

TLM Netherlands Strategic Plan 2011 -2015

Public Summary Version2

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Part 1: Vision

What is TLM's global vision and strategy?

TLM Netherlands is part of the Global Partnership of TLM. We base our strategy on TLM's global vision and strategy.

TLM Global Mission

To minister in the name of Jesus Christ to the physical, mental, social and spiritual needs of individuals and communities disadvantaged by leprosy, working with them to uphold human dignity and eradicate leprosy.

TLM Global Values

As a Christian mission fellowship, in every aspect of our work and our relationships, TLM strives to be:

- **Like Jesus:** motivated by the Gospel, compassionate, loving one another
- **Holistic:** valuing each person, their families and communities, and proclaiming and demonstrating the Gospel as we respond to physical, mental, social and spiritual needs
- **Open:** working for authentic participation, transparent, respectful of others
- **Effective:** reaching for the highest impact, by setting high standards, growing and learning together
- **Interdependent:** building strong relationships, trusting one another, sharing resources and experiences, celebrating cultural diversity
- **Responsible:** good stewards of resources, communicating well, actively engaged in our shared mission
- **Accountable:** to God, one another, to those we serve, and to those who support our work

TLM Global Vision and Goal

TLM's global Vision: A world without leprosy

TLM's global Goal: To eradicate the causes and consequences of leprosy

TLM Global Strategic Objectives (2007-2012)

1. Double our resources, our capacity and our impact
2. Make a measurable reduction in stigma and discrimination against leprosy-affected people
3. Make a measurable reduction in the incidence and consequences of leprosy-related disability
4. Reinforce our Christian character and values
5. Play a leading role as one of the world's foremost dedicated leprosy organisations

What is the TLM Netherlands strategy to help reach that global vision?

We encourage separate long term and 5-year strategic statements because the long term one is inspiring and motivational, while the 5-year one starts to ground the process in what is realistic and practical and what is TLM's role in bringing it about. In other words the 5-year strategy can act as a bridge between hopes/dreams and practical strategies.

Long Term. How would you summarise the long term future situation for TLM Netherlands that you hope to help bring about?

TLM Netherlands long term strategic direction:

We want to see a major reduction of leprosy and transformational impact on the lives of people affected by leprosy in 5 of the main leprosy affected countries

TLM Netherlands aims to make a significant contribution to TLM's global vision of a world without leprosy. TLM Netherlands aims to make the biggest possible impact to the lives of people affected by leprosy in 5 of the main leprosy affected countries. TLM Netherlands wants to play a leading role in the TLM Partnership to make this possible.

Next Five Years. Looking forward five years, what do you hope for people affected by leprosy? Describe in a few words the future situation that you want to help bring about. Paint a brief picture. What does it look like? Who is in this picture and what roles are they playing? What are the roles of TLM in this picture?

TLM Netherlands 5-year strategic direction:

We want to see stronger quality leprosy and rehabilitation services and transformational impact on the lives of people affected by leprosy in India, Indonesia, Bangladesh, DR Congo, Myanmar and Chad.

TLM Netherlands aims to make a significant contribution to TLM's global vision of a world without leprosy. TLM Netherlands aims to make the biggest possible impact to the lives of people affected by leprosy and other marginalised people in India, Indonesia, Bangladesh, DR Congo, Myanmar and Chad. TLM Netherlands can not do this by itself, but only through and in cooperation and partnership with TLM Members and other partners.

Our contribution will focus on reaching impact by:

1. raising funds and support
2. programmatic partnership with implementing countries and other partners
3. advocating for and building expertise, quality and impact

How do our values shape the way we work in the Netherlands?

Looking at TLM's global core values. What do these values mean when applied in the context of the Netherlands? What will people see when they come into contact with us?

As a Christian mission organisation, in every aspect of our work and relationships, we strive...

We strive to be like Jesus: motivated by the Gospel, compassionate, loving one another

Jesus showed how to live life as intended by the Father. As followers of Jesus we want to be like Him, to be influenced by His life and teachings as recorded in the Bible. The Gospel shows us how to love our neighbour not because we have to, but because God is a God of love and compassion.

