

## KEY PERFORMANCE INDICATORS

KPI Category	as at 31/3/17	as at 31/3/16
<b>Income &amp; expenditure</b>		
Total Income	£5,001,352	£5,941,504
Unrestricted income	£2,903,991	£4,276,960
Restricted income	£2,097,361	£1,664,544
Total expenditure	£5,407,612	£5,053,532
Surplus/(deficit)	£(403,784)	£887,688
Free reserves	£1,024,510	£1,009,228
Direct Charitable Expenditure	£4,669,456	£4,160,787
<b>Impact</b>		
Direct beneficiaries of diagnosis, treatment and care	252,056	279,791
Direct beneficiaries of health education and awareness raising <sup>4</sup>	1,316,505	1,940,144
Annual number of <b>leprosy</b> cases detected and supported	14,308	2,921
Annual number of <b>LF</b> cases detected and supported	13,316	12,332
<b>Staff</b>		
Total FTE staff	591	496
Total UK FTE staff	30	31
Turnover UK staff	31.58%	19.92%
<b>Communications</b>		
National/international media mentions	229	140
Website unique visitors	106,980	116,298
<b>Fundraising</b>		
Legacies received number and value	64 / £787,408	59 / £2,134,439
Legacy "pipeline" no and £	54 / £385,000	37 / £450,790
Unrestricted income excl. legacies	£2,116,583	£2,142,521
No of active donors (gave in last 2 years)	8,187	8,897

During the year we found that we were unlikely to reach our original annual planned income levels for the reasons earlier described. We therefore re-budgeted which incorporated some cost cutting measures, efficiency gains and a budgeted deficit for the year of £625,509. The Trustees felt this was appropriate given the level of reserves we held, and a decision to ensure that we made the best use of our reserves to support our charitable objects. In short, re-budgeting to incorporate a planned loss was not in itself undesirable. The implication of this however is that we need to revise and re-examine our reserves policy for 2017/18 and plan with the experience of the poor charity fundraising market caused by the media and Brexit. This environment is likely to be sustained for some years yet.

In common with most international organisations, we were also hit in foreign exchange terms by the consequences of the "Brexit" vote with an approximately 20% depreciation in the pound to INR rate. This was hedged, but the exchange rate has not corrected itself and now looks like permanent currency devaluation. This effectively means we are able to provide 20% less funding towards our overseas operations, despite commitments for a number of years forwards. Action is therefore planned for 2017/18 to address this. For example using a different budgeting system with India in particular, so it is easier to identify shortfalls and look for restricted funding locally. Furthermore our India programme will be setting

<sup>4</sup> Not including those mentioned as direct beneficiaries of other activities

unrestricted fundraising targets for each state and a new national Lepra Indian fundraising function established.

### **Programme Summary**

In 2016/17 the roll out and ownership of the new joint, organisation, country and state strategic plans was the priority, together with a concerted move towards Programme / Project Cycle Management (PCM), where all activities have clearly defined objectives and timeframes.

While the strategic framework was quite readily understood and adopted by staff across both Lepra and LEPRO Society, the application of PCM to all Lepra interventions has progressed more slowly, especially in India. Similarly, the formulation of a cross country advocacy agenda has taken time to develop and the prioritisation of issues to be pursued at local, national and international level is an ongoing task, for both overseas and UK staff.

As foreseen last year, programme activities continued at levels comparable to 2015/16, with the exception of two new Lepra funded combined leprosy and LF (SANKALP) Projects in Odisha and AP, India and two new donor funded projects in Bangladesh – one introducing the combined leprosy and LF approach to Bangladesh (DFID) and the other a community focused extension of the Health System Strengthening Project (effect:hope).

While these new projects interventions started up in 2016-17 other projects came to an end, notably the DFID funded disability project in Bangladesh. The phase out of non-priority diseases, including HIV and eye care continued in India, though it is expected that LEPRO Society will continue to be engaged with the Boards of the two eye hospitals in Odisha for some years to come.

