better understand realities. In order to learn from our practice at all levels, we will select one Alliance-broad topic for a multi-country review.

In 2022 we will do a review of this overall Multi Annual Strategy.

Our brand

In order to reach our goals NLR wants to be perceived as an A-brand within the field of leprosy by funders, governments and other stakeholders. A strong NLR brand can support realisation of our ambitions at national and international levels. Therefore we communicate our core brand values leading, innovative, active, decisive and passionate, inside and outside NLR Alliance. Between 2020 and 2022 we will therefore focus on a uniform brand identity, incorporate the NLR brand into the NLR Alliance Manual and prioritize our brand management as part of the overall capacity strengthening activities.

Finance

In the next years we will further enhance, stabilize and improve the financial function of both NLR International and country offices / NLR national NGOs by investing in people as well as setting up and maintaining sustainable processes, systems and controls. By that we will provide a framework that will allow the NLR Alliance to grow whilst maintaining full control of all activities and ensuring optimal efficiency and effectiveness.

HR

In addition to delivering a solid and up to date HR framework (e.g. organogram, job descriptions, HR policies and staff handbook) we will focus on developing and strengthening the three pillars of Human Resource being People, Structure and Culture. Primarily focusing on our biggest asset being staff making sure they are equipped to deliver.

ICT

We will stabilize our IT systems and where necessary implement new (or further enhance existing) systems for CRM, project and grant management, co-creation and information sharing and learning in order to support our work.

Facilities

We will ensure that our staff has a safe, up to date and enjoyable workspace allowing all people to focus and deliver optimal results whilst doing their job.

Governance

In addition to forming the Alliance we will invest in processes and structures within our governance structure and through that ensure leadership within our global organisation is fully equipped to steer and lead the NLR Alliance into the future.

5. Resource Mobilisation

The NLR Alliance has great ambitions for the future. Together with our partners, we need more resources to make them come true. In 2020 we will develop new scenarios for future funding of the fight to end leprosy.

Institutional Fundraising and corporate giving

In 2022 we want to have an institutional funding portfolio of eur 4.5 million per year. We will seek further collaboration with GPZL, ILEP partners and other NGOs further afield and in other sectors. NLR Alliance will continue with its strong emphasis on partnerships because of their added value in addressing the complex realities of our work. Consortia at international level will facilitate larger international, sometimes multi-country, funding proposals but at local level, consortium building will be just as important.

- At international levels we aim at larger proposals (over eur 500,000). Strengthening and expanding our work with existing donors will be a main part of our strategy. In addition, we will search for new donors.
- At national levels we will strengthen our capacities, strengthen our relations with major in-country funders and be part of networks and consortia, in order to promote leprosy amongst our donors, increase our reach and develop quality proposals
- We will invest in grant management and compliance, and communicate regularly to donors in order to deliver quality and keep confidence of our funders.

Raising Unrestricted Funds

Our private donors and NLR Alliance share the same dream. We want a world without leprosy. A world where people are no longer excluded because of leprosy. We want to give these people a better future. And that is why we continue until No Leprosy Remains.

Our private fundraising is about people. People helping people. We tell and share their stories. We connect these people - the donors and people affected by leprosy - with each other. And this is how we raise unrestricted funds: money given by donors that the organisation is free to use as they see fit. A crucial element to achieve our mission: a world without leprosy.

Private fundraising in The Netherlands enables us to fund our independent policies and positions in international debates about effective leprosy control and enables us to support the human rights of persons affected by leprosy in their struggles for full inclusion. It is an important source for investments in developing innovations and potential breakthroughs in leprosy work.

In order to reach our goals we need to recruit new private donors and ensure we retain our existing donors. We want to build a long term relationship, in order to secure sustainable support by Dutch citizens to our mission and vision and sustain and expand the flow of unrestricted funds.

NLR Alliance builds its organisation around our private donors and creates a customer-oriented culture within our organisation. We will excel in our service and attention to private donors. We offer national campaigns in the Netherlands and also tailor-made services and we have personal contact with our special donors.