In our work in The Netherlands we want to show this by:

- valuing people and treating everyone with respect, both people within our organisation as outside
- advocating for people affected by leprosy and other vulnerable groups
- taking time together in prayer and devotion to understand Gods ways and be inspired and directed in our daily activities

We strive to be holistic: valuing each person, their families and communities, and proclaiming and demonstrating the Gospel as we respond to physical, mental, social and spiritual needs

In eradicating the causes and consequences of leprosy we cannot just focus on leprosy as a medical problem. Being holistic we need to address the total needs (health, social, relational, economic and spiritual) of people and communities to help bring transformation. Also in the Netherlands we tend to put people in mental boxes. If we are holistic, we bear witness that we value people and see them in their wider context.

We strive to be open: working for authentic participation, transparent, respectful of others

We want to be open, responsive and inclusive. We choose to work with others in authentic participation. We value cultural differences. We are open for new ideas and innovation to improve.

We strive to be effective: reaching for the highest impact, by setting high standards, growing and learning together

We can only reach our vision and mission if we are effective. We want to define and measure the effect and impact of our work. We strive for quality and high professional standards. We want to grow, evaluate, learn and improve ourselves and others. We build the professional capacity of our staff and develop good systems and practices.

We strive to be interdependent: building strong relationships, trusting one another, sharing resources and experiences, celebrating cultural diversity

We are committed to the TLM Fellowship. Only together can we really make a difference for people affected by leprosy. We build strong relationships and depend on each others abilities and contributions. We share our resources and experiences and want to strengthen and empower each other. Other members may call on us for help and we will ask others for help.

We strive to be responsible: good stewards of resources, communicating well, actively engaged in our shared mission

We are good and efficient stewards for our supporters and a responsible employer to our staff. We also want to be faithful to people and projects that we started and want to finish well. Being responsible also means that we focus and limit ourselves to what is good and relevant for our mission.

We strive to be accountable: to God, one another, to those we serve, and to those who support our work

We strive to be honest and transparent about our activities, our finances, our results and impact and about our personal conduct. Inside and outside our organisation.

Part 2: Current Situation

Overview of TLM Netherlands

The work of TLM Netherlands was started in the 1970's by then TLM European Director Sylvano Perotti. It was officially registered in 1980 as a 'stichting' (foundation). The 8 member voluntary board has the final responsibility for TLM Netherlands, but delegates the management and daily running of the organization to the director. It acts as a supervisory board. The foundation does not have members nor a general assembly, so new board members are elected by the board.

TLM NL presently consists of 8 paid staff members (5.2 fte) and 4 volunteers. Staff members are employed in the areas of general management, fundraising, programme funding, trust funding, finances, IT and administration support.

Some Financial Indicators	2009	2008
Spending towards objectives ratio	79,8%	79,4%
Fundraising ratio	19,0%	20,3%
Management & administration cost ratio	5,2%	5,1%

Current Programmes

Provide an overview of TLM Netherlands's current portfolio of projects. To what extent is the current portfolio meeting the needs of the target population? What are the gaps? Reference should be made to any evaluations of the current projects and any reflective learning activities the project teams have undertaken in the past two years.

The question for SC's is how effective their campaigns are, and identifying gaps. Also perhaps you can study the portfolio of implementing countries that you are supporting as an SC and ask how well the relationships with those countries are working to improve the overall benefit for people affected by leprosy. Are these relationships leading to better projects and also better funding opportunities? What are the gaps?

Fundraising Programme:

- **Individual supporter programme:** Through a very successful donor acquisition programme since 2005 the number of donors has risen enormously. Many donors give through direct debit giving and also give more frequent donations, but the average annual gift is still quite low. Our house mailings to donors are quite steady, but response to prospect mailings is much lower than before. We send a quarterly prayer letter to a smaller group of people who want to support us with prayer. We need to add a more relational approach to our donors, probably starting with the high value donors.

