2014-15
Annual Review
The Leprosy Mission England, Wales, the Channel Islands and the Isle of Man
What is leprosy?

Leprosy is a mildly-infectious disease associated with poverty. It causes nerve damage, and, if left untreated, leads to a loss of feeling in the hands and feet meaning everyday activities are fraught with danger. Burns go unrecognised and stones in shoes unnoticed causing ulcers to develop. These injuries lead to the shortening of limbs and, often, severe disability. Leprosy also damages nerves in the face causing problems with blinking. Robbed of this simple action, a person can go blind.

Most people have natural immunity to leprosy and it cannot be caught by touch. Leprosy often occurs where there is dirty water, poor nutrition and low standards of living, meaning a person’s immune system is weakened and they are unable to fight the disease. It is thought, however, that a person needs to live in close contact with someone with untreated leprosy for a prolonged period of time in order to contract the disease.

New cases

Latest statistics published by the World Health Organisation (WHO) revealed there were 215,557 new cases of leprosy in 2013. That is approximately one new case every two minutes. Due to the stigma surrounding leprosy, poor access to health facilities and the marginalised situations of many of those affected, leprosy organisations regard these figures as vastly under-reported.

Marie Staunton, former Chief Executive Officer of ILEP, the umbrella organisation for anti-leprosy groups including The Leprosy Mission, said in 2014: “The numbers of new leprosy cases dropped significantly – by 60 per cent – between 2000 and 2006. We would love this to simply be a sharp drop in transmission but evidence would suggest otherwise. We believe that part of the drop is a result of under-reporting to the tune of several million new leprosy cases that remain undetected.”

How we help

The Leprosy Mission England and Wales runs projects in 11 countries across Asia and Africa. We are part of The Leprosy Mission’s global family working in 26 countries around the world to break the chains of leprosy, empowering people to attain healing, dignity and life in all its fullness.

Inspired by the love of Jesus, we seek to demonstrate his message through the love and compassion we show towards people affected by leprosy. We bring the treatment for leprosy through specialist hospitals and clinics. We provide surgery to restore the use of damaged limbs and enable eyes to blink again, preventing blindness. We offer rehabilitation including physiotherapy, enabling people to walk, clothe and feed themselves, restoring dignity. We also help people to get back on their feet and live healthy lives with education, vocational training, housing and sanitation.
Welcome

Our Annual Review 2014-15 introduces the pillars of our Programmes strategy – leprosy services, dignity and empowerment, social inclusion, research and learning and resource mobilisation. By focusing on each of these areas we are able to cure people of leprosy, help transform their lives by lifting them from poverty and enable them to work towards their future vision, working closely with our 23 overseas partners, including Leprosy Mission colleagues in 11 countries.

None of this would be possible without the generosity of our supporters in England and Wales, the Channel Islands and the Isle of Man: individuals, groups, churches, trusts and government grants. We are very mindful of the contribution made by many thousands of volunteers who make The Leprosy Mission England and Wales’s life-changing work a reality. This includes the work of more than 5,000 church representatives, the contribution of 12 volunteers who contributed 1,720 hours of volunteer time in the Peterborough office during 2014 and our 83 volunteer speakers who supported our regional team during 2014. We are also grateful to the three young people who completed internships in the Peterborough office in 2014, the three UK medical students who chose to take their medical electives at Leprosy Mission hospitals and the three skilled volunteers we currently have working on projects in Asia, who you can read more about on page 13.

Together this remarkable show of generosity, hard work and commitment enabled us to send £4.0m overseas to the projects we support across Asia and Africa in 2014, up from £3.9m in 2013.

I hope you enjoy reading about just some of the many thousands of lives transformed during 2014 in this Annual Review 2014-15.

