



Annual Report 2024

**Annual Report And Financial
Statements For The Year Ended
31 December 2024**



Shanta lives in the slums of Mumbai. Because of your support and the Karuna Mobile Clinic, she can get the healthcare and compassion she needs.
Photo: Trevor Grant

Annual Report and Financial Statements for the year ended 31 December 2024

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The Leprosy Mission Isle of Man Directors

Chair: Mr P C Halliday

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Mr R Gidoomal CBE (*resigned September 2024*)

Mr P Waddup

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Peterborough, PE2 6FZ

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CCLA Investment, Management Ltd, 80 Cheapside,
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Virgin Money, 5 Church Street, Peterborough, PE1 1XB

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Edinburgh, EH2 2YB



Eduardo is a community leader in Mozambique, and helps people affected by leprosy find the diagnosis and treatment they need. **Photo:** Ricardo Franco

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Reverend Joshua from Kaveri Kala Manram, one of our partners in Sri Lanka, organises community meals to promote good nutrition and break down leprosy stigma. **Photo:** Tom Price

Report of the Trustees for the Year ended 31 December 2024

The trustees, who are also directors of the charity for the purposes of the Companies Act, have pleasure in presenting their annual report and audited financial statements for the year ended 31 December 2024.

The accounts have been prepared in accordance with the accounting policy set out in note 1 to the accounts and comply with:

- the charity's registration
- the Companies Act 2006
- the Charities Act 2011
- the Charity Commission's Statement of Recommended Practice (SORP), Accounting and Reporting by Charities, effective January 2019 (second edition – October 2019).
- good practice guidance on meeting the reporting requirements, in section 13 of the Charities (Protection and Social Investment) Act 2016, which came into force for accounting periods beginning on or after 1 November 2016.

Glossary of Terms and Acronyms

Bond: a UK network of international development NGOs

CEO: Chief Executive Officer

GDPR: General Data Protection Regulation

LRI: Leprosy Research Initiative

MDT: Multidrug therapy

NGOs: Non-governmental Organisations

NIHR: National Institute for Health and Care Research

NTD(s): Neglected tropical disease(s)

OPD: Outpatients Department

RIGHT: Research on Interventions for Global Health Transformation

SMT: Senior Management Team

SORP: Statement of Recommended Practice

TLM: The Leprosy Mission

TLMGB: The Leprosy Mission Great Britain

TLMI: The Leprosy Mission International

TLMNI: The Leprosy Mission Northern Ireland

UNOPS: United Nations Office of Project Services

VTC: Vocational Training Centre

WHO: World Health Organization

A photograph of Pastor Elisha, an elderly man with glasses and a white shirt, carefully applying a white bandage to a patient's arm. The patient's arm shows signs of leprosy, including a large ulcer. The background is a lush green outdoor setting with trees.

Pastor Elisha, affected by leprosy himself, dresses ulcers in a leprosy colony in Odisha, India. **Photo:** Sabrina Dangol

What is LEPROSY?

Leprosy is a disease caused by the bacteria *Mycobacterium leprae* and *Mycobacterium lepromatosis*. It is mildly infectious, believed to be transmitted predominantly by droplet infection after being in close proximity with infected individuals for prolonged periods.

The disease does not discriminate between race, age, gender, or nationality. However, it remains most prevalent in the world's poorest and most marginalised communities. High population density, poor nutrition, and inadequate housing increase vulnerability to the disease.

Leprosy has blighted humankind for millennia. Descriptions of the disease appear in ancient literature worldwide. Many of these writings detail how affected people were pushed away from their communities and families. Devastatingly, the ostracisation of people affected by leprosy persists to this day. Fearing stigma and rejection, many people hide the early signs of leprosy rather than seeking medical attention.

Untreated leprosy is the cause of life-changing disability and severe physical suffering for thousands of people worldwide. The disease damages the skin and nerves, leading to the inability to feel pain. This often results in injury and chronic ulceration, sometimes forcing amputation. Leprosy also damages nerves in the face, causing blindness due to people's inability to blink.

Contrary to popular belief, leprosy remains a prominent global health issue in the 21st century. Classed as a neglected tropical disease (NTD) by the World Health Organization (WHO), 182,815 new cases were recorded in 2023 in 184 countries. This was a 5% increase compared to 2022. 10,322 of cases were in children under the age of 15.

Leprosy has been curable with Multidrug therapy (MDT) since the early 1980s. MDT (a six-to-12 month course of various antibiotics) has been administered to over 16 million people affected by leprosy since its introduction. However, millions still live with irreversible impairment and disability. Unsurprisingly, ostracisation and physical impairment are often accompanied by the declining mental health of people affected by leprosy.

It is tragic that a treatable disease continues to cause such devastation in the modern world. With your support, we believe that leprosy can be defeated and confined to the history books within our lifetime.



Santosh found new independence after being fitted with prosthetic limbs at Anandaban Hospital in Nepal. He is pictured with Ruth, the hospital counsellor. **Photo:** Trevor Grant.

Message from the Chair of the Board of Trustees

In 1874, Alice and Wellesley Bailey took a step of faith to serve people affected by leprosy. With no cure available, they reached out in compassion to those whom society pushed aside. And with their simple act, The Leprosy Mission was born.

It's in the same faith that we continue in their footsteps today. The world we work in has changed over the last 150 years, but compassion, humility, and prayer are still at the heart of everything we do.

I saw this compassion in action when I visited Champa Hospital in India last September. I had the privilege of meeting Dr Ruby, the hospital Superintendent, and her team. I was humbled by their dedication. In a country that is home to over half the world's leprosy cases, their expertise is constantly in demand. The hours are long, but each day they serve their patients with kindness and love.

Honouring the people at the forefront of leprosy work is as vital as supporting those affected by the disease. To this end, we began renovating the staff accommodation at Champa in 2024. Thanks to the generosity of supporters in the UK, 13 houses

have been renovated to date. We will continue this project in 2025, and expand our focus to Chandkhuri Hospital too.

While I was in Champa, history was being made 500km away in Salur, Andhra Pradesh. At Salur Hospital, the only leprosy-focused hospital which offers a BSc nursing programme, the first students were beginning their course. This college is not just a testament to the vision of the team at Salur Hospital; it also represents a landmark step in safeguarding the future of leprosy care across India.

I am continually struck by the tenacity of Leprosy Mission teams and partners across the world, and the commitment of supporters here in Great Britain. Our goal – to end leprosy and see lives transformed – is not easy. Political instability continued to disrupt our work in Myanmar,



WHO WE ARE

The Leprosy Mission Great Britain is a global Christian organisation, leading the fight against leprosy.

Leprosy is concentrated in the poorest, most marginalised communities in the world. We work with people in nine countries in Africa and Asia: Bangladesh, Ethiopia, India, Mozambique, Myanmar, Nepal, Niger, Nigeria, and Sri Lanka. These countries all have high rates of leprosy or lack the services required by people who suffer from the disease.

The fight against leprosy is a team effort. We partner with governments at all levels, non-governmental organisations (NGOs), health services, hospitals, businesses, trusts and foundations, churches and other faith groups, research institutes, and universities to end leprosy and transform lives.

We exist to serve those affected by leprosy. Every project implemented, whether healthcare, training, or advocacy, is designed to optimally meet their needs. We work closely with organisations of people affected by leprosy to amplify their voices on the world stage.

Mozambique, and Niger. Our projects and people affected by leprosy yet again faced the force of climate change in Bangladesh, Mozambique, and Nepal. But together, we are tackling these challenges head-on: delivering emergency aid, finding and curing people in conflict zones, and building climate resilience in communities affected by leprosy.

None of this work would be possible without your generosity. You are transforming lives and bringing hope. Thank you.