- Church programme: The church programme mainly consists of an annual mailing to churches for World Leprosy Day. There is also a limited number of presentations and visits to churches. The number of donating churches and income has steadily grown each year, but the average gift is going down. We want to add a more relational approach to donating churches, to involve them more in giving money, prayer or time to the Leprosy Mission. We presently lack resources to start this of well.
- Trust funds: Income from trust funds vary each year. In the past year we have started to look for new funds and have made a start. There is more potential, but we presently lack resources.
- Schools/companies: We get some funding from schools and companies, but this is very minor. We could start building relationships, by organising events, but we presently lack the resources. This is also a good place where we can teach people and make them aware of leprosy. We think there is potential for growth, but we will need to research this further.
- Government funding: In the past four years we received Government funding through the ICCO/Prisma alliance for healthcare in India and Bangladesh and through Word & Deed for Vocational Training in India. Through ICCO we also participate in Food security for ultra-poor women in Bangladesh funded by the EU. Government funding is a good source of funding, but specific requirements make it a high maintenance exercise and the requirements of 25-35% matching funds eat away undesignated funds.

Fundraising gaps:

- Marketing and PR: We lack wider and deeper exposure. A wider exposure to more people to know about leprosy and the work of The Leprosy Mission. A deeper, more relational exposure to our present supporters.
- Major donor programme: A major donor programme has not been developed yet. It is said to be an area of potential growth for charities in the Netherlands. We presently have not got the staff available to develop this relational activity.
- Legacy fundraising: With growing numbers of donors, we would expect to receive more legacies in the near future. Next to mentioning it in our newsletter, we have not developed a programme to grow the number of people that are putting TLM NL in their will.
- Business programme: A crisis is not the best time to approach business for cooperation in support. Still it might be an opportunity for extra funding.

Cross-cultural staff programme:

- TLM Netherlands has always supported the Mission by sending and supporting Dutch cross-cultural staff. In the last few years vacancies have dried up and the number of Dutch long-term cross-cultural staff has decreased to 2. Each year we send out approx. 4 short-term cross cultural staff.

Cross-cultural staff gaps:

- Because of the major changes in TLM and small numbers of cross-cultural staff, there are gaps in the support system. Procedures and systems that are good on paper are often not functioning in practice. Too much ad hoc communications and decisions that often do not deliver the personal and pastoral support needed.

Field Programme gaps:

TLM NL does not need to cover gaps, but need to focus and maybe specialise. Issues with field programmes are:

- Staff turnover: there is a lack of continuity in some country offices, leading to a risk of not being able to comply with requirements of institutional funders due to lack of capacity.
- Monitoring and Evaluation Systems: Decentralisation of Monitoring and Evaluation functions to country level and the acceptance and end responsibility thereof is not sufficiently embedded in all country organisations. Clarity and management on quality and impact of projects should be improved.
- Visibility and mainstreaming: People affected by leprosy should receive more services through mainstream programmes. Insufficient programmes exist to improve access of our target group to mainstream programmes. Special advocacy programmes are needed to improve entitlement of services.
- Cost efficiency of programmes: New more cost efficient ways are needed to continue service delivery to people affected by leprosy.

Opportunities for Collaborative Working with and/or through Other Organisations

Please identify, from the list above and any other sources, organisations working in the country with whom TLM could potentially partner. What are the opportunities of working with and/or through these organisations? What are the advantages of doing so?

ICCO, Prisma-partners, other NGO's, Dutch government and EU. The advantage of collaboration is learning, gaining new experience, innovation, a wider scope and more impact, new opportunities, new funding, sharing of capacity, Christian fellowship.

What are the disadvantages and/or threats to TLM Netherlands of working collaboratively with and/or through these organisations?

Disadvantages might be loss of leprosy focus, collaboration means more meetings, and might lead to full diaries and less effectiveness. It also might lead to more donor driven activities.

Overall, what are the most important needs and issues the strategy must address?

Taking the situation assessment of the previous sections, please highlight here the most important strategic issues that the country strategy must address. What are the most significant obstacles/challenges standing between your future vision and present reality?