Peter Walker, National Director
Ramesh from Nepal was diagnosed with leprosy last year at the tender age of three. His father was being treated for the disease when a doctor noticed the little boy had a rash on his arms and legs. He was treated at the Patan Clinic in Kathmandu, an outreach clinic run by The Leprosy Mission’s Anandaban hospital. Now four-years-old, prompt treatment means Ramesh has been spared a life of disability and he is now at school. A bright future lies ahead of him.
It is hard to think of a disease more intrinsically linked with poverty, and stigmatised than leprosy. People affected by leprosy are among the world’s most marginalised and stigmatised people. Therefore, we believe it is our duty to do more than simply treat a person’s leprosy. Our aim is to transform lives. We would hardly be doing this if we gave a person with leprosy the multidrug therapy (MDT) needed to cure their disease but let them return to begging on the streets, living in a makeshift home with no clean water supply. Therefore, as well as providing healthcare and rehabilitation, we tend to other areas of their life by enabling them to secure housing, a clean water supply and sanitation. We also help them to find work, providing job training and education for their children whenever possible.

Because of the stigma surrounding leprosy, people are prone to hiding the first tell-tale numb skin patches on their body instead of seeking early treatment. By doing this they increase the risk of suffering a permanent disability. Therefore, when a person is diagnosed with leprosy, doctors working for The Leprosy Mission personally examine other members of their household or explain to a patient how to recognise the early signs of the disease to ensure that family members seek prompt treatment.

We also provide mobile screening clinics to reach those not willing or able to make the, often arduous, journey to a government health post or Leprosy Mission hospital. In Jaffna, in northern Sri Lanka, there is a high prevalence of the disease and in 2014 we hosted leprosy awareness sessions in communities a couple of days before the clinic arrived. These sessions sought to educate people on the early symptoms of leprosy and spread the message that it is an easily treatable disease. It is hoped that by destroying some of the myths surrounding leprosy, people will be more inclined to come forward for diagnosis and treatment. We even went into two primary schools in Jaffna in 2014 to screen pupils for leprosy with seven out of 80 children testing positive.

The self-care unit at Anandaban leprosy hospital

The outstanding reputation of The Leprosy Mission’s Anandaban hospital in Nepal sees severely disabled people travelling hundreds of miles to have their leprosy treated and their wounds cared for. But it is not just the medical care benefiting patients. Often after their leprosy-caused ulcers and wounds have healed, they take up the offer to stay at the hospital’s self-care unit where they are taught how to care for their numb hands and feet in a bid to reduce reoccurrence of ulcers and infection. At the self-care unit they also learn how to protect themselves while carrying out everyday tasks. As well as being issued specialist footwear to protect their feet, they are provided with disability aids such as protective gloves to use while cooking.

Most people in Nepal depend on subsistence farming and there is even a farm at Anandaban leprosy hospital where patients can learn safe farming techniques such as using rubber-handled tools or tools wrapped in cloth to prevent sores and blisters from unknowingly developing on their numb hands. If these become infected they are likely to lose fingers and therefore find it even harder to work and support themselves.

Chanchaga orthopaedic workshop

A total of 1,369 people affected by leprosy were provided with a prosthesis or orthopaedic device at Chanchaga orthopaedic workshop in 2014. Located next to Chanchaga Hospital in Niger state, Nigeria, the workshop is working towards greater sustainability as it creates links with hospitals across Nigeria. It even purchased its own generator in 2014 so that it is no longer reliant on the local electricity supply which can be unreliable. While leprosy patients receive specialist-made prostheses and orthopaedic devices free of charge, those with non-leprosy caused disabilities who can afford to pay are charged a modest fee.
Dignity and empowerment

Elisha was 10-years-old when he first noticed white, numb patches on his body. His grandfather took him to a health clinic and when his parents found out he had leprosy, they told him he was no longer part of the family. Without taking treatment for leprosy, he ran away and joined a travelling circus. Four years later, however, leprosy-caused injuries resulted in Elisha losing his fingers. Nerve damage to his feet meant he could no longer lift them off the ground properly. At this point he was thrown out of the circus.

He said: “It took all the courage I had to return home in the hope that I would be wanted again. But when I arrived at my village I was shocked to discover that my parents and grandfather had died. ‘At least I have two sisters’, I thought, but they refused to talk to me and I was devastated to see the hatred in their eyes. My home was gone forever.”

A villager took pity on Elisha and told him about a leprosy hospital where he received treatment.

He said: “The hospital staff treated my leprosy and sent me to school. Sadly, they could not heal my disabled hands, but they showed me the way to a complete healing of my life. As well as taking good care of my physical and emotional needs, I heard Bible stories about the love of Jesus for people affected by leprosy, people like me!