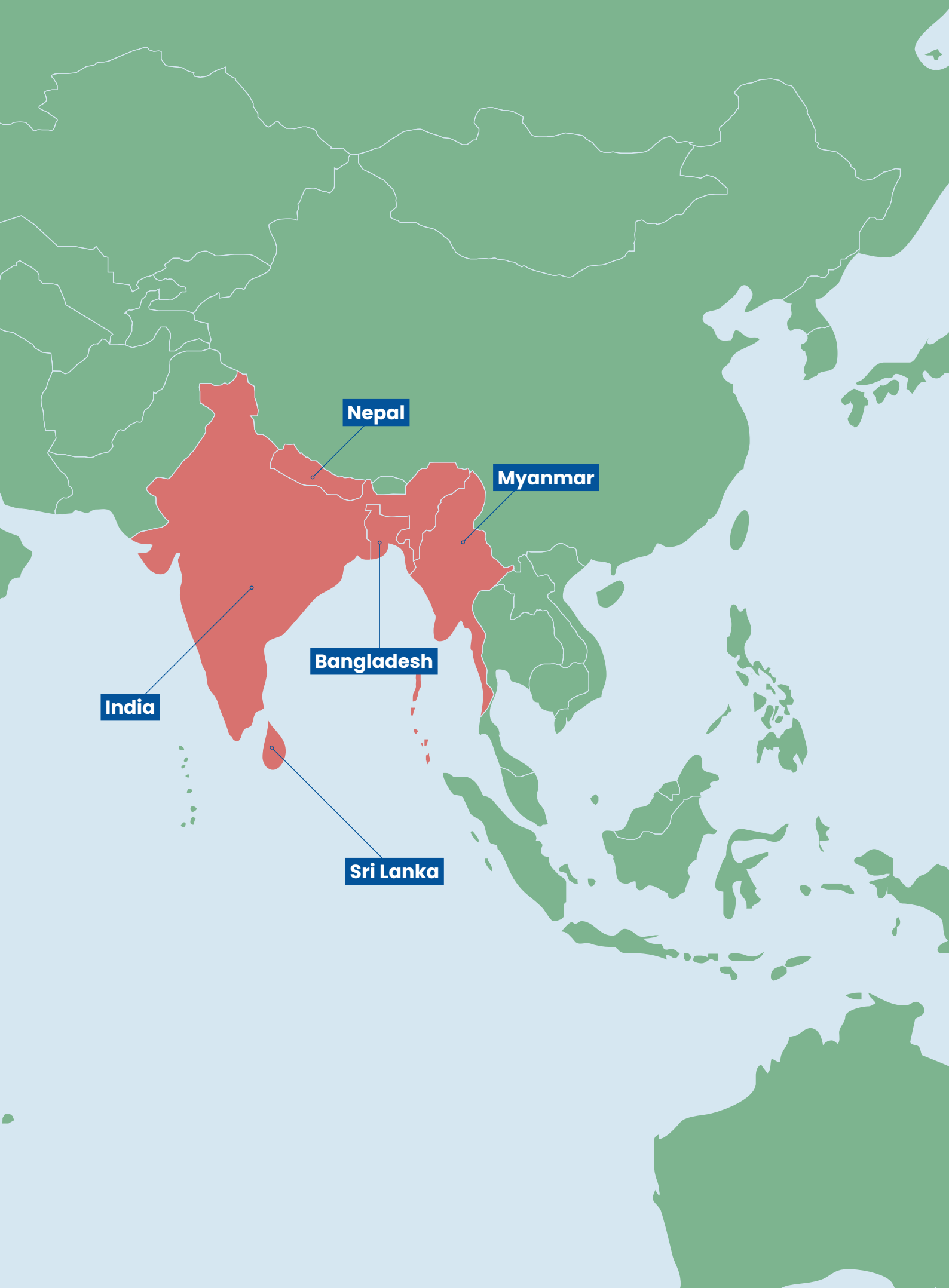
A handwritten signature in black ink, reading 'Anne Fendick'.



Anne Fendick
Chair of the Board of Trustees

Where we work





India

Nepal

Myanmar

Bangladesh

Sri Lanka



Lami was diagnosed with leprosy when she was just 5. After needing an amputation, she received a prosthetic limb at Chanchaga Orthopaedic Centre in Nigeria.

Our mission

Following Jesus Christ, The Leprosy Mission works with persons affected by leprosy, partners, and supporters towards a world where leprosy is defeated and there is healing, dignity, inclusion, and life in all its fullness.

Our values

Compassion

As Jesus did, we care deeply for others, particularly those adversely affected by leprosy and those most in need. We empathise with their pain and are motivated to walk alongside them in Christ-like love, doing all we can to support their physical, mental, spiritual, and emotional wellbeing.

Justice

We promote dignity, respecting and fostering human rights. We champion the implementation of the UN Convention on the Rights of Persons with Disabilities, and the Guidelines for the Elimination of Discrimination Against Persons Affected by Leprosy and their Family Members.

We work to ensure that the voices of persons affected by leprosy are heard and amplified, supporting them to be at the forefront of advocacy and challenging injustice. We have appropriate mechanisms in place to actively protect children and vulnerable adults from harm and abuse.

Integrity

We work with honesty and transparency, with a seamless correlation between our message and our actions. We foster open communication, where there is no fear of sharing challenges as well as successes. We respect our partners and work together to find solutions to problems and achieve common goals.

Inclusion

We value all individuals, believing that they are made in the image of God, and promote equal access and opportunities for all. We are committed to removing discrimination and other barriers, enabling persons to live life in all its fullness.

Humility

We treat everyone as equals and do not see ourselves as superior to others. We seek to serve the most marginalised, who often live in difficult environments, showing them care and respect. We are willing to do the tasks that many others choose not to, just as Jesus was willing to wash the feet of His disciples.

Collaboration

We recognise that achieving our vision of 'leprosy defeated, lives transformed' is not possible by working alone. We seek to collaborate with others including persons affected, governments, universities, and likeminded NGOs to ensure the greatest possible impact.



After having reconstructive surgery at DBLM Hospital in Bangladesh, Ibrahim can drive his tuk tuk and support his family again. **Photo:** Trevor Grant

Our goal

Our goal is to see 'leprosy defeated and lives transformed'. To realise this, we work to achieve zero leprosy transmission, zero leprosy disability, and zero leprosy discrimination.

Our strategy

To achieve our goal, we will work to:

- Ensure Christ-centredness in everything we do.
- Better understand leprosy transmission and ensure prevention, early detection, and treatment.
- Ensure the effective management of leprosy complications and prevention of further disabilities.
- Further the equity, inclusion, and improved wellbeing of people affected by leprosy.
- Ensure we have sufficient and sustainable resources by diversifying income streams, investing in new markets, and growing brand awareness.
- Develop as a safe, learning organisation with strong partnerships.

A close-up photograph of a middle-aged man with grey hair and a beard, wearing a black and white patterned short-sleeved shirt. He is focused on a task, with his hands positioned on a dark, polished wooden surface. His right hand is reaching forward, and his left hand is partially visible. The background is softly blurred, showing an indoor setting with light-colored walls and some indistinct objects.

Our impact

After receiving reconstructive surgery at DBLM Hospital in Bangladesh, Mosiar has new hope for the future. Physiotherapy exercises have also helped him regain his mobility. **Photo:** Trevor Grant



1. Finding and curing leprosy

Thanks to our incredible supporters 5,506 people were cured of leprosy in 2024. Our heartfelt gratitude goes to each and every individual who made this possible. Every person receiving the antibiotic cure for leprosy is a life changed for the better. You have given new hope for a brighter future.

Poverty, lack of healthcare, and prejudice continue to be the main barriers to treatment. The landscape in which The Leprosy Mission's teams work is diverse. Nevertheless, from India's city slums to the African bush, these obstacles remain.

There are then the effects of war, insurgency, climate change, and gender inequality. All these factors must be considered when seeking to find and cure people of leprosy. A unique approach is required for every community. Only then can we connect with every person needing treatment.

It is a challenge to be undertaken against the clock. People with leprosy need to be cured quickly before nerves are damaged, which puts them at risk of disability. Only then can they escape the disease's devastating social consequences. Once cured there is opportunity to help get lives back on track and support people to lift themselves out of poverty.



The Karuna mobile clinic

A red and white bus winding its way through the Mumbai slums has become a welcome sight for so many. Every fortnight, like clockwork, people in the inner-city slums greet the medics on board. If you're disabled by leprosy, getting medical treatment is a real challenge. Poverty and reduced mobility mean travel and paying for care is difficult.

Karuna patients are so thankful for the special team who cares for them in the heart of their communities. Their wounds and ulcers are dressed on their doorsteps, and they get the essential medicines they need. It's not just medical care that impacts each patient, it's also the hand of friendship and acceptance that people affected by leprosy so rarely encounter.