Changes in TLM, the Netherlands or in TLM Netherlands that require some form of a response
1. TLM Global Fellowship changes are both opportunity as threat. More direct access and influence to IC's and projects; stronger relationships and cooperation with IC's and SC's (Opportunity 1) ; can invest more in knowledge regarding M&E, lobby & advocacy and stigma reduction; more focus on quality and impact in the field; fundraising support of IC's
2. The economic crisis, rising unemployment, lower donor income and expected government cuts (Threat 2) all threaten our income opportunities.
3. More fundraising competition, lower donor-trust and more charity regulations (Threat 8): more work needed in order to raise income.
4. How do we live out our values in work and relationships?
Significant issues with existing field programmes or the balance of programmes
5. India less popular for donors (Threat 6), so harder to raise funds
6. High staff turnover in country offices leads to lack of continuity and capacity
7. Monitoring end Evaluation Systems insufficiently embedded in country organisations, leading to insufficient insight in quality and impact of projects (Weakness 11)
8. Insufficient advocacy programmes for mainstreaming People Affected by Leprosy
9. More cost effective ways needed to continue service delivery to People Affected by Leprosy
Significant issues in terms of relationships with stakeholders
10. Changing relations with TLM members due to the TLM Global Fellowship changes
11. Continue and expand co-operation with Prisma/ICCO and partners;

more programmatic cooperation (Opportunity 3) is expected to make it work
12. More individual engagement with stakeholders for raising support
13. Need for a closer engagement with the primary interest of relevant stakeholders (Opportunity 4)
Significant weaknesses in the capacity of the country team in certain areas that need to be addressed
14. Insufficient capacity for communication and relational fundraising (engaging stakeholders)
15. Insufficient capacity for institutional fundraising (trusts and government funding). With more effort we will probably be able to access more small institutional funding (Opportunity 6)
16. Need for office management/directorate support: this will release management to pursue new opportunities
17. Insufficient capacity for support of Global Partnership (both supporting countries and implementing countries): this support is needed to make Global Partnership work.
18. Unsolved personnel entitlements , both in the NL as in the field
19. Need of more volunteers to support our work, in order to expand our work at much lower costs.
Other significant opportunities or threats/risks that need to be responded to appropriately
20. Relatively high fundraising ratio (weakness 6): we need to bring this down so not to unfavourably compare to other organisations.
21. Relatively high dependancy on government funding
22. Risk of losing our focus on leprosy

Part 3: Strategy

What are the priorities and objectives for change?

What should be TLM Netherlands's priorities to achieve its vision?

In a changing environment both nationally and internationally TLM Netherlands identifies three important roles to play in order to achieve as much indirect and direct sustainable impact for people affected by leprosy as possible.

- A. Support raising role: Raising funds, awareness, prayer, volunteers, etc.
- B. Co-operating/Co-working Partner Role: Working with Implementing Countries on Programmatic Cooperation, Strategic Planning, Advisory Role, Capacity Building, Cross-cultural staff, being a broker between partners and funders, Quality and best practice, etc.
- C. TLM Global Membership Role: Active membership of the TLM Global Fellowship at different levels and working groups

TLM Netherlands 5-year strategic direction:

We want to see stronger quality leprosy and rehabilitation services and transformational impact on the lives of people affected by leprosy in India, Indonesia, Bangladesh, DR Congo, Myanmar and Chad¹.

FOR THE NEXT 5 YEARS TLM NETHERLANDS HAS CHOSEN THREE STRATEGIC PRIORITIES:

PRIORITY 1: FUNDRAISING AND MARKETING – Grow our fundraising and raise our profile to support TLM projects and the global fellowship

PRIORITY 2: PROGRAMMATIC PARTNERSHIP – Further develop an active co-operative/co-working partnership with Implementing Countries and with other relevant organisations

PRIORITY 3: ADVOCATING FOR AND BUILDING EXPERTISE, QUALITY & IMPACT – Maintain technical expertise and raise the quality and impact of all we do in order to increase TLM's effectiveness in reaching our vision

¹ These 6 countries are selected based on the following criteria: TLM country, leprosy burden, present and potential relationship (personnel and funding).

Appendix A: Background to the strategy

Global Leprosy situation

In 2009, a total of 121 countries or territories reported to WHO. At the beginning of 2009, the registered prevalence of leprosy globally was 213.036. The number of new cases detected during the year 2008 as reported by 121 countries was 249,000. We realise that these figures do not represent the real leprosy situation, but at least give a calculated indication of the situation.