“I stayed in the hospital compound until I was 20, after which I travelled around leprosy colonies in Orissa, West Bengal and Andhra Pradesh. I was encouraged to use my experience to teach others about the needs of people with leprosy, and I dedicated my life to helping them. I started to take groups of people affected by leprosy to the local government offices and lobby for disability pensions, wheelchairs and schooling for children.”

“Leprosy is my fate and I have to live with it,” is a frequently heard phrase uttered by patients struggling with the devastating effects of leprosy. But while there is no denying that leprosy has terrible physical effects on the body, people can rebuild their lives. Whether it is helping them to help themselves by accessing the rights and entitlements available to them or giving them training to do a skilled job as an alternative to begging, it is our job to empower leprosy-affected people and restore their dignity. We also see it as our responsibility to help quash some of the myths surrounding leprosy in a bid to reduce age-old stigma surrounding the disease.
Business

Workitu was one of 62 recipients in Ethiopia in 2014 to be given a loan, as a result of funding by The Leprosy Mission England and Wales, to set up a small business. Mum-of-five, Workitu, bought a bread oven and the ingredients needed to start selling bread from her home in Woreda 1 slum on the outskirts of Addis Ababa. Workitu has a ‘clawed’ hand as a result of leprosy and used to beg for a living. Her late husband was also leprosy-affected.

Since starting her own business, however, Workitu holds her head high and can support her family. She is excited about the government repairing the road outside her home which will increase the amount of passing trade.

Training

Dinanath is one of the 527 young people affected by leprosy or disability that The Leprosy Mission England and Wales enabled to receive training at a vocational training centre in India in 2014.

Dinanath is 22 years old and completed an electronic mechanics course at The Leprosy Mission’s Champa Vocational Training Centre in Chhattisgarh, India in 2014. He now has a job in Raipur in a private company.

Adult literacy

Literacy rates are low in Niger with women’s literacy rates lagging far behind that of men’s. Latest World Bank data from 2012 reveals that only nine per cent of women in Niger are literate compared with 23 per cent of men. In the Maradi and Danja areas of Niger, The Leprosy Mission England and Wales has enabled literacy classes to be held every day for six months, requiring a real commitment from the participants. They are taught in the local Hausa language and out of the 97 women completing the course in 2014, 66 achieved a basic standard of reading and writing at the end of the six months.

Community empowerment

Taungpo is a small village in the eastern Shan state of Myanmar (formerly Burma). The small hamlet of 36 houses is surrounded by forested hills and was formed of leprosy-affected families driven out from their original villages. Until a few years ago, very few children in the village received an education. The Leprosy Mission England and Wales, however, awarded a grant of around £3,000 which provided most of the materials to build a school. The school became a real community project with villagers carrying the sand needed to make concrete uphill from the nearest river. For the first year the money paid half the cost of the teachers’ salaries and the villagers paid the other half. But in 2014 the Myanmar government provided teachers for the school and paid their salaries. It is now attended by 33 village children and is a thriving school. Pictured are the children receiving Christmas cards in December 2014 from Leprosy Mission supporters in England and Wales.
A person with leprosy is often outcast from their community when they begin to show outward signs of the disease. They may be forbidden from taking water from the communal tap in the village or their children are no longer allowed to attend the local school. In the communities where we work, there are many unfounded beliefs as to why people behave in this way towards people affected by leprosy. Often they are taught to believe they are cursed for something they’ve done in a previous life or that the disease is incurable and always results in horrendous disability.
The Leprosy Mission runs many innovative projects to encourage community cohesion between leprosy-affected people and members of the community who are not affected by the disease. Breaking down stigma surrounding leprosy in a community means individuals will more readily seek early diagnosis and treatment for the disease.

Luri Rokwe is a leprosy-affected community in South Sudan, situated on the outskirts of the capital Juba. The Leprosy Mission has provided a fresh water supply to the community meaning 480 people – both leprosy-affected and those not affected by the disease – benefit from clean water, lowering the incidences of water-borne disease. Implementing interventions that include the general poor, alongside those affected by leprosy, is helping to break down stigma and enable people affected by leprosy to be seen as valued members of their community.

