Munia Majhe: read her story on page 14
Due to the discrimination and fear of leprosy, marginalised status and poor access to healthcare, the number of people newly diagnosed every year is thought to be vastly under-reported. In the past decade, although the numbers of new cases appear to be slowly declining, children with visible disabilities are being newly diagnosed. Both these facts indicate that many people still have leprosy and it is being actively passed on to others in their communities.

To defeat leprosy, The Leprosy Mission is committed to preventing its transmission. It is also actively involved with anti-discrimination programmes to help remove the fear and myths which surround leprosy.

**The fight against leprosy continues**

**About leprosy**

Leprosy is a mildly infectious, chronic disease caused by a slow growing bacterium, *Mycobacterium leprae*. It can be completely cured by antibiotics known as multidrug therapy or MDT. Some people affected by leprosy can suffer from adverse reactions which means they may require extended hospital stays.

If left untreated, leprosy causes immense physical suffering and disability, such as nerve damage, blindness and disfigurement of the face and limbs. Its characteristic lack of sensation can lead to injury and loss of fingers, toes or even hands and feet.

Leprosy is a disease that is still associated with poverty, disability and discrimination.

Due to the discrimination and fear of leprosy, marginalised status and poor access to healthcare, the number of people newly diagnosed every year is thought to be vastly under-reported. In the past decade, although the numbers of new cases appear to be slowly declining, children with visible disabilities are being newly diagnosed. Both these facts indicate that many people still have leprosy and it is being actively passed on to others in their communities.

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16 million people cured of leprosy by MDT since the 1980s

95% of people immune to leprosy

210,758 people diagnosed with leprosy in 2015

106 countries worldwide where leprosy was reported in 2015

95% of people affected by leprosy diagnosed in 14 countries

10% of people newly diagnosed with leprosy are children

3,000,000+ people living with disability caused by leprosy

Leprosy is classified as a Neglected Tropical Disease (NTD) by the World Health Organization

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1 WHO Weekly Epidemiological Record, September 2016
Thank you for transforming lives

I am delighted to introduce you to the 2016–17 Annual Review of The Leprosy Mission England, Wales, the Channel Islands and the Isle of Man.

A massive thank you for your loyal support and financial generosity during 2016. Without it, nothing that we have achieved this year would have been possible.

Highlights of the year – two examples of what you made possible

The Advocacy for Empowerment Project in Bangladesh trained 1,056 healthcare workers from the Government of Bangladesh and local development organisations. 54,488 people were screened for leprosy, which resulted in 422 people being newly diagnosed. This figure is many times higher than the WHO’s goal for the elimination of leprosy, showing that leprosy is a significant public health problem in these communities. The result also shows the importance of actively screening communities that are at high risk from leprosy, and not relying on people to report leprosy symptoms themselves. Because of the screening, many of these people were diagnosed early and thus freed from a life of disability.

The Livelihoods and Food Security Project in Cabo Delgado Province, Mozambique, funded by UK Aid through your donations to the Feet First campaign, continued throughout 2016. 1,068 people affected by leprosy regularly practised self-care; 1,736 farmers were trained in better practices to increase crop yields; and 1,033 people joined savings’ groups to help reduce their vulnerability to disasters.

Another huge achievement was the repeal of The Indian Lepers Act 1898, taking us one step closer to ending leprosy-related discrimination.

To learn more about what was made possible in the 11 countries where we work, please read on.

The Leprosy Mission said goodbye to one Peter and said hello to another

At the end of March 2017, we said a sad goodbye to our National Director, Peter Walker. Peter has been with The Leprosy Mission since 2011 and he transformed our spiritual dynamics and vision. In just six years, he raised our income from £6 million to around £8 million per year so we could significantly increase our spending on programmes overseas. The good news is that Peter hasn’t gone too far. These days he can be found at The Leprosy Mission International Office as Head of Fundraising Development.

In April 2017, we welcomed our new National Director, Peter Waddup. Peter left his position as Managing Director of Northamptonshire joinery manufacturer, Scotts of Thrapston Ltd, to become our National Director.

I am thrilled to become the new National Director of The Leprosy Mission. I am acutely aware that our work transforms the lives of some of the most vulnerable people around the world. It is an absolute privilege to serve people affected by leprosy in this way.

Following Jesus Christ, The Leprosy Mission strives to break the chains of leprosy, empowering people to attain healing, dignity and life in all its fullness.
150 families have a new source of income and gained acceptance in their communities. The co-operatives give an income to people affected by leprosy, by producing and selling the stoves, which also helps to change negative perceptions of people affected by leprosy.

What is a mirt stove? In rural areas, traditional methods such as open fires are used for cooking. There are several advantages of using a mirt stove over an open fire. They need 50 per cent less fuel than open fire cooking and reduce carbon monoxide concentration by up to 90 per cent. Mirt stoves also save on the time needed to collect firewood, reduce deforestation and make a safer cooking environment for the women and children who prepare meals.

In 2016, five manufacturing workshops were set up in different locations. At each location, a co-operative was formed of about 30 people to manage the production, marketing and promotion of the stoves. A new addition to the product range has been bricks, made possible by the purchase of new hollow block moulds.

Mirt stoves are locally manufactured and made of mortar (sand and cement). They are usually transported by traditional donkey and cart.

Ethiopia, a landlocked country bordered by Eritrea, Djibouti, Somalia, Sudan, South Sudan and Kenya, is the second largest country in Africa in terms of population with around 100 million people. Ethiopia faces challenges due to climate change and often suffers from droughts and famines which cause devastation to the country, particularly as the economy relies heavily on agriculture. Other challenges include high levels of illiteracy, and unrest amongst ethnic groups.
This is what your funds meant for one man

Terefe is 40 years’ old. He is married with four children: two daughters and two sons. He came to Addis Ababa to be treated for leprosy and he also tested positive for HIV-AIDS. The family lived in a makeshift shack and were begging to survive. These were desperate, terrible times for them.