In 2024, the Karuna team provided 4,063 treatments. They also extended their work to cover the rural area of Thane outside Mumbai. During the year they found and cured 165 new cases of leprosy in Thane. Arin, 11, and his eight-year-old brother Shiven, are just two of these people.

The boys' mother, Manisha, was diagnosed with leprosy two years ago. A community health worker, trained by The Leprosy Mission,

spotted early signs on her body. She was referred for treatment and given the cure.

Manisha had hoped this was the first and final brush with leprosy for her precious family. But in 2024 her heart sank when she saw a discoloured skin patch on Arin's young body. She quickly alerted the community health worker who asked the Karuna team to visit.

Arin was found to have leprosy, as was his brother Shiven. Thanks to you, the Karuna medics cured the two young brothers. The cruel disease was quickly stopped in its tracks and will not taint the rest of Arin and Shiven's lives. The team will continue to do regular checks on the rest of the family.

Because of your compassion, leprosy is being cured every day in communities in and around Mumbai.

Leprosy Mission staff have delivered emergency food parcels to more than 700 families in Myanmar.



In the midst of a war zone

It is now four years since Myanmar's military coup. In 2024 rebel gains have seen a deepening humanitarian crisis unfold in front of the world's eyes. Fighting has now engulfed most of the country. Airstrikes, roadblocks, and landmines are everyday events.

Leprosy continues to be a real problem in Myanmar, and a major cause of disability. The conflict means the country's two specialist leprosy hospitals no longer provide services. The hospital in Mandalay has become an internally displaced people's camp. The hospital in Mawlamyine, where The Leprosy Mission once provided services, is inaccessible.

Leprosy Mission teams continue to carry out case detection work despite the fighting. In their quest to find and cure people they have conducted

door to door visits. As a result, 67 new cases of leprosy were found and treated in 2024.

The team mobilised 500 members of a leprosy-affected person's network to help find new cases. Members talk to each other as much as broken internet and telecommunications allow. They have embraced the challenge of finding people showing the signs of leprosy. It is humbling to hear of the efforts they go to provide the cure. Sometimes they go with a person to knock on the door of a government health worker to help find them treatment.

AS A RESULT OF THE MISSION ZERO PROJECT IN MOZAMBIQUE, 807 MEMBERS OF THE COMMUNITY HAVE TRAINED AS LEPROSY CHAMPIONS.

Despite the challenges, last year 84 people affected by leprosy had surgery. This included reconstructive surgery to restore movement to hands and feet, and septic surgeries. The procedures took place in make-shift theatres set up in community clinics.

As the conflict enters its fifth year, Myanmar is on the verge of economic collapse. The cost to human life is catastrophic. The UN estimates 15 million people will face hunger in 2025. This is a quarter of the population. As ever, whenever a crisis unfolds, it is communities affected by leprosy that are among the first hit. We would like to thank St Lazarus Charitable Trust for funding emergency food parcels. These were distributed to 700 families in desperate need in October. They contained rice, chickpeas, and cooking oil to help alleviate hunger.

As a result of ongoing conflict in Ethiopia, many people have been left without basic services like healthcare. But thanks to you, the team were able to carry out door to door screening in Amhara in 2024. 433 people were found and cured of leprosy.

Violence continues to blight the communities in which we work in Mozambique. So much so that the Leprosy Mission team made a tough decision to leave their base in Pemba in Cabo Delgado. They have witnessed so much horror and hardship since the insurgency began in 2017. The communities in northern Cabo Delgado where we worked have become largely inaccessible. The team continue to make contact by phone to provide support whenever possible.



The decision to move out of Cabo Delgado permanently was taken in February 2024. It followed a fresh wave of violence in the southern districts.

There is never a shortage of work when it comes to ending leprosy in Mozambique. The team's new base is in Nampula and they have shifted their focus to the neighbouring province. There they have uncovered new pockets of leprosy and desperate need. A total of 894 new cases of leprosy were found and treated here in 2024.

The new case finding in Mozambique is part of the Mission Zero project, which was funded by our Unconditional campaign. In 2021 the campaign was awarded UK Aid Match funding. This saw every pound donated matched by the UK government.

As a result of the campaign 807 members, many of whom are affected by leprosy, have become Leprosy Champions. We have also worked with trusted members of communities, such as priests, imams, and traditional healers.

The Leprosy Champions have been trained to recognise the early signs of the disease. They then encourage a person showing symptoms to visit the local health post. This has created a sea change in attitudes towards leprosy in the community. Leprosy has been demystified and, as a result, much of the prejudice has fallen away. People are less afraid to seek treatment. In fact, half of the new cases of leprosy found so far were referred to treatment by Leprosy Champions!

In the community in Africa and Asia

Training volunteers and government health workers in leprosy detection has borne much fruit. Healthcare workers, religious leaders, and traditional healers in Niger are now able to recognise its early signs. As a direct result, 302 people were diagnosed and treated for leprosy in 2024.

Our partners in Sri Lanka are working with the government's public health inspectors for leprosy, members of leprosy associations, and religious leaders. They carry out door to door work to diagnose and treat leprosy. Their efforts saw 475 people cured of leprosy in Sri Lanka in 2024.

In Nigeria, a new clinic has opened in the capital Abuja. This is thanks to funding from Guernsey Overseas Aid & Development Commission. The Pro-skin clinic opened its doors in July 2024. Its staff treat leprosy and other skin NTDs for free. There is a lab on site to support leprosy diagnosis and dermatology screening.

Leprosy Mission teams tour the capital and surrounding areas to set up pop-up skin camps. These are advertised in advance on megaphones in the nearby communities. People are told they can access free healthcare and medicines close to home!

On arrival at the skin camp patients are triaged into skin and general patients. Dr Andrew, who works for The Leprosy Mission, sees all the skin patients. He diagnoses and treats the leprosy cases he finds. Should a patient require specialist care, he will refer them to the Pro-Skin clinic.

The team in Nigeria found and treated 201 new cases of leprosy through these skin camps in 2024.

Dr Andrew assesses the medical needs of Haruna in his community in Nigeria. Haruna has been treated for leprosy.



Health worker Smita with eight-year-old Kobita in Bangladesh. It is thanks to Smita's community work that Kobita was treated for leprosy, crucially before she developed disabilities. Photo: Ruth Towell





Women's health

Latest data from the World Health Organization reveals that just 40% of people diagnosed with leprosy are women. There is no evidence to suggest men are more likely to contract leprosy than women. But there are many cultural reasons why women are less likely to be treated than men. This puts them at a higher risk of developing irreversible disabilities, including blindness. It is an injustice that we have sought to address for many years now.

Accessing medical treatment is more difficult for women. In many societies a woman must ask her husband's permission to see a doctor. Knowing leprosy would bring such shame on the family often prevents her from doing so. A terrible vicious cycle then ensues. What was once a lone skin patch becomes a disability visible to the world. She then faces the devastating social consequences she once only feared.

Women are more likely to be deserted by their husband because of leprosy than vice versa. They can be considered worthless if they are no longer able to care for children and run the home. Marriage is often the only economic security a woman has. She can be left destitute when her husband leaves or she is banished from the family home.

We have been working in innovative ways to encourage women to seek prompt treatment. This includes carrying out leprosy screening in women's groups. Door to door visits are being made when women are more likely to be at home. A project in the northwest of Bangladesh proved to be particularly fruitful in 2024. Out of the 689 people cured of leprosy, 389 were women – bucking the global trend at 56%.

Women can often feel uncomfortable to be examined by a male health worker or doctor. This is why we teach women health volunteers to recognise the early signs of leprosy. These women are already pillars of their community. Educating them about leprosy has an extraordinary ripple effect. Their friends, neighbours, and extended family soon learn that it is curable and not to be feared.

The volunteers are in a position of trust and can offer to look at any early symptoms a woman may have. They can then walk her through the diagnosis process, offering support every step of the way.

In 2024, 382 female health volunteers received leprosy training in Nepal. As a direct result, 54 people have already been diagnosed and cured. This is only the start of an awareness and a change in attitude in some of Nepal's most remote communities. We expect these wonderful women to lead many others to treatment during the years to come.