In Sri Lanka, we have trained 25 pastors linked to the National Christian Evangelical Alliance of Sri Lanka in leprosy awareness and, in turn, they will train at least 40 additional pastors and church leaders in each of the country’s 25 districts. The pastors work closely with the Sri Lankan government and organise leprosy-awareness sessions with the church which are attended by government health workers who diagnose and treat leprosy. Church members are encouraged to reach out in love and offer practical care to people affected by leprosy, as well as raise awareness of the disease and its treatment.

With more than half of all new cases of leprosy diagnosed in India, the HEAL India initiative (Hire, Educate, Accept, Leprosy-affected) was launched to advocate on behalf of leprosy-affected people. In 2014 our colleagues in India joined forces with the doughnut chain ‘Mad over donut’, through their chain of 52 stores, to help improve people’s knowledge of the rights of people affected by leprosy. Young leprosy-affected people visited five large corporate organisations as part of the campaign to encourage them to recruit people affected by leprosy.

As part of the HEAL India campaign, around 5,000 school pupils in 2014 were taught about leprosy and the equal rights of those affected. They were encouraged to share the message with three other people through the use of cartoon characters reaching more than 15,000 people.

In its bid to overturn laws that discriminate against leprosy-affected people in India, such as leprosy being grounds for divorce, The Leprosy Mission met with the Law Commission to advocate for them to repeal discriminatory legislation and with parliamentarians to ensure leprosy is an integral part of the new Rights of Persons with Disabilities Bill.

**News from Tillabéri, Niger**

People with leprosy from the small town of Tillabéri in Niger have been banished to an island across the Niger River on discovery that they have the disease. In 2014, however, The Leprosy Mission worked with the island community to provide sanitation and bridge the gap between those living on the island and the main town. We did this by providing livelihood opportunities to people on the island like mum of four, Maimouna. Maimouna came to live on the island when she was pregnant with her youngest daughter, Nafisa (pictured) and was diagnosed and treated for leprosy. Sadly the disease caused her to lose the use of her right hand and when this happened, her husband asked her to leave. She was outcast to the island taking her small baby with her but was heartbroken to leave her three older children.

The Leprosy Mission paid for her to have reconstructive surgery on her right hand and she can now grip objects once again. She also received agricultural training and now grows yams which she is able to sell on the mainland by crossing the River Niger on a boat provided by The Leprosy Mission. Maimouna, pictured in her plant nursery, is now fully accepted in the town of Tillabéri and is able to hold her head high as a respected market trader.
The introduction of multidrug therapy (MDT) as a cure for leprosy in 1982 was a monumental development in curtailing the devastating physical effects of the disease. Since 1982, more than 15 million people globally have been cured of leprosy as a result of MDT. But despite there being an effective cure for the disease, more medical research and shared learning needs to happen to further tackle the causes and consequences of leprosy.
Research

The laboratory at The Leprosy Mission’s Anandaban hospital is one of the most important research centres for leprosy in the developing world. It contributes to the development of improved diagnosis and treatment, and aims to enlarge the current knowledge base about leprosy. This enables evidence-based policy making decisions by organisations and governments relevant to leprosy-affected populations worldwide. Current projects carried out at the Anandaban laboratory include research to better predict and improve treatment of leprosy reaction, a simple diagnostic test for leprosy and research into leprosy drug resistance.

The World Health Organisation (WHO) is exploring introducing universal treatment for leprosy. Presently people testing positive for leprosy are prescribed either a six or 12-month course of multidrug therapy (MDT) depending on whether it is paucibacillary (PB) or multi-bacillary (MB) leprosy. This is usually based on a clinical diagnosis linked to the number of skin patches. The WHO is looking to introduce a standard six-month course of treatment for both MB and PB leprosy. The Leprosy Mission is helping the WHO to assess whether it is safe to standardise treatment in this way. If so, this will make diagnosis and treatment regimes easier for clinicians to manage.

The research is carried out at the Danish Bangladesh Leprosy Mission (DBLM) hospital in Nilphamari, Bangladesh on patients The Leprosy Mission is certain are contactable to ensure they remain leprosy free following a six-month course of MDT.