Fortunately, Terefe and his family were identified as possible beneficiaries of the project. He was given three days’ training in hygiene, prevention of disease and business management. At the same time, social workers visited his family who learnt about the importance of using a toilet, hand-washing and other hygiene-related topics. Terefe’s family were also given food so that they did not have to beg to survive, giving the family a chance to rebuild their lives. When the training was finished, Terefe decided that he wanted to start a business selling firewood to the local community. Based on his business plan, he was given start-up funds. He bought a load of firewood and sold it in bundles to the local community making a small profit per bundle. In addition, he secured a job as guard of the community water-point for which he was paid a wage. His wife then helped him with the business, bundling the firewood and selling it when Terefe was out at work. Terefe made enough money to improve his house and pay for transport to enable his children to go school. He has increased their savings, has a stock of firewood to sell, and a part-time job at the water-point where he also has a vegetable garden. “Even if something happened to me,” said Terefe, “my wife will still be able to continue the firewood business and look after the family.”

This family, with some support, found a way out of extreme poverty
The Livelihoods and Food Security Project in Leprosy-Affected Communities in Cabo Delgado Province

Thanks to UK Aid matching your donations to the ‘Feet First’ campaign, this project started at the end of 2015 and will continue to 2018. There are three important elements to this project:

- Helping people affected by leprosy to protect their health which includes providing sandals to protect vulnerable feet. One of the symptoms of leprosy is the loss of sensation in the hands and feet. It means people affected by leprosy don’t feel pain if they step on stones or injure their feet, which results in ulcers forming. If the ulcers are left untreated, eventually the infected foot or leg may need to be amputated. The project aims to give pairs of protective sandals to the people who need them. Volunteers have also set up groups to teach self-care and encourage others to do the same.

- Helping farmers to improve their yields by using sustainable farming methods. Farmers are being introduced to new methods such as the use of leguminous crops including mung beans and pigeon peas. These are grown alongside traditional crops and naturally add nutrients from the air to the soil, which boosts the traditional crop harvests as well as providing another edible crop.

- Improving livelihoods by encouraging savings and providing loans to set up small businesses. Volunteers set up village savings groups then train and support people to develop a business plan in order to increase their income. The aim is to discourage handouts and encourage people to save small amounts into a communal pot from which they can draw funds in an emergency or invest in setting up a small business. This also helps the community to learn about savings and managing money. The funds can then be used as a guarantee if members wish to borrow larger sums from banks for bigger items such as livestock.
Chai village farmers’ savings group

On a Sunday morning, 35 people from the Chai village farmers’ group gather under a large tree to shelter from the sun. Group members who are mostly women, put money into an old flag on the ground, to create an emergency fund from which anyone can borrow.

The money is then collected up and placed in a secure box. Next, each household deposits whatever they can afford into a separate individual savings pot. Again, the cash is registered, gathered up and placed in a secure box which goes into another box and then another sturdier box. All three boxes are locked individually with the keys held by three separate individuals. The routine, which is repeated every two weeks, is aimed at helping farmers save up for a rainy day.

Gaspar das Nerves Muone said, “It is to pay for my son’s education. There is no secondary school in this village. The nearest school is 45 kilometres away.” The 38-year-old father of four boys aged 14, 12, eight and a few months old wants his children to become farmers and health workers so they can help improve the lives of people in the village. Gaspar, who is also leader of the Chai group said, “If there is an emergency and someone is sick, for example, and needs to go to hospital, they can borrow money from the community savings pot. People can also borrow from the individual savings pot for any needs or purchases. If it is less than the amount they have saved, then there is no interest to pay.”

With the nearest bank some 45 kilometres away and no public transport, putting money aside for emergencies was not a practice that was familiar to farmers living in Mozambique’s remote villages until now.

Iphiro Yohoolo Education Project

Education is the first step towards helping children break out of the cycle of poverty and becoming financially independent in the future. As well as literacy and numeracy, children are taught social skills and Portuguese (the official language of Mozambique) which are vital to gain employment. School uniforms and equipment are provided for over 200 children who are affected by leprosy or disability, with parents receiving counselling to help them understand the importance of education. The project focuses particularly on the education of girls, who are at risk of being denied an education due to early marriage. After completing secondary school, the project helps young people to access vocational training.

ACHIEVEMENTS

19 new students were enrolled in 2016, bringing the total to 219 students since the project started

9 students of families affected by leprosy graduated in technical skills including agriculture and mechanics

17 students completed primary education

30 students enrolled in technical skills education

In Macua, the language spoken in northern Mozambique, Iphiro Yohoolo means ‘Road to the Future’
Niger is a landlocked country bordered by Libya, Chad, Nigeria, Benin, Burkina Faso and Mali. It is the largest country in west Africa (over a million square kilometres) 80 per cent of which is covered by the Sahara Desert. Its population of 19 million people is mostly clustered in the far south and west of the country. Much of the non-desert part of the country is threatened by periodic drought and desertification. Niger is currently the second poorest country in the world and is ranked 187 out of 188 countries on the Human Development Index. Niger faces serious challenges to development due to its landlocked position; desert terrain, inefficient agriculture, poor education, lack of infrastructure, poor health and environmental degradation.

Danja Hospital Leprosy Cure and Community Based Rehabilitation Programme

The programme is supporting the Serving In Mission (SIM) mission hospital in Danja as the only national specialist referral hospital for leprosy in Niger. It not only serves those in Niger but also many from across the border in northern Nigeria. Main activities have included promoting early detection and treatment of leprosy, preventing disability and providing physiotherapy. Outreach clinics have been screening for leprosy in rural communities. 19 leaders of IDEA (the association of people affected by leprosy in Niger) were trained in human rights and leprosy, and are actively raising awareness about leprosy using the media. In 2016, IDEA created two new self-care groups with a total of 31 members.