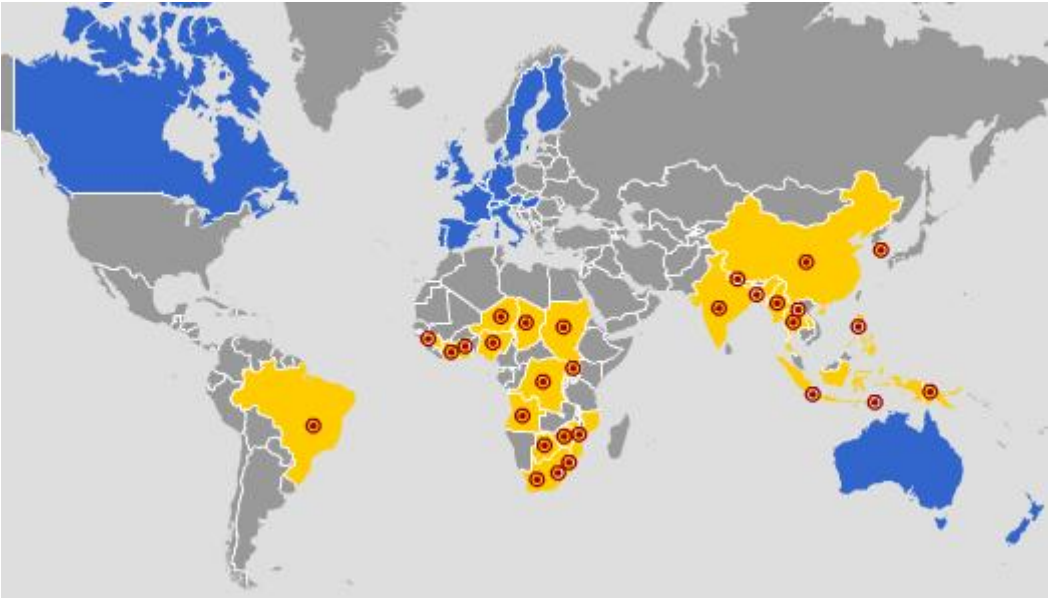
Although significant progress has been made in controlling leprosy and reducing the burden of the disease, much remains to be done in order to sustain the gains made and further reduce the disease burden. Early case finding and prompt treatment with MDT remains the cornerstone of leprosy control programmes, which needs to be ensured by strengthening integration with general health services and with critical support from the referral network. Collaboration with partners and community-based rehabilitation activities will be introduced where possible for people affected by leprosy and their families. These efforts are expected to reduce the physical, mental and socioeconomic burden caused by the disease.

Country	Leprosy		National Health Service			Economy					Education				Population		
	World leprosy ranking	New cases in 2008	Under nourished	Fertility rate	Infant Mortality rate	% work in agriculture	% live in urban areas	Un-employment	% below poverty level (<\$2/ day)	% below poverty level (<\$1/ day) (1-1-09)	% Literacy	Average Years of schooling	Enrolment in primary education	Completion of primary education	Persons per square km	% below 15 years	Life expectancy
World		249,007	14%	2.6	46	40,5	50	30	48	-	82	11.2	-	61.7	50	27	69
Netherlands	-	-	<2,5%	1.8	3.8	2	66	4	-	-	99	16	98.7	99.9	398	18	80
India	1	134,184	20%	2.7	55	60	29	6.8	76	25	61	10	94.6	89.8	356	32	64
Indonesia	3	17,441	6%	2.5	34	42	43	9	54	7.5	91	12	98	56.9	128	29	71
DR Congo	4	6,114	74%	6.5	92	-	33	-	80	-	67.2	-	54.2	38.9	29	47	53
Bangladesh	5	5,249	30%	2.5	48	63	25	2.5	81	45	47.9	8	97.6	76.4	1,127	32	65
Nepal	7	4,708	17%	3.1	37	76	17	46	78	30.9	48.6	9	80.1	76	74	37	64
Myanmar	9	3,365	5%	2.3	75	70	31	9.5	-	32.7	89.9	8	90.2	79	187	27	61
Sudan	14	1,901	26%	4.5	81	80	38	1.7	-	40	61.1	-	46.1	49.7	17	41	58
Chad	?	549	35%	6.3	106	80	27	-	83	80	25.7	6	61.2	31.6	8	46	47

Table 1: Data for TLM Implementing Countries which are directly supported by TLM NL

Statistics on disability are very diverse and generally unreliable and therefore not included in this table. Advocacy organisations for inclusion of people with disability estimate that 10% of the general population in most countries have a disability. Others state that about 3% of the general population are people with disability who are actually in need of assistance.