Learning

We are always keen to share learning from our overseas projects and fundraising campaigns with both members of The Leprosy Mission’s global family and other organisations. A good example of this was in 2014 when a learning document, Inclusion works was published on the pioneering Food Security for Ultra-Poor Women (FSUP) project, which completed in 2013. The European Commission-funded project was run by a consortium of charities with The Leprosy Mission heading up the leprosy and disability aspect. The life-changing project which saw 40,000 female-headed households helped in Gaibandha, Bangladesh, included 900 leprosy-affected families who benefited from a new source of income.

The inclusion of persons with disabilities and leprosy in mainstream development programmes is a relatively new concept in development. It is a result of the ratification of the UN Convention on the Rights of Persons with a Disability, which underlines the rights of persons with disabilities to be enrolled in development programmes.

The FSUP project was one of the first programmes to mainstream disability on a large scale in Bangladesh. The Inclusion works document was published in partnership with Light for the World to share lessons learnt from the project about mainstreaming disability. Sian Arulanantham, Head of Programmes Coordination at The Leprosy Mission England and Wales, travelled to Bangkok to present on the document at a conference addressing poverty, attended by organisations from across the globe. We hope the timely publication of this document will further encourage governments to make sure measures are put in place to include disability in overseas aid projects linked to the Sustainable Development Goals (SDGs). The SDGs are due to be agreed by United Nations (UN) in September 2015 and replace the Millennium Development Goals (MDGs).
In 2014 we were privileged to have three British skilled volunteers working on our projects in Asia. Dr Ruth Butlin, who had previously worked overseas for The Leprosy Mission, continued her role in Bangladesh working as a Medical Advisor at Danish Bangladesh Leprosy Mission hospital in Nilphamari, while Richard O’Brien, who is disabled himself, was deployed to Myanmar (formerly Burma) to serve as a disability advisor for TLM Myanmar. Dr Peter Nicholls continued in his role as capacity building volunteer at The Leprosy Mission Nepal.

While Dr Butlin stressed that Bangladeshi doctors are best placed to care for leprosy patients at the Danish Bangladesh Leprosy Mission hospital and in its field projects, it is her role to train and encourage new doctors in leprosy diagnosis and managing complications of the disease. This is a vital role and we are most grateful for her willingness to serve the Mission once more. She explained: “We have to wait for the right doctors to come forward in Bangladesh and young doctors often do not stay long. They may prefer government service where they will have job security and pensions, or may expect to earn more in the private sector, whereas they need to have a real heart for people affected by leprosy to work for The Leprosy Mission. It is then my role to work with them teaching them more about leprosy.”

In-country fundraising in India

In recent years there has been a backlash about sending overseas aid to India following news of its booming economy. But while there is a growing middle class in India, there is also extreme poverty with the country remaining home to a third of the world’s poor. Indeed more than 500 million people in India live on less than £1 a day. India also has more than half of the world’s new cases of leprosy. There is such a need that The Leprosy Mission will continue to work in India for as long as leprosy continues to be diagnosed.

We have, however, been working with our colleagues in India in 2014 to encourage their in-country fundraising efforts. This included providing technical support for the development of their fundraising strategy, the development of fundraising materials, implementing a direct marketing appeal and revitalising their website with the inclusion of a payment gateway so people can donate online. As a result, they now have 900 new donors. This, combined with the fundraising of their hospitals, including accessing resources such as ambulances through corporate donations and generating income from charging non-leprosy patients for services is enabling The Leprosy Mission Trust India’s work to be more self-sufficient.

Dr Ruth Butlin is pictured working at a women’s refuge in Rangpur, Bangladesh. Many of the women are leprosy-affected.
Charitable trusts and foundations

Mobilising resources for leprosy work is essential if The Leprosy Mission is to continue its transformational work. We offer trusts and foundations value for money, giving them the opportunity to reach some of the world’s poorest people and achieve their charitable objectives.

In 2014, we were awarded grants amounting to £227,783 from charitable trusts and foundations. These included a donation of £40,000 from St Lazarus Charitable Trust. This was spent across two projects – Bankura Mercy Home and Rainbow Children’s Home, both in India.