ACHIEVEMENTS

- 48 health workers were trained in detection, diagnosis and management of leprosy
- 499 people received physiotherapy care
- 102 people affected by leprosy with ulcers were given protective footwear
- 47 people were newly diagnosed with leprosy, 30 without disability
- 102 people undertook new income generating activities
- 326 people were supported to continue their livelihood activities from 2015

A farmer’s story

Amir, aged 35, was diagnosed with leprosy 22 years ago and received multidrug therapy in his home country of Nigeria. He used to be a farmer but he hasn’t been able to work for the last 17 years, due to leprosy which permanently damaged his hands and feet. He has two children to support and so he must beg for money. Amir came to Danja Hospital as he was suffering from ulcers on his feet having heard there was good care for leprosy patients at the hospital. He has received new shoes which he is pleased with as they have thick soles. “I have no sensation in my feet and can get injured easily,” he explained.
NIGERIA

Giving independence, mobility and dignity

Chanchaga Orthopaedic Project

Chanchaga Orthopaedic Workshop in Minna, Niger State is one of the few orthopaedic workshops in Nigeria. The workshop produces mobility devices such as prosthetic limbs and moulded shoes for people with leprosy-related impairments, and distributes other devices such as crutches, wheelchairs and protective footwear. Your support is helping the workshop to become a more sustainable social enterprise: continuing to serve people affected by leprosy for free. It also increases its customer base to include other people with disabilities and provides a wider range of quality orthopaedic services and products. The workshop is also improving its marketing activities, and upgrading its facilities and services.

“Yes We Can” Project, in Kebbi and Sokoto States

Imad is 67 years’ old and originally from Sokoto. He has two wives, three children, 25 grandchildren and nine great-grandchildren, so he has raised a dynasty! He was treated for leprosy in 1979 and was completely cured, but discrimination meant that he could not return to his village. Instead, he remained near the leprosy hospital at Amanawa and started farming on hospital land. These days his son helps him farm his nine-acre plot. He takes part in a farming self-help group which gives him advice on crops and planting. Most of his crop was rain-fed, producing one crop of sorghum, millet or maize per year, but since The Leprosy Mission put in tube-wells he has started irrigation farming. He can now grow three vegetable harvests per year including onions, chilli peppers, tomatoes, sweet potatoes and other vegetables and he can sell up to six baskets per week. Imad says, “my income has tripled because of irrigation farming.”

Leprosy reaches Nollywood

By supporting TLM Nigeria to increase its local fundraising and raise the profile of leprosy, many radio programmes about leprosy have been broadcast. Leprosy was also the focus of a Nollywood-style TV drama Don’t Cry for Barbara. The TV drama was very exciting as Nollywood is Africa’s equivalent to Hollywood or Bollywood. The radio and TV programmes were used to break misconceptions about leprosy, to educate people about the disease and to reduce discrimination against people affected by leprosy.

ACHIEVEMENTS

- 1,127 people affected by leprosy or disability were provided with prosthetics and assistive devices
- 214 farmers were trained in modern irrigation methods

Nigeria, bordered by Benin, Chad, Cameroon and Niger, has the largest population in Africa with over 186 million people. Conflict is rife including the brutal and long running Boko Haram insurgency throughout north-eastern Nigeria, frequent bouts of militancy and piracy in the Niger Delta and increasingly common communal violence across central Nigeria. Despite the country being rich in oil, few Nigerians have benefited with some of the country’s biggest problems including corruption, crime, a lack of infrastructure and unemployment. The ongoing recession is hardest on the poor.
South Sudan

Improving livelihoods despite civil conflict

“Stand up Luri Rokwe” Project

This three-year project partly funded by Jersey Overseas Aid, is supporting people affected by leprosy, disability and others who are vulnerable in the leprosy-affected community on the outskirts of Juba.

The project is improving mobility and reducing disability, through training in self-care and accessing physiotherapy services. It is raising incomes by creating and supporting savings and credit groups, agricultural and vocational training. It is also providing pre-school and primary education to vulnerable children by constructing classrooms and equipping the school with educational materials; training teachers on including children with disability; conducting awareness-raising and advocacy on education, and providing specialised support to vulnerable children. It is also reducing discrimination and self-stigma associated with leprosy, by providing counselling to those affected, conducting awareness-raising programmes about leprosy, and training people affected by leprosy in advocacy and disability rights.

South Sudan is the world’s newest nation, located in the centre of Africa and bordered by six countries. It is rich in oil but, following decades of civil war, it is also one of the least developed regions on earth. The country is awash with guns after the decades of conflict and there is a history of ethnic tension. The conflict escalated in mid-2016, compounded by serious food shortages, and has made working in South Sudan difficult and access very dangerous due to armed rebels. Despite the conflict, we continue to work in South Sudan primarily focusing on supporting those affected by leprosy near the capital, Juba.

Achievements

100 children were enrolled in primary school for the first time
200 people received livelihood training
61 people were trained in business and how to use microcredit
10 people were trained in advocacy
9 people enrolled in vocational training

This project changed Peter Sule’s life: here are a few of his thoughts

Peter Sule is married with five children. His wife and children are free from leprosy, but his mother was not and she lived in the Luri Rokwe leprosy community where Peter grew up. In 1979, as a precaution, young children from the community were tested for leprosy which resulted in Peter receiving his own devastating diagnosis. He received multidrug treatment until he was cured. He said, “I didn’t experience any discrimination or stigma because I didn’t have any visible signs of leprosy or open wounds. But I was aware that others with visible disabilities in their eyes, hands and feet suffered from rejection and isolation.”

In 2016 Peter was given training in business skills and microcredit loans. He said, “I have benefited from this training a lot because I had been trying to do a business for over 30 years but I didn’t make a profit. I remained with the same low income, unable to properly support my family. Now thanks to this training, I have seen that I was wasting time without improving my status. I have now learnt how to calculate profits, pay myself, participate in savings groups and even pay my tithe. I am hopeful that this will improve my life and the lives of other people affected by leprosy who have received this training.”
SUDAN

Giving leprosy care

Khartoum Leprosy and Disability Care Programme

ACHIEVEMENTS

- 230 people were newly diagnosed with leprosy and given multidrug therapy
- 204 people were found through mobile “eye outreach” programmes and 33 people were given eye operations

Thanks to your donations, The Leprosy Mission supports the Aburoff Clinic in Khartoum which is Sudan’s only leprosy centre and specialises in diagnosing and treating leprosy, eye-care and wound-care. The centre provides people affected by leprosy with training in self-care, as well as acting as a training centre for government staff to learn about leprosy. Patients affected by leprosy come from across Sudan for treatment, many from conflict areas such as Darfur and Kordufan.