TLM Netherlands wants to make a direct or indirect impact on as many persons affected by leprosy as possible. It has a focus and direct links with all but one (Brazil) of the countries with more than 5.000 new leprosy cases per year (see table 1). From the top 10 countries TLM NL has no direct work in Brazil (no. 2), Nigeria (6), Ethiopia (8) and Tanzania (10).



Map 1: Countries where TLM is working, directly or through partners (like ALM)

Demographic Situation in the Netherlands

A brief introduction to the Netherlands, outlining the most important political, economic, social, technological, demographic and environmental characteristics that are relevant to our work in the Netherlands.

Geographical: The Netherlands covers an area of 41,526 km² (16,033 sq mi). The capital city is Amsterdam. It is a geographically low-lying country, with about 20% of its area and 21% of its population located below sea level with 50% of its land lying less than 1 meter above sea level. Significant land area has been gained through land reclamation and preserved through an elaborate system of polders and dikes. Most of the country is very flat, with the exception of foothills in the far southeast and several low-hill ranges in the central parts.

Political: The Netherlands declared its independence from the Spanish Empire in 1581, which was accepted in 1648. It has been a constitutional monarchy since 1848. The Constitution determines that the Government i.e. the Ministers is responsible for the government policy, rather than the Monarch. The Queen (presently Queen Beatrix) enjoys a position of immunity. The Netherlands is a parliamentary democracy. The State is ruled by the government under the supervision of parliament. The government consists of the Ministers under the leadership of the Prime Minister. Parliament consists of an Upper and a Lower House.

Economical: The Netherlands has a prosperous and open economy, which depends heavily on foreign trade. It is the 16th largest economy of the world (GDP nominal - \$876.970 billion - 2008). The economy is noted for stable industrial relations, fairly low unemployment and inflation, a sizable current account surplus, and an important role as a European transportation hub. Industrial activity is predominantly in food processing, chemicals, petroleum refining, and electrical machinery. A highly mechanized agricultural sector employs no more than 2% of the labour force but provides large surpluses for the food-processing industry and for exports. The Netherlands, along with 11

of its EU partners, began circulating the euro currency on 1 January 2002. The country is one of the leading European nations for attracting foreign direct investment.

Social welfare: The Dutch welfare state belongs to the most generous ones in the western world, which allow for relatively low, though rising, levels of poverty and inequality. It has a Human Development Index of 0.964 (6th in the world). Like other continental countries, the Netherlands is facing the dilemma of work and welfare. Unemployment is relatively low, but rising quite fast because of the present crisis. Future governments will need to make cuts into the welfare system.

Population: the Netherlands has a population of approx. 16,500,000 people. The population density is 399.7/km². The age distribution (2009) is: 0-14 yr: 17.4%, 15-65 yr: 67.7%, 65+ yr: 14.9%.

Life expectancy: 79, 25 yrs (male: 76,66 yrs, female: 81,98 yrs). Birth rate: 10.53 births/1,000; death rate: 8.71 deaths/1,000.

About 80,9 % is ethnic Dutch. Other ethnic groups are Indonesian (2.3%), German (2.3%), Turkish (2.3%), Moroccans (2.1%), Surinamese (1.0%) and others.

Religion: In 2002 the official religious makeup of the Netherlands was 31% Roman Catholic, 13% Dutch Reformed, 7% Calvinist, 5.5% Muslim, 2.5% other and 41% none. However, according to a survey done in 2006, only 25% of the Dutch people are Christian, 3% adhere to another organized religion (Judaism, Islam, Hinduism etc), 26% are 'unbounded spiritual' (individual spiritual beliefs, agnostics, etc), 26% are non-religious (moderate) humanist and the remaining 18% are non-religious non-humanist.