In 2014, Bankura Mercy Home in West Bengal cared for 40 older people who were abandoned by their communities and families and had no means of caring for themselves. The home not only provided them with shelter but with nutritious food, clothing, medicines and other essential items for their daily lives.

Brighter Future is one of The Leprosy Mission’s partners and runs three residential homes for children in India, one of which is the Rainbow Children’s home in Andhra Pradesh. The home opened in 2004 and provides care for children affected by leprosy who have been abandoned and orphans. Some of the children were found on the railways. In 2014, the Rainbow Children’s home was home to 83 children, 54 of which are affected by leprosy.

The Hand in Hand Charitable Foundation provided a grant of £20,000 in 2014 which was split between funding a Vocational Training Centre at Champa in Chhattisgarh, India and repairing the roof and renovation work to The Leprosy Mission’s Purulia Hospital in West Bengal.

In 2014, the Vocational Training Centre at Champa provided quality training to 124 young people affected by leprosy and disability. The centre has placed the majority of its graduates into full-time skilled employment within 18 months of graduation.

We are most grateful to donating charitable trusts and foundations for their invaluable contributions.

Institutional funding

Guernsey Overseas Aid Commission

In 2014, Guernsey Overseas Aid Commission (GOAC) provided £39,999 for the construction of a kindergarten in a leprosy-affected community in Ethiopia. This class, staffed by government teachers trained in disability inclusion, will enable young children from the slum community access education for many years to come. GOAC also funded the construction of a new women’s ward in Anandaban hospital in Nepal, enabling the hospital to improve its quality of care. For 2015 GOAC has pledged £39,150 towards a leprosy services project in Niger and £39,150 towards our primary healthcare and livelihoods project in Kwara, Nigeria.

Jersey Overseas Aid Commission

A total of £159,829 was awarded to The Leprosy Mission England and Wales by the Jersey Overseas Aid Commission (JOAC) in 2014. This included support for a one-year water and sanitation project in South Sudan and ongoing funding for community development work in Niger. Successful applications mean that £338,601 will be provided by JOAC in 2015. This includes a £100,000 grant which will fund a new outpatients’ department at Mawlamyine Christian Leprosy Hospital in Myanmar. This will enable the hospital to better serve patients affected by leprosy and disability as well as provide services to the wider community. £87,143 will pay for a new, modern building to be constructed at the Danish Bangladesh Leprosy Mission Hospital in Nilphamari, Bangladesh. The old building is in a poor state of repair with cramped wards and cracking walls. The new building will use a ‘universal design’ so that it is disability friendly. The remainder will fund a new project building the capacity of leprosy services in Nepal and continue to provide funding for community development in Niger.

The Leprosy Mission would like to thank both JOAC and GOAC for their generous donations that have transformed the lives of so many people affected by leprosy.
Campaigning

In 2014, The Leprosy Mission England and Wales launched its Awakening programme, designed for young adults aged 18 to 30. The idea behind the Awakening is to inspire young adults to get involved with the work of The Leprosy Mission and help transform lives overseas from the UK.
Advocacy success!

After two years of lobbying the British government, the Department for International Development (DFID) published its Disability Framework: Leaving No One Behind on International Day of Persons with Disabilities on 3 December 2014. The Leprosy Mission England and Wales submitted evidence to an inquiry into disability and development, called by the International Development Committee (IDC). This led to the publication of a report acknowledging that people with disabilities need to be included in overseas aid programmes, and to DFID’s Disability Framework: Leaving No One Behind, which sets out how the government will ensure UK aid reaches an increasing number of people with disabilities in developing countries.

Another advocacy success in 2014 took place in December when MPs voted for the third and final time to support MP Michael Moore’s private members’ bill to enshrine the 0.7 per cent aid target in law, guaranteeing the UK’s commitment to overseas aid. This was set out in all three major political parties’ 2010 election manifestos but failed to materialise until Michael Moore’s private members’ bill.

The Leprosy Mission England and Wales has been campaigning for MPs, particularly those with an interest in International Development, to lobby for targets to be set to include people with disabilities and those affected by Neglected Tropical Diseases (NTDs), such as leprosy, in the new Sustainable Development Goals (SDGs), due to be agreed by the United Nations (UN) in September.