Sudan is a country in north-eastern Africa and shares its northern border with Egypt. With an area of over 1,800 square kilometres it is the third largest country in Africa. The main source of income and employment in Sudan is agriculture. Although there is fertile land in the Nile Valley, the country also has many dry, desert areas. Development challenges faced by Sudan include those associated with climate change, including soil erosion, desertification and recurrent droughts. Conflict, gender inequality and malnutrition also remain significant challenges for the country.

This is what Jabala had to say

Jabala is in her 40s and lives in Khartoum, just a few miles from the Aburoff Clinic. She is from a middle-class family, well-educated and her husband is a trader. Noticing a patch on her elbow, she went to a dermatology clinic in Khartoum which referred her to the Aburoff Clinic where they took a skin smear and confirmed that it was leprosy. She felt shocked for a few days and cried a lot. She managed to pluck up enough courage to tell her immediate family. Her husband and children took the news well and her husband has stayed with her. Her father brings her to the Aburoff Clinic for monthly visits.

“I don’t openly talk about having leprosy within the community, but if I notice a neighbour with an unusual skin patch, I quietly advise them to go to the Aburoff Clinic. In this way, I can act as a secret advocate for leprosy.”

“I have received a lot of information from the clinic staff about leprosy and I can educate other people in the community about it in a discreet way. I have also brought my children to the clinic for them to be checked, but they do not have leprosy. Clinic staff encourage all patients to bring family members to the clinic to be checked for signs of leprosy.”

Jabala took leprosy medication for six months. Through early detection and multidrug therapy she has avoided loss of sensation in her hands and feet. She emphasised, “It’s very important for awareness about leprosy to be increased in Khartoum, so that people don’t confuse it with other diseases.”

A secret advocate for leprosy

Jabala said, “I feared people knowing that I had leprosy, scared that they would change how they behaved towards me and that they would be afraid of catching it.” She added, “People are afraid that leprosy can lead to an unsightly appearance.”

Jabala (in pink wrap and pictured with her mother) was a patient at the Aburoff Clinic and now acts as a secret advocate for getting leprosy treated.

A woman affected by leprosy having her foot cared for by leprosy specialists at the Aburoff Clinic
Bangladesh in south Asia, shares its borders with India and Myanmar. It is one of the world’s most inhabited countries, with a population of over 152 million people. Poverty, overcrowding and lack of infrastructure remain significant problems and the country is extremely vulnerable to environmental issues, including flooding and cyclones.

Transforming lives by doing something new

The Advocacy for Empowerment Project

This ground-breaking project has achieved some astonishing results in 2016.

**ACHIEVEMENTS**

- **54,488** people from **12,129** households were screened for leprosy
- **422** people were newly diagnosed with leprosy
- **38** reports on leprosy were published in the print media
- **9** TV programmes were broadcast
- **1,056** healthcare staff were trained
- Thanks to your wonderful gifts, The Leprosy Mission was able to train five organisations to expand leprosy work in Bangladesh.
- Important activities have included: training healthcare workers on leprosy, making them more proactive in screening for the disease and developing more positive attitudes towards those affected; sensitising policymakers to the needs of people affected by leprosy; increasing awareness of leprosy within communities to reduce discrimination; and helping people with disabilities resulting from leprosy to find help and support.
- As an effective way to influence policymakers and an entire nation about leprosy, the project has built strong relationships with the media. In 2016, 38 reports were published in print media and nine TV programmes were broadcast.

India

- **9,229** people affected by leprosy or disabilities enrolled as members of Civil Society Organisations and understood their rights and how to obtain benefits

Nepal

- **12,793** people were treated at the outpatients’ department of Anandaban Leprosy Hospital

Myanmar

- **1,274** people with disabilities gained employment through the Livelihoods Project

Sri Lanka

- **17,100** people engaged in anti-discrimination and inclusion programmes
Finding people affected by leprosy

1,056 Government of Bangladesh healthcare workers were trained in leprosy detection. Helped by project staff and volunteers they screened an astonishing 54,488 people as part of an extended contact survey and 422 people were newly diagnosed with leprosy. This figure is many times higher than the WHO’s goal for the elimination of leprosy which is less than one person per ten thousand, demonstrating that leprosy is a significant public health problem in these communities.

In addition, 2,025 high school students from 16 schools, 240 medical students from two medical colleges, 30 Government Social Welfare staff, 207 development staff and volunteers, 15 journalists and 25 local Government leaders were all trained to understand leprosy.

International Advocacy Conference on NTDs and Leprosy Research

This conference highlighted and shared information with policy-makers and health experts. 175 participants attended and 11 research and learning papers were presented by local and international researchers.

Danish Bangladesh Leprosy Mission (DBLM) Hospital, Nilphamari

Thanks to you and support from Jersey Overseas Aid, the renovation of DBLM Hospital was completed and it is transforming the quality of leprosy care in Bangladesh. The hospital provides specialist leprosy treatment and general medical services for people affected by leprosy and the local community. DBLM Hospital is the only reconstructive surgery referral centre in Bangladesh.

ACHIEVEMENTS

- 12,088 people received outpatient treatment
- 703 were given assistive devices
- 508 patients received ulcer treatment
- 135 people underwent reconstructive surgery

How DBLM Hospital changed Sadia’s life

Sadia is 35 years’ old and she has had a tough life. Her parents died when she was a young child and she was sent to live with her aunt. At six years’ old, she developed symptoms of leprosy with cracks on her feet and an ulcer. At 15, she was sent away from home to live in a leprosy village where she worked as a housemaid. Worse was to come. At 17 she was married off to a beggar, much older than her. He too had leprosy. She said, “I felt worthless and depressed. I used to ask myself if there was any point in my life?”