We would like to thank Irish Aid and The Leprosy Mission Northern Ireland for supporting the outreach work in Nepal.

2. Mental health and well-being

Studies show the majority of people affected by leprosy have poor mental health. They have higher rates of depression, anxiety, self-harm, and suicidal thoughts.

Leprosy is such a cruel disease physically. Yet many say it is the prejudice surrounding the disease that is the hardest to bear. These are the people, however, that are least likely to have access to mental health support.

The prejudice surrounding leprosy can devastate the lives of children and young people. Even young people who have never had leprosy themselves. Simply having a family member who has had leprosy can limit life opportunities.

We would like to thank Comic Relief for funding the Open Minds project in Nigeria. The four-year project saw 4,762 children and young people screened for mental illness. They live in communities affected by leprosy in Sokoto, Kebbi, and the Federal Capital Territory. As a result of the screening, more than 1,300 were given support to improve their mental health. This included counselling or special care for severe anxiety and depression.

Many of these young people are now active members of support groups. Through their friendships with one another, they are building confidence for brighter futures.

As part of Open Minds, many young people have undertaken training

courses. This includes computing workshops to prepare them for work. Others have been taught the valuable life skill of learning to drive.

Open Minds ended in June 2024 and our new Farinciki project is building on its successes. Farinciki is the Hausa word for 'inner peace' and works to improve access to mental health services.

Farinciki has trained grandmothers to support people affected by leprosy. The grandmothers are all affected by leprosy themselves. They know only too well the prejudice the disease brings. Yet as matriarchs of their communities, they have long been relied on as a good listening ear. They are therefore ideally placed to help support the younger generations with their challenges.

36 grandmothers in four Nigerian states have been trained as peer counsellors. In 2024 their outreach extended to 319 people affected by leprosy. The grandmothers are paving the way for a better future for the younger generations. In their stigma-fighting role, they are helping young people to navigate life's challenges and giving them an opportunity to be heard.



Hussaina grew up in a leprosy village in the Federal Capital Territory in Nigeria. At 19, she was engaged to be married to a man from outside her village. But after learning that her father had been treated for leprosy, her fiancé rejected her. After the wedding was called off, Hussaina fell into a severe depression. She believed her life was over and that she was unlovable.

The Open Minds project was the beginning of the 22-year-old's transformational journey. Counselling provided a safe space to share her pain and fears. The project team shared the facts about leprosy in the areas surrounding her village. This helped people to understand that leprosy can be cured and doesn't need to be feared. Hussaina's confidence was gradually restored. She was encouraged and supported by the Open Minds project to start a beauty business.

Nurse Margaret Tun outside her refurbished home at Champa Hospital, India.



Staff well-being

We would like to thank our wonderful supporters for giving a safe and secure home to many staff members in 2024. It has given dedicated nurses, like Margaret Tun at Champa Hospital, and their families a true sense of well-being. They say being able to return to a fresh and functional home after a 12-hour shift is a real blessing. They are so appreciative of the new lease of life it has given them and their families.

Many of our hardworking staff in India live with their families in homes on hospital sites. The majority of these houses have long fallen into disrepair. Increased pressure on hospital budgets has seen caring for and feeding patients prioritised. Since the Covid pandemic, there has simply been no money left to repair the staff homes.

So, after a long day caring for patients, nurses like Margaret would return home to a leaking roof and broken windows. The bathrooms flood during the monsoon; the homes aren't secure either, leaving poisonous snakes free to enter.

But thanks to you, 13 staff homes at Champa Hospital in India have been completely overhauled! This includes the home of Nurse Margaret who has worked at Champa for 12 years. Margaret always wanted to care for leprosy patients having grown up at TLM's Chandkhuri Hospital. Her father worked in the shoe department there and the family lived on the hospital site.

"I CAN'T TELL YOU THE DIFFERENCE THE CHANGES TO OUR HOME HAVE MADE TO OUR LIVES."

Nurse Margaret lives at Champa with her son, Arav who is seven and goes to school nearby. Her husband works away, but joins his family every weekend.

She said: "I can't tell you the difference the changes to our home have made to our lives. We used to have a broken toilet outside, which was awful during the rainy season. Arav used to get respiratory problems because of the damp. It was such a worry for me.

"It's such a relief to know the snakes can't get in now the doors and windows are secure. The roof no longer leaks either. What a gift of love people in Great Britain have given us! It's a real blessing."

Independence

In Asia and Africa, life can be exceptionally hard for people with disabilities. They can struggle to get even the most basic pair of crutches. People can be reduced to the indignity of shuffling on the floor to simply move between places. It is the shame, on top of their disabilities, that often leaves them feeling unable to leave their homes.

At many of our hospitals, staff make prosthetics, protective footwear, and mobility aids. Their efforts not only restore mobility but can pave the way to employment and a new life. Having a prosthetic limb made and fitted is a priceless gift for a person affected by leprosy. It is the gift of independence and dignity.

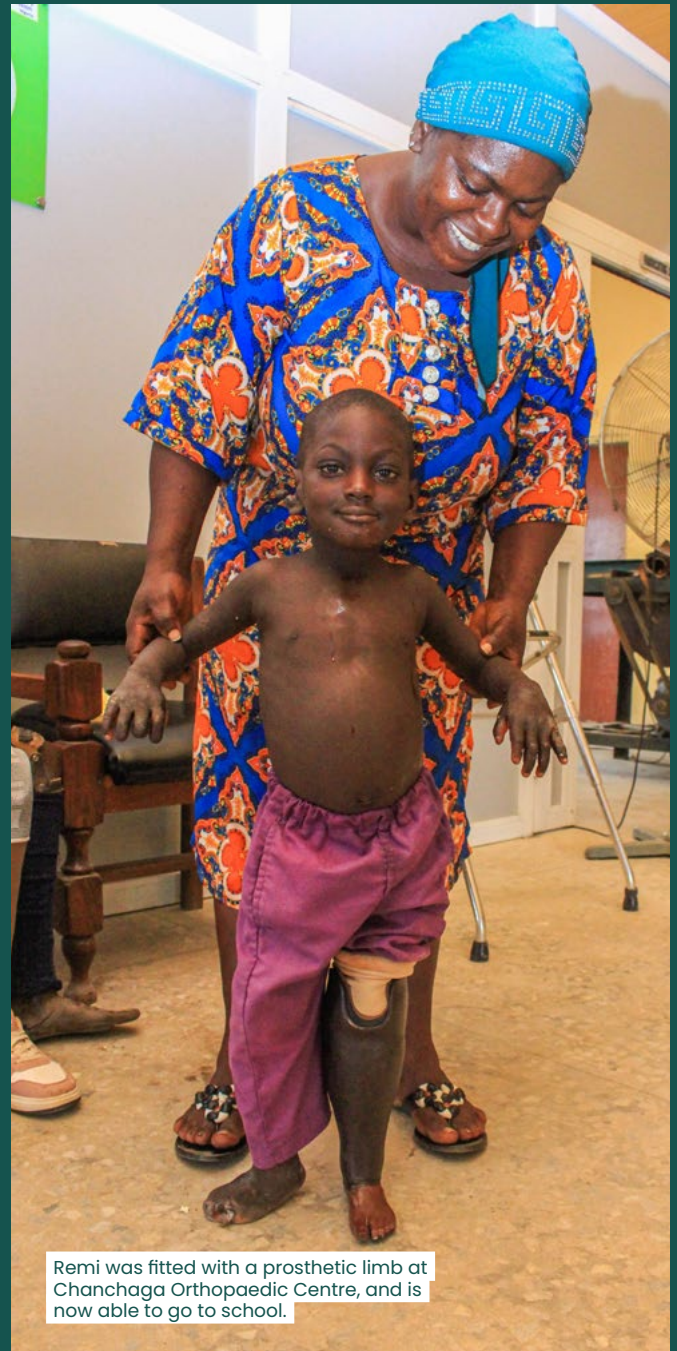
Chanchaga Workshop in Minna, Nigeria, makes prosthetic limbs and protective shoes. It also distributes crutches and wheelchairs to people affected by leprosy and disabilities.

We would like to thank you and the Z V M Rangoonwala Foundation for transforming 738 lives through the work of the Chanchaga Workshop in 2024.