In 2016/17, while Lepra reached an estimated 3,037,730 people in India, the vast majority were populations reached through IEC Campaigns (Information, Education, Communication); only 140,871 were direct beneficiaries. In the case of Bangladesh the figures were a little closer to those projected: 1,044,102 – 106,678 direct and 937,424 indirectly through health education and awareness-raising. Direct beneficiaries in Mozambique, 4,507 exceeded last year's expectations while the number of indirect beneficiaries, 3,901 was roughly one quarter of 2016/17 expectations.

### **Programme Activities**

In 2016/17, Lepra's programmes directly reached 252,056 people with health and development interventions (India 140,871, Bangladesh 106,678 & Mozambique 4,507) and a population of 26,747,780 with community health education (India 3,526,015, Bangladesh 23,217,864 & Mozambique 3,901).

While the total number of people directly reached by Lepra's work was a little less than 2015/16, a total of 70,190 were diagnosed with a disease and provided with access to treatment, almost double last year's figure (41,257).

Importantly, across all three countries where Lepra works – India, Bangladesh and Mozambique –we found 14,308 new cases of leprosy, almost five times the number identified in 2015/16 (2,921).

For people living with leprosy or LF, Lepra provided 37,523 pairs of sandals in 2016/17, up from 25,888 pairs in 2015/16. This footwear helped prevent worsening disability in those affected by leprosy and an

improvement in existing disability for people with LF.

In India the focus of Lepra's work remained upon the six states of Bihar, Jharkand, Odisha, Telangana, Andhra Pradesh (AP) and Madhya Pradesh (MP). Over the course of the year, new funding secured from effect:hope allowed the expansion of the combined leprosy and LF (SANKALP) intervention in Madhya Pradesh.

In Bangladesh our main area of intervention remained the four districts in the north west of the country, Bogra, Sirajgonj, Pabna and Natore. After successful completion of a three year multi agency health system strengthening project, agreement of a Lepra lead community focused second phase of this initiative saw work extended to from the north western districts of Bogra, Dinajpur, Lalmonirhat and Kurigram to the eastern districts of Sylhet, Maulvibazar, Habiganj and Sunamganj.

April 2016 also saw the start of a new combined leprosy and LF project 'Reaching the unreached', funded by DFID and focussed on the seven north western Lepra intervention districts.

**Disease** – We improved the lives of more than a quarter of a million people affected by neglected diseases such as leprosy and lymphatic filariasis including other diseases like TB, malaria and loss of vision by providing them with treatment and disability services and enabled 326,687 people to confirm their health status by providing diagnostic services within their villages, in mobile clinics and through our partners.

**Poverty** – We contributed to reduced poverty and improved standards of living for 255,152 people and their families through socio-economic empowerment work. A further 220 families were provided with emergency support following severe floods in Bangladesh.

**Prejudice** – We educated and raised awareness of 1,316,505 people on health issues (375,624 India, 937,424 Bangladesh and 3,457 Mozambique) to promote health seeking behaviour and to reduce prejudice towards those affected by leprosy, LF and TB, among a total population served of 25,170,312.

Key Numbers	2016/17	2015/16
People directly reached: diagnosis, treatment and care	252,056	279,791
People reached through health education and awareness raising activities	1,316,505	1,940,144
Children reached with health education and awareness raising through school visits	137,613	222,502
People diagnosed with a disease and provided with access to treatment	70,190	41,257
People given self-care training	43,258	27,619
People who claimed government grants and services for the first time	252,324	1,476
Health workers, volunteers, doctors, ASHAs and teachers trained	225,075	20,710
Government health staff trained	6,723	1,925
Hydrocelectomies performed on men with LF	1,224	1,251
Pairs of sandals distributed to people with leprosy or LF	37,523	25,888
Reconstructive surgery operations performed	611	594
New cases of Leprosy found	14,308	2,921
New cases of LF found	13,316	12,332
Numbers of people who took part in meetings to advocate for their rights	29,164	41,235