Through the DBLM awareness training programme, her neighbours had learnt how to spot the signs and symptoms of leprosy. They suggested she go to the leprosy hospital to be treated. She was given multidrug therapy but developed severe leprosy reactions and so she was readmitted to the hospital several times before she was cured. Sadia also lost sensation in her feet resulting in terrible damage and she has an ulcer on her left foot. However, she has become a member of our self-help group and now has 9,000 Taka (£74) in savings and eats three meals a day thanks to the support of the group. Life is looking up a little these days.
India has the world’s second largest population with over 1.3 billion people. Despite India’s increasing economy, almost 30 per cent of its population are still living below the poverty line. Additional challenges faced by the country include education, health, gender equality and a lack of access to improved water and sanitation. 60% of the world’s new leprosy cases are found in India.

This is Munia Majhe. She is only 21 years’ old and was diagnosed with leprosy in 2009. Before her diagnosis, she had developed patches on her skin but her parents didn’t take her to a doctor so the disease got worse. Eventually, when her family suspected that she had leprosy they set her on fire and chased her from her home leaving her traumatised and believing she was unlovable. She had nowhere to go so she slept at the local railway station. She had been living there for two weeks and had developed severe ulcers on her body when a stranger found her, saw her condition and took her to Purulia Hospital in West Bengal.

At Purulia Hospital it was discovered that her left foot was so badly infected that amputating it was the only way to save her life. All her limbs are still deformed but thanks to you, and the kindness and love she has received from staff at Purulia Hospital, Munia has blossomed. She helps the other patients on the ward and has taught herself crafts including embroidery and making rugs from rags. Amazingly she can now stand up on shoes especially made for her at the hospital. She even took her first steps during a recent concert in the hospital chapel!

Thanks to your generosity, we can help people like Munia turn their lives around.
New diagnostic technology changes lives at Chandkhuri Hospital

Chandkhuri Hospital serves a large rural population in the State of Chhattisgarh. People arrive at the hospital affected by leprosy and other complicated conditions. The doctors are skilled at diagnosis but their ability to treat growing numbers of patients has been hindered by the time taken to test blood by hand. The hospital didn’t have an X-ray machine either, so poor and disabled patients had to travel long distances at great expense to check for fractures or bone damage.

Chhattisgarh has the highest rate of leprosy in India

Thanks to your generosity, three new diagnostic machines are now improving the speed, efficiency and accuracy of a whole range of diagnoses at the hospital.

The new digital X-ray machine can diagnose bone damage immediately. Digital X-ray files can be emailed to specialist radiographers in other cities for instant second opinions, and the images can be printed at a fraction of the time and cost of traditional X-ray film.

The new cell-counter, which measures the structure of the blood, can run ten tests simultaneously on a single blood sample and produce an accurate result within three minutes, replacing the less accurate manual process which took 25 to 30 minutes per test.

Swift and accurate blood tests help ensure that the correct course of leprosy treatment is given to each patient.

The new auto-analyser tests for blood sugar, salt and cholesterol and diagnoses conditions such as a poor kidney and liver function, jaundice and diabetes. The auto-analyser can run more than 100 tests on 18 different blood samples at the same time, which is revolutionising the laboratory at Chandkhuri.

These amazing new technologies not only benefit patients with complex conditions, they affect the whole hospital. Before the new diagnostic machines were used, waiting times for laboratory tests caused bottlenecks which kept the outpatients’ department open late into the night. Now the hospital can diagnose and treat patients much faster providing a more effective and efficient service.

The new equipment has reduced congestion and long waiting times in our outpatients’ department. It’s also reduced excessive working hours. We’re so grateful!

Mannas, Hospital Business Manager, Chandkhuri Hospital

Saving the environment and saving money

The Leprosy Mission Hospital, Naini, Allahabad, Uttar Pradesh

Solar panels have been installed on the roof of the hospital, generating power to replace electricity made by fossil fuels. Not only has the power bill been reduced, carbon dioxide emissions have been lowered. The power generated has been used to run the outpatients’ department. The hospital has also set up recycling bins so waste is sorted, and plastic cups and plates have been replaced with those which are biodegradable.

This project helps to fulfil The Leprosy Mission’s environmental policy for offsetting carbon emissions from flights.

ACHIEVEMENTS

£10,000 was saved on the reduced power bill

82 tonnes of carbon dioxide emissions were avoided
MYANMAR

Essentials for those who need them most: clean water, schools, livelihoods and healthcare

Water, Power, Sanitation and Education for Leprosy Villages in Myanmar

Thanks to generous funding from Guernsey Overseas Aid Commission (GOAC), hundreds of lives in Eastern Shan State have been improved by the provision of basic sanitation and leprosy awareness. 220 latrines have been built, and two mini hydro-electricity power units are providing electricity to communities. In addition, four primary schools have given hundreds of children the opportunity for education.

ACHIEVEMENTS

13 villages in Eastern Shan State were given access to basic sanitation
4 primary schools were constructed
220 latrines were built

GOAC funded mini hydro-electric power unit that provides electricity for 47 houses in Eastern Shan State

Children at school for the first time in Eastern Shan State

Nick Paluch from GOAC and some local people at the new water tank
Myanmar, also known as Burma, is located in south-east Asia and bordered by India, Bangladesh, Thailand, Laos and China. Myanmar is rich in natural resources, however, civil unrest, poor infrastructure and poor income distribution means that poverty remains a significant challenge, particularly in rural areas.

Livelihoods Project: 1,274 lives changed

Thanks to UK Aid, 1,274 people with disabilities were helped to increase their income. Families were given funds to breed livestock and generate income based on agriculture, tailoring, fish farming and a range of other activities.

ACHIEVEMENTS

- 500 families were supported to increase their income
- 157 employees of 48 development organisations became disability inclusive

How two pigs can change your life

May Myat Kyaw, 35 years' old, is from Kan Zauk, Ayeyawady Region. She is partially sighted and both her children have poor vision.

Thanks to this project, she was given management and skills training and a loan of £100 which she invested in two pigs. She later earned £500 when she sold some piglets and one of the original pigs. She repaid her loan and bought a solar panel and a boat with the profits. Using the solar power, her boat and some money, she is now running three businesses: she sells groceries, provides a battery charging service to the other villagers, and her husband runs a river ferry service using the boat.