As the Chanchaga Workshop is a three-hour drive from the capital Abuja, it can be tricky to reach. Especially for people with disabilities. So, in 2025, a new orthopaedic clinic will be operational next to our newly opened Pro-Skin lab in the capital. While the prosthetic limbs and mobility devices are made in Minna, patients will be able to be measured and fitted in Abuja.

It is thanks to you that four-year-old Remi was able to walk again in 2024. As a toddler, his parents were concerned that he couldn't move around like other children his age. He struggled from repeated illnesses. His worried parents eventually sought help from traditional healers. But the treatments they prescribed only seemed to make his condition worse.

It was a visiting doctor to their village who diagnosed Remi with leprosy. The little boy began treatment. But by then ulcers on his left leg, caused by the disease, had become severely infected.



Remi was fitted with a prosthetic limb at Chanchaga Orthopaedic Centre, and is now able to go to school.

There was no option available to the medics but to amputate to save his life.

It seemed Remi would struggle to do anything other children his age would do, even go to school. This was before his family heard about the Chanchaga Workshop. Although a nine-hour bus journey from their home in Ogun state, there was a glimmer of hope.

Remi's mum Yemaya (pictured with him) was overjoyed to see Remi fitted with a prosthetic limb at Chanchaga. It heralded a new start for a young life that had been blighted by adversity. Remi is now able to go to school! As he grows his family feel secure in the knowledge that he can have new prosthetics made and fitted.



The first cohort of students at Salur Hospital, India, is the only leprosy-focused hospital in the country offering a BSc nursing programme. Salur Nursing College.

3. Opportunities and the future



A new generation of leprosy heroes

In September 2024, a new nursing college in eastern India opened its doors. At TLM Salur Nursing College, 58 students, pictured, have begun their four-year course. As graduates, they will provide a new generation of leprosy care in India!

Our 14 hospitals across India have never been so full or their medical teams more stretched. Each of them needs specialist nurses. As many are approaching retirement, we need to train the next generation.

The nursing college in Salur, Andhra Pradesh, is essential. Students will receive expert leprosy training as part of their course. When they graduate, they will be a real blessing to TLM hospitals and many others across India.

Priority places have been awarded free of charge to young people affected by leprosy. This is not only a wonderful opportunity for them personally, but will also be fantastic for patients. The young people's firsthand experience of the disease gives them an understanding and compassion that no training can provide.

Thank you so much for ensuring that in the future people affected by leprosy receive the care they deserve.

Young people can learn the skills needed to live independent and fulfilled lives at vocational training centres in India.

Photo: Sabrina Dangol



Vocational training centres

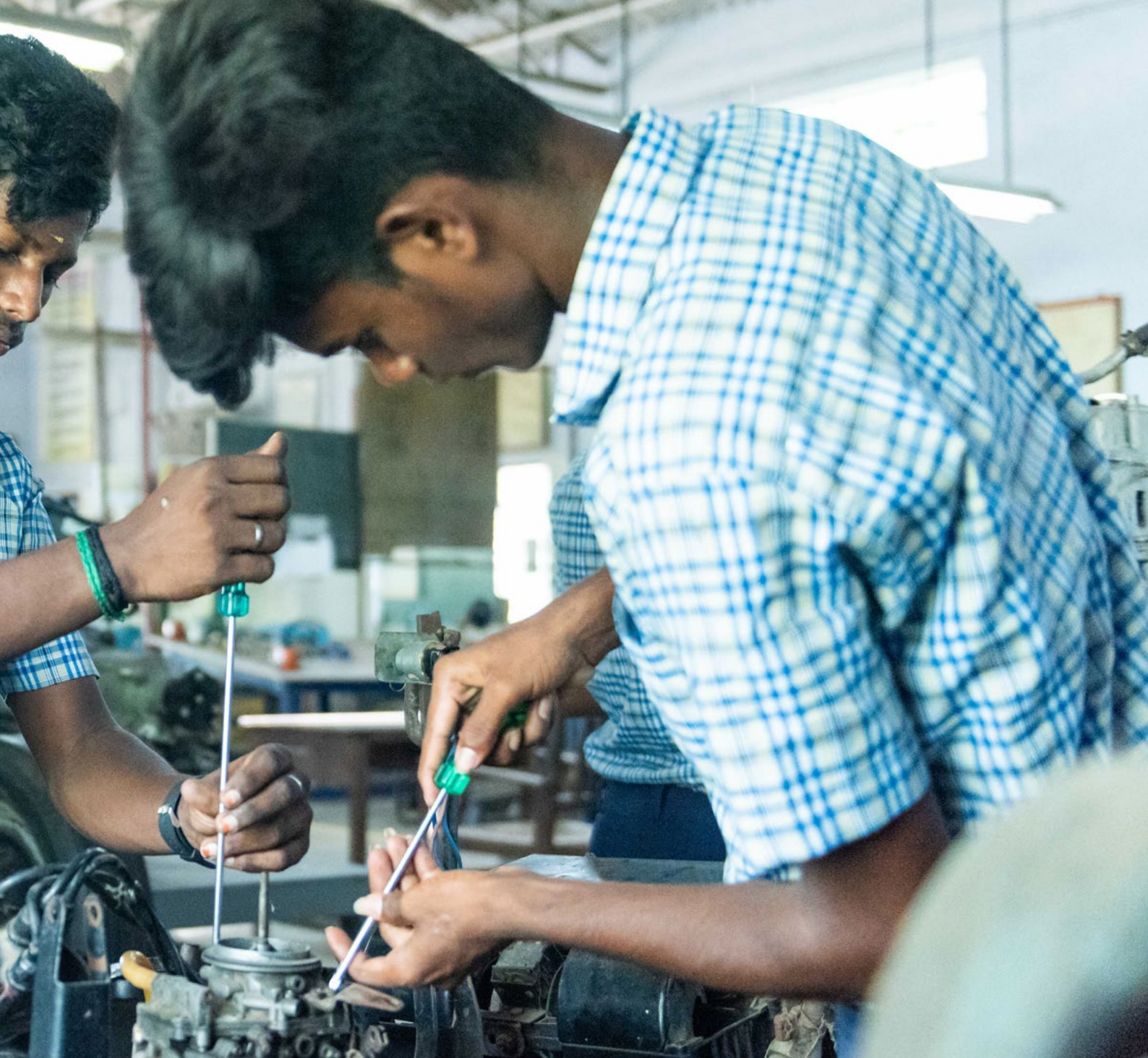
Young people affected by leprosy begin their lives with many disadvantages. Their circumstances often make it impossible for them to break free of the cycle of poverty.

In India, as in many parts of the world, the stigma attached to leprosy creates enormous barriers. People affected by the disease can be denied opportunities available to others.

Young people who have had leprosy or live in a leprosy-affected community need skills to gain job opportunities. But these opportunities are out of reach if they have been forced out of, or cannot afford, to go to school. It's small wonder

that the career aspirations of many can amount to sweeping the streets. They feel isolated from society and are left with no hope of realising their full potential.

Yet because of you, disadvantaged youngsters are training to do skilled jobs at our vocational training centres (VTCs). In 2024, a total of 531 students were enrolled on full-time courses at Bankura and Champa VTCs. The students are



all affected by leprosy or disability. Their studies include banking and insurance, computing, tailoring, diesel mechanics and electrical training.

The employment rate from the vocational training centres after graduation is impressive. Each centre has links with local businesses. It is thanks to you that these hardworking and talented students can look forward to a bright future. We would also like to thank Baird Watson Charitable Trust, Fresh Leaf Charitable Foundation, Seedfield Trust, David Lister Charitable Trust and St Lazarus Charitable Trust for making this lifechanging work possible in 2024.

Last year, your support also provided care for 55 children affected by leprosy at the Rainbow Children's Home. Thanks to you these children were able to go to school, and for extra tuition was provided for those who had broken education previously. English classes, debating, and life skills training in practical activities like cookery and growing food was also funded through your kindness.



4. Climate change and disaster relief

The aftermath of September's
devastating landslide at
Anandaban Hospital, Nepal.



Rezaul has been treated for leprosy and lives in the Bangladeshi Sunderbans. After a cyclone destroyed his fishpond, we helped him recover his livelihood.

Cyclone Remal

Climate change is a matter of life or death for millions of the world's poorest people. We are increasingly seeing our projects hit by heatwaves, storm surges, and flooding. This not only wreaks havoc but threatens the very existence of the people we serve.