The SDGs replace the Millennium Development Goals (MDGs) launched in 2000. While the MDGs have been hugely successful in bringing millions of people out of extreme poverty, tragically they make no mention of NTDs and those with disabilities who so often remain at the fringes of society. NTDs affect 1.9 billion of the world’s poorest people and one billion people globally are disabled, 80 per cent of whom live in developing countries. Women with disability are even more vulnerable and doubly marginalised in many of the countries where we work.

We attended two Christian festivals in 2014 to tell young adults all about our work. They were GO2014 festival in Bulstrode Park, Buckinghamshire in June and Momentum festival in Shepton Mallet, Somerset, in August. At the festivals a total of 617 young adults signed up to the Awaken Me 40-day prayer devotional, emailed daily from September. After completion, Awakening supporters are emailed a monthly devotional and Awakening e-news, to encourage them to engage in social justice issues such as lobbying the UK government to support international development initiatives.

A volunteer two-week trip to The Leprosy Mission’s Anandaban leprosy hospital in Nepal took place in April 2014. Each young adult raised £850 (in addition to their airfare) which included their food and accommodation costs as well as a donation to Anandaban leprosy hospital.

For more information on the Awakening programme, please visit www.awakenme.org
Where we work

As a result of funding provided by generous supporters of The Leprosy Mission England and Wales, the following achievements were just some of those made in 2014:

- 561 leprosy patients were provided with protective footwear in Niger
- 560 people affected by leprosy were cared for as inpatients in Sudan
- 1,369 people affected by leprosy were provided with a prosthesis or orthopaedic device in Nigeria
- 1,087 people affected by leprosy were cared for as inpatients in Nepal
- 679 leprosy patients underwent reconstructive surgery in India
- 62 people affected by leprosy and disability were helped to start their own small business in Ethiopia
- 360 people accessed a clean water supply in Sri Lanka
- 59 leprosy patients underwent eye surgery in Bangladesh
- 251 people had their own toilet in South Sudan
- 180 children affected by leprosy or disability were able to go to school in Mozambique
- 499 young people affected by leprosy or disability received vocational training in Myanmar
- 561 leprosy patients were provided with protective footwear in Niger
To the future

Each year The Leprosy Mission England and Wales launches new projects and campaigns to transform the lives of some of the world’s poorest and most marginalised people. Here’s a snapshot of just some of what we have planned for 2015.

Feet First

The Leprosy Mission England and Wales has won UK Aid Match funding for its pioneering Feet First project in Mozambique, meaning the British government will match every pound raised. Feet First will run from 1 June to 31 August 2015 and will see a host of fundraising activities take place including a concert with gospel singer/songwriter Philippa Hanna, church picnics and rambles and The Barefoot Challenge, a social media campaign challenging individuals to go bare foot for the day and Facebook and Tweet their experiences.

Feet First will work with 4,000 ultra-poor people including those affected by leprosy and disability in the Cabo Delgado province of Mozambique. The first phase of the project is to reduce the rate of disability through working with self-care groups and after this, the project will partner with another charity, Food for the Hungry, which specialises in agricultural training. Participants will learn safe and sustainable farming methods in order to improve crop yields.

Luri Rokwe community project, South Sudan

Luri Rokwe is a leprosy community on the outskirts of South Sudan’s capital Juba. Our work in the community was adversely affected in 2014 by the civil conflict. We were, however, still able to work with the community to build latrines and deliver clean water. Through donations from our generous supporters we also provided emergency aid after villagers were displaced during the war. In 2015, now that the community is more stable, we are planning a new project focusing on education for children in Luri Rokwe, and livelihoods for adults.

Transformation and renewal of leprosy-affected communities in eastern Shan state, Myanmar

The Leprosy Mission is working with 18 remote villages in eastern Shan state, Myanmar, with its partner Christian Leprosy Mission Eastern Shan. In 2015, a new phase of the project will commence, in association with Tearfund, to provide the villages with clean water supplies, sanitation, medical care and education for both adults and children. 
Finances 2014

This summary of financial information is not the statutory accounts but has been derived from the audited financial statements which were approved by the Trustees on 11 April 2015 and other financial information. The full statements have been audited and given an unqualified report. Copies of the full statements have been submitted to the Charity Commission and the Registrar of Companies. This summary may not contain sufficient information to allow for a full understanding of the financial affairs of the charity. The full accounts, including the audit report, may be obtained from The Leprosy Mission England, Wales, the Channel Islands and the Isle of Man.