Before she met TLM Myanmar, nobody noticed that her two children were struggling at school due to their poor vision. With awareness training, their needs were recognised. TLM Myanmar referred them to an eye hospital and provided spectacles. Now the children are performing well.

Mawlamyine Christian Leprosy Hospital

The hospital is a specialist referral centre for disabled people and those with leprosy and other skin conditions. Last year the newly built outpatients’ department enabled the hospital to double the number of patients that it saw. Thanks to you, there have been impressive achievements in 2016:

ACHIEVEMENTS

- 64 people were newly diagnosed with leprosy
- 69 people were provided with reaction management
- 197 people were given ulcer-care
- 44 people had reconstructive surgery
- 47 people were given septic surgery
- 99 people were given physiotherapy
- 89 people were given specialist footwear
- 160 people were given self-care training

Pharmacists at Mawlamyine Christian Leprosy Hospital
NEPAL

Rebuilding lives after the earthquake

The violent earthquake that hit Nepal on 25 April 2015 had a magnitude of 7.8Mw. It killed 9,000 people, injured nearly 22,000 and over a million homes were destroyed. Thanks to your generosity, homes and lives are being rebuilt.

Your support has rebuilt the lives of Tanka and Yamini

Tanka is 62 years’ old and lives in Sindhupalchok District with his wife, Yamini aged 54. They have two children who are now adults and they are blessed with one granddaughter. Tanka was diagnosed with leprosy in 1990 and has been cured but he has clawed hands and feet which lack sensation. When the earthquake struck, he was buried in his house and trapped in a lot of pain as bricks pressed down on his ribs. Thankfully he was rescued and he was not seriously harmed but his house was badly damaged. Thanks to your generous response to our earthquake appeal (plus a grant from the Nepal government and a loan from a local co-operative) Tanka and Yamini have rebuilt their home. Tanka said, “I am very happy, this house will not only provide a home for me, but my grandchildren too.”

New houses like these are designed to withstand earthquakes.

Nepal, bordered by China and India, is home to the highest mountain in the world, Mount Everest. With a population of around 29 million people, it remains one of the world’s poorest countries. Development challenges include its landlocked position, unemployment, lack of access to clean water and poor infrastructure. In addition, the earthquakes in 2015 and political infighting has significantly slowed down the development of the country.
Capacity Building for Leprosy Services, West Nepal

Thanks to generous funding by Jersey Overseas Aid, over 16,000 people affected by leprosy were treated as outpatients at three specialist leprosy hospitals in west Nepal. Out of this number, 433 people were diagnosed with leprosy and crucial examinations for early detection were carried out on their family members. 60 hospital outreach clinics were held in the districts of Bardiya and Banke where there is a high occurrence of leprosy. Nearly 2,000 people affected by leprosy and other skin conditions were treated and 25 people were newly diagnosed with leprosy. 135 people were trained to look after their feet properly to prevent ulcers and disability.

ACHIEVEMENTS

16,126 patients were reached through outpatients’ department

458 new cases of leprosy were detected

1,977 people were treated at outreach skin clinics

135 people were given self-care training

94 reconstructive and septic surgeries were carried out

Thanks to this project, in the last two years, case detection of leprosy in Banke has doubled; that’s one hundred more cases. The project has also helped the government to see that more support for leprosy is needed in these districts.

Dambur Bakadur Kunwar,
District Leprosy and Tuberculosis Officer,
West Nepal
SRI LANKA

Churches spread awareness

Pastors give hope

In Sri Lanka, knowledge of leprosy is limited and the fear of leprosy is widespread. The diverse cultural background makes largescale communication complicated. Your support has enabled 785 local pastors and church leaders from across the country to be trained in leprosy awareness and how to help people affected by leprosy to obtain treatment. Preaching during church services has focused on preventing discrimination against people affected by leprosy, and highlighting the signs and symptoms so that people can recognise the disease in its early stages and get treatment. Members of the congregations have been encouraged to make a stand against leprosy discrimination and to raise awareness about the disease.

Sri Lanka is an island country situated off the coast of south-east India. It has a population of 21 million of which over 70 per cent practice Buddhism. However, it is a diverse country and home to many religions, ethnic groups and languages. After more than 25 years of violence, the conflict ended in May 2009. The effects of the conflict are still prevalent today with many war widows and orphaned children. Sri Lanka also faces challenges due to the ever-present threat of cyclones and flooding.

Health and social workers gain knowledge

Thanks to your donations, health and social workers, education officers and people from communities affected by leprosy have been trained in leprosy awareness, enabling them to recognise the signs of leprosy and provide treatment. Education officers have taught young people to identify the signs of leprosy and to talk about the disease with their friends and family.

ACHIEVEMENTS

785 church leaders from 25 districts were trained in leprosy awareness

20,640 people were reached through the Leprosy Sunday Services campaign across Sri Lanka

17,100 people were involved in anti-discrimination programmes in northern Sri Lanka
How will Hope Farm transform lives?
Rupa’s husband went missing during the Sri Lankan Civil War leaving her struggling to cope. Homeless and with her young son, Mahesh, to look after, she was forced to move in with her mother in her small-holding. At the same time, her mother was diagnosed with leprosy and the discrimination that followed meant that Mahesh was not allowed to go to the local school. He was found by outreach workers sitting alone under a tree.

Community farm gives hope
Hope Farm is in northern Sri Lanka, and is based on a six-acre plot. Bought in 2015, offering only herbs and coconut trees, the farm has expanded its production further in 2016. Slow-growing coconut trees have been planted alongside faster-growing crops such as passion fruits and chillies. Chicken and fish are also farmed. Hope Farm aims to be self-sufficient within three years and fund at least 50 per cent of local community awareness projects and the rehabilitation of leprosy-affected communities in northern Sri Lanka.

Hope Farm also provides work for people who traditionally struggle to find any. 70 per cent of staff are from leprosy-affected families and the remaining 30 per cent are from leprosy-affected communities. Hope Farm helps some people to become farmers and others to develop their own businesses, for example, selling milk, fish or other produce.