It is an injustice that climate change disproportionately affects the world's poorest people. When vulnerable communities are hit by extreme weather, survival becomes the only goal. Thanks to you, we can provide emergency relief to help people survive climate-exacerbated disasters.

In May 2024 we helped 61 people affected by leprosy to survive and rebuild their lives. This was after Cyclone Remi made landfall in the low-lying Bangladeshi Sundarbans. The storm left many people affected by leprosy homeless and without food.

Emergency food parcels were distributed. A total of 58 people were given help to rebuild their homes and livelihoods. This includes replacing livestock and lost fish farmed in ponds in coastal areas.

Crisis at

Anandaban Hospital

In September 2024, our flagship Anandaban Hospital suffered its biggest crisis to date. Record monsoon rains lashed the Kathmandu valley in Nepal. On the morning of 28 September, the downpours gave way to deadly landslides at Anandaban. Trees and buildings cascaded down the mountainside. A member of staff was killed when his home on the hospital site was swept away.

Overnight roads turned to rivers or were completely buried in mud. Staff had to walk over the mountain to reach Anandaban. We were so worried as borewells supplying the hospital with water were damaged. This left the hospital without a fresh water supply. There was just a day or two of water left stored in tanks. Food supplies were rapidly dwindling.

Patients were moved from the wards to the new main hospital building for safety. This was while the rains continued to lash down. Thankfully, temporary repairs successfully restored the water and electricity supply. Emergency food supplies were also able to reach the hospital. Staff were able to continue to provide care, albeit in a reduced capacity.

The impact of climate change on Asia's monsoon rains is frightening. It means extreme weather events like floods and landslides are on the increase.

Geological surveys are taking place to assess the continued impact on the hospital site.

Thank you so much for your support for Anandaban throughout this crisis. Your generosity meant the hospital could be made safe and patient care could continue. In fact, the number of inpatients cared for at Anandaban actually increased in 2024. In 2023 the team cared for 1,726 inpatients and 46,673 outpatients. Despite the landslides, the team treated 1,851 patients and 49,118 outpatients during 2024.



Muththulinkam (left) and Nanthakumar have both been treated for leprosy and run the seed bank in their village.

Sowing seeds for the future

In 2024, Sri Lanka was still reeling from its worst economic crisis as an independent nation. The crisis made it difficult for people to afford nutritious food. It led to widespread food poverty and malnutrition.

In a bid to train and encourage people affected by leprosy to grow their own food, a social enterprise was set up. As result, 16 leprosy people's associations in north Sri Lanka have established seed banks.

Members, and other villagers, are welcome to take seeds. These are stored in glass jars and kept at home. There is an understanding that a person will return new seed once they have harvested a crop. Among the seeds available are rice, chilli, corn, papaya, cucumber, pumpkin and okra.

The social enterprise has attracted support from the Faculty of Agriculture at the University of Jaffna. Academics are offering advice on crops that are resilient to climate change. They are advising which seeds to stock in the seed banks to best ensure food security.

**16 LEPROSY
PEOPLE'S
ASSOCIATIONS
IN NORTH SRI
LANKA HAVE
ESTABLISHED
SEED BANKS.**

An artist's draft impression of the new frontage of Muzaffarpur Hospital in Bihar.



Coming soon

A brand-new hospital building

Back in January 2024, we told you about a dilapidated Outpatients Department in India. The cramped, crumbling building threatened the very existence of Muzaffarpur Hospital in Bihar.

Muzaffarpur Hospital is a wonderful place of hope and healing. Its caring staff team welcome people affected by leprosy. People who are so often unwelcome everywhere else. Muzaffarpur is the only place in Bihar where leprosy patients know they will be cared for free of charge.

Yet a severe lack of space means patients endure awful conditions while waiting to see a doctor. In the summer months they need to queue outside in the burning sun for many hours.

During the monsoon rains they wait drenched to the bone. The toilet and wash facilities are in desperate need of renovation.

Because of your generosity, the amazing news is we are able to build a new Outpatients Department! Not only this but we are able to upgrade other areas of the hospital. This includes the operating theatres!

The new Outpatients Department will also house a pharmacy. There will be

individual consultation rooms and new toilet and wash facilities. The spacious waiting area will be large enough for everyone to be comfortable.

Construction work on the new hospital building has already begun. It is scheduled for completion at the end of 2026. Thank you so much for providing this wonderful facility fit for the 21st century.

Supporters

We are so grateful to each and every one of our supporters that make our life-changing work possible. Without you, we would not be able to reach some of the world's poorest and most marginalised people. Because of your generosity, lives are being changed for the better each day. It is a true blessing that through you, we can help bring the renewed health, lives and hope they deserve.

As well as individual supporters, we would like to thank the churches, community groups and schools that supported our work in 2024.

A noteworthy highlight was partnering with the Diocese of St Albans. We were delighted that people affected by leprosy in Sri Lanka were chosen as the recipients of The Bishop of St Albans 2024 Harvest Appeal. Through the efforts of 120 supporting churches, more than £45,000 was raised to help them to grow their own food.

Life is hard in Sri Lanka as the country recovers from a huge economic crisis. Many families affected by leprosy are struggling to eat as a result of soaring food prices.

The partnership between St Albans Diocese and our team in Sri Lanka will bring people together for community meals. There they will learn about nutrition and how to avoid the devastating effects of malnutrition.

The money raised is providing plants, seeds, coconut trees, and tools so that families can grow their own food. They are receiving support to build a sustainable income from their efforts.

We would like to say a special thank you to everyone in the St Albans Diocese who has helped to feed people in Sri Lanka.





The Bishop of Bedford, the Rt Revd Richard Atkinson, tries his hand at the coconut shy at the launch of the Bishop of St Albans 2024 Harvest Appeal in June.



Research and innovation

Research has a vital role to play in our strategy. Our research studies in 2024 continued to take us one step closer our goal of zero leprosy transmission, zero leprosy disability, and zero leprosy discrimination.

Partnerships

We fight leprosy not on our own, but alongside many leading scientists and researchers. Our research partners include teams from Liverpool School of Tropical Medicine, Manchester University, Birmingham University, the University of Warwick, Brighton and Sussex Medical School, and Nottingham Trent University.

2nd Global Research

Workshop in Kathmandu, Nepal

In 2024, we gathered in Nepal with TLM research partners from India, Nepal, Bangladesh, Nigeria, and Sri Lanka for a week-long workshop. Researchers from the Liverpool School of Tropical Medicine worked with us on new project design and trained our teams in qualitative research methodologies.



Research is bringing us closer to achieving zero leprosy transmission, disability, and discrimination. Pictured is the lab at DBLM Hospital in Bangladesh. **Photo:** Trevor Grant

Early diagnostic tests

Last year we reported on a new partnership, with world-leading experts from Leiden University, on a research study that will bring us closer to an early diagnostic test for leprosy. The study reached its expected milestones for the first year, despite difficult political situations in some of the participating countries.

Mental health

We continued working with Brighton and Sussex Medical School on a mental health research study in Bihar, India. It aims to better understand the impact of leprosy on people's mental health and develop community-driven interventions to aid recovery. A further study began in Ethiopia, investigating the feasibility of using a psychological intervention called 'Traumatic Stress Relief' for people with lived experience of leprosy.



Nurses at Leprosy Mission hospitals are the bedrock of leprosy care around the world, making sure each patient feels seen and valued. **Photo:** Trevor Grant

Advocacy

Empowering change through advocacy

Our commitment to ending leprosy extends beyond treatment and rehabilitation. We work to tackle discrimination, and ensure the social, political, and economic inclusion of people affected by leprosy. We raise awareness to challenge misconceptions and reduce stigma. We also collaborate with governments and other organisations to increase political will, resources, and funding for global leprosy work.

Parliament exhibition and launch event

To mark World Leprosy Day and World NTD Day in January 2024, we organised an event in the Houses of Parliament in partnership with the UK Coalition Against NTDs and the All-Party Parliamentary Group on Malaria and NTDs.