General trends in the Netherlands

1. **Globalisation.** News from all over the world. Strong interest in global issues like the financial crisis and climate change. Multicultural focus. Counterforce of more interest and action for own national and cultural identity.
2. **Digitalization.** The digital world of information and communication lead to information overload (*'infobesitas'*). Many people play computer games and are very active in virtual and social networks (e.g. Facebook, Hyves).
3. **Individualism.** People are less loyal and faithful to other people and organisations. Still people have a strong need to bond and belong.
4. **Secularisation.** Faith is experienced in a more individual and less institutional way. With decreasing church influence people are looking for other ways to give their lives meaning and gain identity. A strong move from knowing to feeling and interest in what is genuine, authentic and healthy.
5. **Church trends:** Church membership is decreasing. Boundaries between churches are falling away, which results in a growing unity between churches. The church is generally still inward looking.
6. **Leprosy** is a relatively small and neglected disease. In the Netherlands it is not well known and therefore a difficult cause to raise support for. Some people know it as an old Biblical disease.
7. **Hardening of Society** and politics. The right to free speech seems to compete with respect and value of others.
8. High on the **political agenda** are the financial crisis, with related focus on cutting government budgets, unemployment, changing the financial system, traffic congestion, sustainability. There is growing support to **reduce funding of developing cooperation**² and to widen the scope of using Overseas Development Aid (ODA) funds for other related purposes, like asylum seekers in the Netherlands and peace missions of our defence force. The latest report of the W.R.R (scientific council for government policies) generated a lot of negative publicity for ODA.
9. Many changes in **Government funding.** Both policies and the process of getting government funding is more complex. It is more and more focussed on certain countries, approaches and popular themes, like HIV/Aids, gender, climate, often related to the Millennium Goals. It is harder to get funding for basic needs like health and education. Better programmatic cooperation between organisations is needed.
10. The number of charities and the **competition for funding** is growing daily. Some people distrust larger charities and prefer direct involvement in trustworthy small local initiatives, often supported by people they know.
11. Donors expect **transparency and accountability** of the charities and causes they support. Trust is not automatic and needs to be earned. Show what you do. Transparency and accountability is also high on the list of the secretary of developing cooperation.
12. Media has a strong focus on young people and **youth culture.** This leads to fast, flashy programming and for many a short span of attention.

² Survey by Motivaction (2009): 1/3 of Dutch population wants to decrease budget for ODA. 2/3 still thinks Overseas Development Aid is (very) important.

Appendix B: Glossary

ALM:	American Leprosy Missions	MDT:	Multi-drug therapy
BSC:	Balanced Score Card	M&E:	Monitoring and evaluation
CBF:	Central Bureau for Fundraising	MOU:	Memorandum of understanding
CBO:	Community based organisation	NDE:	National directors forum executive
CBR:	Community based rehabilitation	NDF:	National directors forum
DCDD:	Dutch coalition on disability and development	NGO:	Non-governmental organisation
DGIS:	Dutch government department for overseas aid	NLEP:	National leprosy programme (India)
DM:	Direct marketing	NLR:	Netherlands Leprosy Relief
DR Congo:	The Democratic Republic of Congo	NZR:	Netherlands Mission Council
ICCO:	Dutch organisation for inter-church aid	ODA:	Overseas development aid
EO:	Dutch Evangelical Broadcasting Company	PCM:	Project cycle management
EU:	European Union	PME:	Planning, monitoring and evaluation
EZA:	Dutch evangelical mission alliance	SC:	Supporting country
FBO:	Faith based organisation	SER:	Social economic rehabilitation
Ftu:	Full time unit	SWOT:	Strengths, weaknesses, opportunities, threats
GDP:	Gross domestic product	TLM:	The Leprosy Mission
GP:	Global partnership	TLMI:	The leprosy Mission International
GPWG:	Global partnership working group	TLM NL:	The Leprosy Mission in the Netherlands
HDI:	Human development index	TSG:	Transitional Steering Group (TLM)
IC:	Implementing country	USP:	Unique selling point
ILEP:	International association of leprosy organisations	WHO:	World Health Organisation
KiA:	Dutch Church in Action		
LZ:	LEPRAzending, TLM Netherlands		