Hope Farm has supported:
- 240 disadvantaged and socially excluded families affected by leprosy
- 268 orphaned children
- 61 people with disabilities
- 160 disadvantaged, low income women (widows from conflict and living in extreme poverty)

Since that fortunate encounter, Rupa and Mahesh have been supported through The Leprosy Mission. Rupa was befriended and included in local activities and helped through her depression. Now, she raises chickens, grows vegetables, coconuts and papaya in her back garden which she sells at the local market and makes a living. She recently won the award for best home farm. Mahesh’s story has had a happy ending too. Thanks to a partnership with a local school, he was given a scholarship. The scholarship paid all his school costs and he gained such good grades that he is now the first in his community to go to university. Hope Farm’s profitability means that many more people such as Rupa and Mahesh will benefit in the future and become independent, without the need for support from The Leprosy Mission.
The Kirby Laing Foundation grant of £130,000, the first of three instalments, funds a three-year livelihoods project in the far-western development region of Nepal. Through this work, 1,300 people living in some of the most remote communities, marginalised due to disability, leprosy, gender or caste, have joined self-help groups and are being supported to start their own businesses and provide a better future for themselves and their families.

The James Tudor Foundation is privileged to be associated with the transformation of peoples’ lives and communities as a direct result of The Leprosy Mission’s work. The expertise of staff at home and abroad is commendable.

Sarah Stewart, Director, The James Tudor Foundation

In 2016, £395,637 given by trusts, foundations and corporations supported people affected by leprosy across Africa and Asia, including vulnerable people who desperately needed medical care in India and those in Nepal whose lives were devastated by the 2015 earthquakes.

Our thanks go to: The Kirby Laing Foundation (£130,000); Hand in Hand Charitable Foundation (£23,000); Jersey Side by Side (£19,336); The James Tudor Foundation (£14,944) and others, including a generous grant from the Women’s World Day of Prayer.

£395,637 was given by Charitable Trusts, Foundations and Corporations in 2016

Changing the lives of thousands of people

Grants made by charitable trusts and foundations make a huge difference to people affected by leprosy. Every year, the decision to fund our work changes the lives of thousands of people. Without your support, we simply wouldn’t have the impact that we have.

We seek to build lasting, productive partnerships that help trusts and foundations achieve their charitable aims and objectives and, together, transform and empower the lives of people affected by leprosy.

Working together for a better future
INSTITUTIONAL FUNDING

Over £1.2 million was given by government and other institutions

We are immensely grateful to our institutional funders for their continued generosity.

Jersey Overseas Aid generously provided funding for the Stoves project in Ethiopia (page 4), “Stand up Luri Rokwe” project in South Sudan (page 10) and Capacity Building for Leprosy Services, West Nepal (page 19).

Guernsey Overseas Aid Commission generously funded two projects in 2016. Water, Power, Sanitation and Education for Leprosy Villages in Myanmar (page 16) and Hospital Lodgings for Capacity Building Persons, Nepal. The earthquakes in April 2015 severely damaged the buildings at Anandaban Leprosy Hospital and lodgings became too dangerous to use. This project provided safe, secure and earthquake resilient accommodation for researchers, scientists, trainers, doctors, nurses and interns at Anandaban Hospital.

DFID funded the Myanmar Livelihoods Project that was completed this year (page 17) and the Mozambique Livelihoods and Food Security Project for the benefit of the leprosy-affected communities in Cabo Delgado, Mozambique (pages 6 and 7). This is the first of three years of UK Aid Match funding totalling £1.2 million, in which funds given by our supporters during the Feet First campaign have been matched by DFID.

The Foreign & Commonwealth Office through the British Embassy in Rangoon generously funded our work on disability rights in Myanmar, working to ensure the human rights of those affected by leprosy and disabilities are respected.

The European Commission gave funding towards the CREATE project which started in 2016 in the Indian states of Chhattisgarh, Uttar Pradesh, Andhra Pradesh and Tamil Nadu. Over the next few years, subject to the generation of match funding, the project will provide skills training and access to employment for over 3,000 people and mobilise over 9,000 to understand and obtain their rights. In 2016, 417 leprosy champions were identified, 200 people have completed training at a Vocational Training Centre in courses such as welding, tailoring and mechanics and 80 people have been placed into formal, paid employment. A further 752 people have undertaken community-based vocational training, 289 of whom have been helped into informal employment through a combination of skills training, donations of equipment, and start-up loans.

The European Commission also provided funds for Realising Disability Rights, Myanmar, in which our colleagues in TLM Myanmar successfully advocated for new disability legislation in 2015. They have been working with the Myanmar Department of Social Welfare in 2016, to make sure that this legislation is implemented and people with disabilities see the benefit.
Indian Lepers Act 1898 repealed after years of lobbying

After many years of lobbying by The Leprosy Mission and upon the recommendation from the Law Commission of India, the Government of India repealed this act that discriminated against people affected by leprosy. This achievement is a tremendous milestone in removing discrimination against people affected by leprosy in India and worldwide, but there is still work to be done to repeal other Indian laws that continue to discriminate directly and indirectly against people affected by leprosy.

The EDPAL Bill

The 256th Report of the Law Commission of India identified several laws that needed to be amended at both State and National level because of their discriminatory clauses. The Report recommended that one over-arching bill should be passed to repeal all discriminatory clauses and laws at the same time. The EDPAL Bill, which is short for: Eliminating Discrimination against Persons Affected by Leprosy, is the draft bill that fulfils that recommendation and it is still awaiting parliamentary approval. We will continue to advocate for the EDPAL Bill to be passed and hope to report positive news in 2017.

UK commitment to spend 0.7 per cent of gross national income on international aid maintained

The Leprosy Mission, alongside its donors and partners, successfully lobbied the UK government in 2016 to maintain the UK commitment to spend 0.7 per cent of Gross National Income on international aid. Given the uncertainty ahead, post-BREXIT, we may still have to advocate to preserve these critical funds and call upon you again for your support.

Commitment from G7 Summit leaders on Neglected Tropical Diseases (NTDs) secured

The Leprosy Mission is a member of the UK Coalition on NTDs, and along with other members of the TLM Global Fellowship, it lobbied 67 foreign ministers in 2016, to raise the profile of NTDs and encourage investment in their control and elimination. This resulted in a statement by the ministers confirming their strong commitment to NTDs.