The event focused on the disproportionate impact NTDs have on women and girls, and showcased the impact of UK commitment to ending these conditions. The event was hosted by Lord Trees. It was attended by parliamentarians, WHO representatives, and NTD organisations, as well as people affected by NTDs. The WHO's Director of the Department of Control of NTDs, Dr Ibrahima Socé Fall, highlighted the progress that had been made towards NTD elimination, and shared his vision for health equity for women and girls.



International Day of Persons with Disabilities

In December, representatives from The Leprosy Mission attended an event in Parliament on the International Day of Persons with Disabilities. Hosted by the Bond Disability and Development Group, the event celebrated the recent successes in disability inclusion, and highlighted the importance of disability inclusion within international development.

Dan Izzett, a Leprosy Mission ambassador who is affected by the disease, was one of the speakers at the event. He shared with the audience his own experience of living with leprosy, the challenges he had to overcome as someone disabled by leprosy, and called the MPs and Peers to a more substantial commitment to end leprosy and other NTDs.

General election

In response to the announcement of a General Election in June 2024, we invited our supporters to call for greater UK commitment to leprosy and NTDs. More than 250 people emailed their parliamentary candidates, asking them to pledge their support for NTD work. As a result, we received many letters of commitment from candidates.

World Health Assembly

In May 2024, leprosy ambassadors Dan and Babs Izzett attended the World Health Assembly in Geneva, where they participated in the 'Political of Disease Framing' workshop organised by the University of York. They spoke about what neglect means for those with lived experience of NTDs and explored why these diseases continue to be overlooked.



Our people

Our values permeate the way we work, and staff are seen as part of the TLM family. The Senior Management Team (SMT) strive to provide a collaborative and supportive environment, where people are encouraged to fulfil their potential. Each day starts with a time of prayer and devotion. This is an opportunity for staff to come together, worship God, and pray for each other and those in need across the world.

Staff engagement continues to be an integral part of our culture. In 2024, 100% of staff said they would recommend TLMGB as a good place to work in our staff survey. We scored significantly more positively than other similar organisations with which we were benchmarked.

Wellbeing of our staff is regularly monitored by the SMT. Particular attention is given to work life balance and flexibility around family care.

We seek medical advice, as required, from our occupational health partner who has a history of working with mission organisations globally. We provide a health cash plan, giving staff the opportunity to claim back a percentage of their health services. We also provide access to an employee assistance programme where staff can access in the moment counselling if required.

We have set aside a hardship fund, should any staff member require extra support, and used this on one occasion in 2024.

We invite guest speakers to deliver wellbeing talks on topics of interest. With physical, mental, and financial wellbeing such an important part of how we support people affected by leprosy, these talks resonate with our work.

The wellbeing of our staff, partners, and the people we serve is paramount. We take a zero tolerance approach to the misuse of power, and all forms of abuse, harassment, or exploitation. To this end, The Leprosy Mission Great Britain has designed innovative safeguarding structures to protect the safety and dignity of everyone we work with.

For information on Safeguarding, see page 50.



Members of staff and Trustees from The Leprosy Mission Great Britain.

Employment of people affected by leprosy and disability

The Leprosy Mission Global Fellowship employs numerous staff who have lived experience of leprosy. This is estimated at between 5% and 10% of total staff.

We actively encourage people affected by leprosy and disability with appropriate skills and experience to apply for vacant positions. At TLMGB we have six members of staff with a long-term disability. Workplace adjustments are in place and reviewed regularly.

Staff training and development

We are a learning organisation. We aim to consistently increase our efficiency and effectiveness to maximise our impact for people affected by leprosy. Staff development and training continues to be a vital part of this.

The Learning Pathway skills framework is a central pillar of the organisation's training strategy, aiding staff members to further their professional development. This includes assessing staff against the Leprosy Capability Map. A wide range of in-house courses are provided, in addition to external courses, conferences, and networking events.

During 2024, all staff undertook Aid Diversion Awareness training, a best practice approach for organisations within the international development sector. Many staff also participated in external training relevant to their respective roles, responsibilities, and personal well-being.

Our employees enjoy close relationships with their managers, regularly engaging in one-to-one meetings where personal development goals are discussed.



Chikondi, from Christ Church in Ipswich, is pictured with the cake she made to celebrate The Leprosy Mission's 150th anniversary.

Fundraising is core to our work. Your wonderful support means that together we are transforming lives across Africa and Asia. We want to acknowledge faithful individual supporters who have continued to give sacrificially. Thank you so much for always standing with people affected by leprosy in their hour of greatest need.

Regular givers

We are so thankful for the continued commitment of regular givers across the year. Your gifts enable us to plan effectively and meet unexpected urgent needs. Thanks to regular giving, we were able to send emergency aid to communities affected by leprosy in Bangladesh following Cyclone Remal and to families in Myanmar in desperate need of food. Thank you for being an answer to prayer.

Church support

We are so grateful for the faithful support of churches across Great Britain. You enable us to be the hands and feet of Jesus to communities affected by leprosy. Your prayer underpins our work and is the foundation of all that we do.

We held 613 talks in churches and groups in 2024. Congregations showed Jesus' love in action by donating over £920,000 to help people across the nine countries we serve.

Events

It was a privilege to meet supporters in Scotland and share how they are changing lives.

Two special events were held in Perth and Glasgow last year. This was a lovely opportunity to thank dedicated Scottish supporters, and provide an insight into God's leading now and for the future. It was a real encouragement to see the response to the stories shared. Comments included:

"An interesting and informative time, filled with love and the Holy Spirit working in TLM. Lovely afternoon tea and good company."

"Such an uplifting and educational afternoon. I feel more engaged with TLM and all it does. Such good talks and stories."

Amazing supporters across England, Scotland, Wales, Guernsey, and the Isle of Man held special events to raise vital funds. Thank you so much for giving your time to do this! Many held tea parties to celebrate The Leprosy Mission's 150th anniversary, raising awareness as well as money so that our work can continue.



It was a privilege to meet supporters in Scotland and share how they are changing lives.

Area fundraising groups in Penicuik and Aberdeen held strawberry and afternoon teas for Myanmar and Nigeria. Our friends in Guernsey held a quiz and tea party raising over £3,000! Lots of individuals held their own events too. One of many adventurers was Frances Hayler, who did a sponsored Go Ape Challenge, bringing in almost £2,000. After the landslides at Anandaban Hospital in Nepal, Elly Duchars, an Isle of Man Trustee, also raised £2,000 for the disaster appeal through her church and a coffee morning.

Whether you sold jams, climbed ropes, walked miles, made cakes, or held a quiz, we thank God for you!

Legacy events

Every year, Gifts in Wills fund one in four life-changing projects. It is so humbling to think that when someone pledges a gift in their Will, they have no idea of the wonderful impact this will have many years later! But God knows. Though they are no longer with us, the love of these special individuals lives on through their compassion.

Last year it was a privilege to hold three legacy events at Knebworth House, Weston Park and Margam Park. These lovely afternoon teas with TV presenter and author Pam Rhodes are incredibly popular every year. With the addition of a wonderful couple who are affected by leprosy, Dan and Babs Izzett, it's no wonder there were huge waiting lists!



Deborah has transformed hundreds of lives in Sri Lanka. She ensures people affected by leprosy get vital treatment and emotional support, and can meet their basic needs. **Photo:** Tom Price

Future plans for 2025

In 2025, we will prioritise the following initiatives:

Bangladesh

- Training health staff so government and NGO hospitals are better able to treat leprosy complications.
- Training religious leaders and persons affected by leprosy to screen people for the signs and symptoms of leprosy, and refer them for diagnosis and treatment.

Ethiopia

- Detecting leprosy through skin camps, alongside targeted health awareness activities.
- Training surgeons in reconstructive surgery for clawed hands and drop foot.

India

- Commencing a new project in 32 leprosy colonies across Odisha to transform living conditions, and support access to rights and entitlements.
- Beginning the construction of a new Outpatients Department and new staff housing at Muzaffarpur Hospital, Bihar.
- Completing the renovation of staff housing at Champa Hospital and beginning renovations at Chandkhuri Hospital, Chhattisgarh.
- Developing business plans to support the sustainability of all our hospitals and vocational training centres (VTCs) across India.
- Starting new trades at Champa VTC.



TLM Nigeria's disability outreach programme makes and fits prosthetic limbs for people affected by leprosy and with disabilities, restoring independence and opportunities.