**Income**
- Legacies £1,884,820 (29%)
- Investment income £13,509 (<1%)
- Stamps and collectables £127,341 (2%)
- Individuals £2,412,737 (38%)
- Community fundraising £710,634 (11%)
- Governments and institutions £648,797 (10%)
- Trusts and corporates £227,783 (4%)
- Gift Aid tax refund £317,996 (5%)
- Other donations £41,992 (1%)

**Expenditure**
- Charitable activities £4,603,811 (75%)
- Cost of generating income £1,463,348 (24%)
- Governance costs £53,682 (1%)

leprosymission.org.uk
### Statement of Financial Activities

#### Balance Sheet at 31 December 2014

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<td>Tangible assets</td>
<td>931,757</td>
<td>925,414</td>
</tr>
<tr>
<td>Investment assets</td>
<td>1,214,943</td>
<td>1,208,381</td>
</tr>
<tr>
<td>Current assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>463,961</td>
<td>801,296</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>1,863,504</td>
<td>1,260,727</td>
</tr>
<tr>
<td>Total current assets</td>
<td>2,327,465</td>
<td>2,062,023</td>
</tr>
<tr>
<td>Liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors: amounts falling due within one year</td>
<td>(127,516)</td>
<td>(120,499)</td>
</tr>
<tr>
<td>Total assets less current liabilities</td>
<td>3,414,892</td>
<td>3,149,905</td>
</tr>
<tr>
<td>The funds of the charity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted income funds</td>
<td>-</td>
<td>231,712</td>
</tr>
<tr>
<td>Unrestricted income funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated Reserve (inc. reserve in respect of the value of fixed assets)</td>
<td>1,211,757</td>
<td>1,205,414</td>
</tr>
<tr>
<td>General funds</td>
<td>2,203,135</td>
<td>1,712,779</td>
</tr>
<tr>
<td>Total funds carried forward at 31 December 2013</td>
<td>3,414,892</td>
<td>3,149,905</td>
</tr>
</tbody>
</table>

#### Incoming resources

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incoming resources from generated funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary income</td>
<td>5,720,107</td>
<td>5,890,489</td>
</tr>
<tr>
<td>Government grants</td>
<td>648,797</td>
<td>666,938</td>
</tr>
<tr>
<td>Investment income</td>
<td>13,509</td>
<td>15,784</td>
</tr>
<tr>
<td>Total incoming resources</td>
<td>6,385,609</td>
<td>6,573,211</td>
</tr>
</tbody>
</table>

#### Resources expended

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs of generating voluntary income</td>
<td>1,461,028</td>
<td>1,363,516</td>
</tr>
<tr>
<td>Investment management costs</td>
<td>2,320</td>
<td>4,326</td>
</tr>
<tr>
<td>Charitable activities</td>
<td>4,603,811</td>
<td>4,607,312</td>
</tr>
<tr>
<td>Governance costs</td>
<td>53,682</td>
<td>53,571</td>
</tr>
<tr>
<td>Total resources expended</td>
<td>6,120,841</td>
<td>6,028,725</td>
</tr>
</tbody>
</table>

#### Net incoming / (outgoing) resources before other recognised gains and losses

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gains / (losses) on investment assets</td>
<td>219</td>
<td>(87)</td>
</tr>
<tr>
<td>Net movements in funds</td>
<td>264,987</td>
<td>544,399</td>
</tr>
<tr>
<td>Reconciliation of funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total funds brought forward at 1 January 2013</td>
<td>3,149,905</td>
<td>2,605,506</td>
</tr>
</tbody>
</table>

#### Total funds carried forward at 31 December 2013

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total funds carried forward at 31 December 2013</td>
<td>3,414,892</td>
<td>3,149,905</td>
</tr>
</tbody>
</table>