All Party Parliamentary Group for Malaria and Neglected Tropical Diseases influenced

TLM Mozambique’s Country Leader, Dr Arie de Kruijff, presented to the All Party Parliamentary Group for Malaria and Neglected Tropical Diseases on the topic of leprosy surveillance, helping to raise the profile of leprosy among MPs and Peers.

A royal visit

TLM Nepal’s Country Leader, Shovakhar Kandel, presented an album of photographs to HRH Prince Harry during a reception at the British Embassy in Kathmandu. The photographs were of his late mother, Diana Princess of Wales, taken during her visit to Anandaban Leprosy Hospital in 1993 where she met leprosy-affected people.

I told Prince Harry that Diana’s time as Patron of The Leprosy Mission had the most astonishing impact on leprosy stigma and that he was most welcome to visit Anandaban hospital at any time.

Shovakhar Kandel
Transforming lives by giving your time

2,544 hours volunteered at the Peterborough Office
Many thanks go to our valued volunteers who worked in the Peterborough office during 2016. They carried out a variety of tasks including translating reports, sorting stamps, helping with large mail-outs, handling donations and generally helping our Supporter Care team when the workload was high.

Over 5,000 church representatives and other volunteers
Our huge thanks go to at least 5,000 church representatives and other volunteers. It would be impossible to achieve our goals without your incredibly generous support. We cannot name you individually here or convert your effort into figures, value of money or time, but we would like to record our immense gratitude for all the time and support that you give.

Interns and other VIPs
Our special thanks go to Dr Ruth Butlin for continuing to volunteer as medical adviser at DBLM Hospital in Bangladesh. As Ruth says, “it is critical to maintain the leprosy knowledge of the local doctors and develop a range of experience so that they can train others”.

Our special thanks also go to Dr Ravi Ramesur for giving a week of his time to support research for our Inner Wellbeing project in India and to IT Consultant Edward Vassie for spending five weeks in Delhi and at Purulia Hospital assisting with software implementation. Our many thanks go to our much-appreciated young people who undertook internships at the Peterborough office in 2016: Vicki Price, Joshua Wannamaker, Ruth Jones, Beth Crooke, Emma Woodward, Rory Monroe and Beth Bearman.

90 volunteer speakers
Many thanks go to our 90 volunteer speakers for supporting our Regional Managers. Some of you visited Purulia Hospital in India in October 2016 to gain first hand insights and became even better at speaking out on behalf of people affected by leprosy.

£159,576 was raised through the sale of stamps and other collectables. Thank you for sending them.

Volunteers with staff of Purulia Hospital, surgeon, Dr Joydeepa Darlong, third from left

Volunteers Michael James and Rhoslyn Price talking to an elderly lady resident of Purulia leprosy community
AMBASSADORS

Transforming lives by lending your name

We would like to say a big thank you to our Vice Presidents who used their name, influence or talents in support of people affected by leprosy in 2016. Our grateful thanks go to Miss Wendy Craig, Ram Gidoomal CBE, Professor Malcolm Hooper, Rt Hon Ann Widdecombe, Baroness Caroline Cox and Lord Ian McColl, our honorary president.

The Big Supporters’ Day Out

Over 400 people took part in The Big Supporters’ Day Out in Leamington Spa, hosted by Songs of Praise presenter Pam Rhodes. We were delighted to welcome everyone, including two of TLM’s Country Leaders, Dr Sunil Anand from India and Dr Zaw Moe Aung from Myanmar.

Our thanks also go to gospel singer-songwriter Philippa Hanna who supported our fundraising efforts and visited people affected by leprosy in Mumbai, India.

Rt Hon Ann Widdecombe meeting children supported by the Iphiro Yohoolo project, Cabo Delgado, Mozambique

Pam Rhodes interviewing Dr Sunil Anand from The Leprosy Mission Trust India during The Big Supporters’ Day Out

Philippa with a young man affected by leprosy
FINANCE

Summary of accounts

This summary financial information below is not the statutory accounts but has been derived from the audited financial statements which were approved by the Trustees on 20 April 2017 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 Companies House. The summary below 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.

Statement of financial activities

Income

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<th>Source</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>Individual supporters</td>
<td>2,492,533</td>
<td>32%</td>
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<tr>
<td>Legacies</td>
<td>2,262,199</td>
<td>29%</td>
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<tr>
<td>Government and institutions</td>
<td>1,222,858</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Community fundraising</td>
<td>864,083</td>
<td>11%</td>
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</tr>
<tr>
<td>Trusts and foundations</td>
<td>395,637</td>
<td>5%</td>
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</tr>
<tr>
<td>Gift Aid</td>
<td>307,016</td>
<td>4%</td>
<td></td>
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<tr>
<td>Stamps and collectables</td>
<td>159,576</td>
<td>2%</td>
<td></td>
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<tr>
<td>Investment income</td>
<td>13,788</td>
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<tr>
<td>Other donations</td>
<td>10,544</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,728,234</td>
<td></td>
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Expenditure

<table>
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<tr>
<th>Category</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
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<tr>
<td>Charitable activities</td>
<td>6,031,161</td>
<td>77%</td>
<td></td>
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<tr>
<td>Cost of generating income</td>
<td>1,763,686</td>
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<tr>
<td>Governance</td>
<td>55,107</td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,849,954</td>
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</tr>
</tbody>
</table>

Comparable: 2016 to 2014

Thanks to your generosity, income for 2016 was £7,728,234. This figure is lower than last year’s income of £8,301,758 but it’s worth remembering that 2015 was an exceptional year. You gave very generously in response to the Nepal Earthquake appeals and the Feet First UK Aid Match campaign. A better comparison would be with income for 2014 of £6,385,609 which shows we have increased our income and the ability to help people affected by leprosy by £1.4 million.
Thanks to you, Munia and others like her will have a different life – a life of hope and a future.

To preserve confidentiality, the names of some of the individuals that we have featured in this annual review have been changed.