Myanmar

- Running mobile skin clinics in a number of new locations, as ongoing conflict means travel to leprosy hospitals is no longer safe.
- Providing follow-up services for people who are diagnosed and treated for leprosy at the government-run 'Central Skin Clinic' in Yangon, to ensure they are able to complete their treatment.

Nigeria

- Establishing the Abuja Orthopaedic Clinic, providing regular clinic days to avoid people needing to make the long and sometimes unsafe journey to Chanchaga, Niger State, for prosthetic limbs.
- Developing the ProSkin Clinic and Laboratory, providing diagnostic services for leprosy, skin conditions and other health complications.
- Campaigning to reinstate MDT supplies after treatment has not been available for almost a year.
- Engaging in national mental health work to ensure that of people affected by leprosy remains a national focus in Nigeria. TLM staff will be co-chairing the Federal Ministry of Health National Mental Health Programme Action Plan Task Group and leading the social mobilisation group.

Sri Lanka

- Supporting people affected by leprosy to make their farms or gardens more climate resilient through growing new crops and following new approaches.
- Building the organisational and advocacy capacity of the Leprosy People's Association.
- Improving water and sanitation in leprosy-affected communities.
- Ensuring people affected by leprosy have a voice in the planning and implementation of the Government's leprosy activities.

Nepal

- Exploring new ways to run leprosy services and training following the devastation of the 2024 landslides.
- Purchasing land to construct the new research laboratory.
- Initiating a new mental health research project exploring the concept of mental health and recovery in the Nepali context.

Niger

- Renovating the leprosy wards and a wound clinic at Danja Hospital.

Mozambique

- Expanding work into new districts of Zambezia. We will provide training for rural healthcare workers to diagnose and treat leprosy, and for key community members to recognise the symptoms and refer suspected cases for treatment.
- Training communities affected by leprosy in conservation agriculture, livestock rearing, nutrition, and climate change adaptation.



Research and advocacy in 2025

Members of a self-help group learn more about climate-resilient agriculture in Mozambique. **Photo:** Ricardo Franco



Our 2025 research priorities include:

- Continuing research into a new early diagnostic test for leprosy through work in Nepal, Bangladesh, and at Leiden University.
- Starting a new research study on mental health in India and Nepal (funded by the Leprosy Research Initiative).
- Researching the effectiveness of blended approaches to learning when training health workers in India and Nigeria.
- Training a group of people affected by leprosy as peer-researchers, in partnership with a UK-based university research team.
- Ensuring research findings are shared at the International Leprosy Congress in July 2025.
- Strengthening collaboration between Leprosy Mission researchers through workshops, meetings, and joint programmes design.

Our 2025 advocacy priorities include:

- Together with other NTD coalition partners, lobbying the UK government and policy makers to raise awareness of leprosy and other NTDs, and calling for investment in NTD programmes and research.
- Supporting and amplifying the voices of people affected by leprosy at national and international platforms (such as UK Parliaments, the WHO, and conferences).



Structure and governance

Rahena, the physiotherapist at DBLM Hospital in Bangladesh, helps patients disabled by leprosy improve their strength and mobility. **Photo:** Trevor Grant

Founded in 1874, The Leprosy Mission Great Britain is a charitable company limited by guarantee.

Formerly, The Leprosy Mission England, Wales, the Channel Islands and The Isle of Man, it was renamed The Leprosy Mission Great Britain, following a merger with The Leprosy Mission Scotland on 18th January 2024.

A revised Memorandum and Article of Association was signed on 9 October 2005 and updated on the 27 April 2024.

The charity number is 1050327; the company number is 03140347, registered in England and Wales.

Connected charities

TLMGB is an autonomous charitable company operating under a charter as a member of The Leprosy Mission's Global Fellowship, signed in 2011 by more than 30 international members and affiliates.

Proposed overseas projects that require funding are evaluated and approved by TLMGB and a working group of the Global Fellowship, supported by The Leprosy Mission International (TLMI). TLMI, a connected charity with common values, is the secretariat of the Global Fellowship.

To further our objectives, some grants were made to overseas partners through TLMI, totalling £4,400,760 in 2024 (£4,584,051 in 2023). Grants paid directly to overseas partners totalled £1,376,023 (£1,875,941 in 2023).

On 3 July 2018, The Leprosy Mission Isle of Man was incorporated as a company limited by guarantee, under the Companies Acts 1931 to 2004 by the Department for Enterprise Isle of Man. Since formation, the charitable company has been a subsidiary of TLMGB.

Funds raised by TLM Isle of Man amounted to £47,134 in 2024 (£24,213 in 2023).

Governance

Statement of the Trustees' responsibilities

The trustees (who are also directors of TLMGB for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the accounts in accordance with the law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). The trustees who served in 2024 are listed on page 2 of this report.

The law applicable to charities in England and Wales requires the trustees to prepare accounts for each financial year which give an honest, fair view of the affairs of the charity and of the incoming resources and application of resources of the charity for that year. In preparing these accounts, the trustees have:

- Selected suitable accounting policies and applied them consistently.
- Adhered to the methods and principles in the Charities SORP.

- Made reasonable and prudent judgements and estimates.
- Stated whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in their accounts.
- Prepared the accounts on a going concern basis (unless it is inappropriate to presume that the charity will continue in operation).
- Kept sufficient accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable it to ensure that the accounts comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed.
- Safeguarded the assets of the charity, taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The trustees have taken all steps that they ought to have to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Board of Trustees met three times during 2024. Trustees are also encouraged to serve on one or more of the four board subcommittees: Finance and Planning, Personnel and Bursaries, Programmes, or Fundraising. These subcommittees meet on average three times a year; they have no delegated authority and so bring recommendations to the full Board.

New trustees are appointed by the existing trustees and serve for a term of three years, after which they may put themselves forward for reappointment. The trust deed provides for a minimum of five trustees to a maximum 15 trustees. Induction training is undertaken by existing trustees and supported by senior staff, and includes safeguarding training and a visit to the national office.

Interests of the Trustees

The charity does not have share capital and is limited by guarantee.



Photo: Mahinthan Someswarapillai.

Risk review

The trustees have a formal risk management strategy to assess business risks annually. The major risks for the charity have been identified and assessed, in particular those related to operations and finances. The trustees are satisfied that systems are in place to mitigate the charity's exposure to these risks.

Management structure

The Board-appointed Chief Executive Officer (CEO) is responsible for strategy, planning and daily management of operations. The CEO is supported by the SMT, which has delegated authority for key aspects of our operations.

The CEO reports to the trustees on progress against the indicators and targets in the corporate strategy. The CEO and appropriate members of the SMT attend and report at meetings of subcommittees.

In 2019, a new five-year strategy was implemented to ensure that we were working towards achieving zero leprosy transmission, zero leprosy disability, and zero leprosy discrimination. Due to the delays in programme implementation caused by COVID-19, the strategy was extended for another year. After a mid-term review in 2022, the strategy was updated to reflect the changing environment.

The new TLM Global Strategy was developed in 2024, through a collaborative process involving all members of the Global Fellowship. TLMGB will be developing its strategy in 2025, ensuring alignment with the Global Strategy.

There is a policy for setting the remuneration of the CEO. The chair of the Board of Trustees and chair of the Personnel Committee appraise the CEO's performance annually and establish any increase in line with the pay scheme which applies to all staff.

The charity's trustees have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. Systems of internal control are designed to provide reasonable, but not absolute, insurance against misstatement or loss. These include:

- The corporate strategic plan approved by the trustees.
- Quarterly consideration by the trustees of the management accounts, variance from budgets, and non-financial performance indicators.
- Delegation of authority and segregation of duties.
- Identification and management of risks.



Fundraising governance

After Vavi (pictured above) lost her job because of leprosy, our partners in Sri Lanka helped her start a garden. Now she earns a good income and can support her family again. Photo: Mahinthan Someswarapillai.

Our fundraising activities in 2024 were undertaken by a combination of staff and volunteer speakers. We value the opinions of all our supporters, and have sought feedback on appeals and communications to ensure that their needs are met.

We are registered with the Fundraising Regulator and have fully complied with the Fundraising Code of Practice and Requirements of the Regulator. All staff are trained in areas of the code relating to their specialised fundraising area.

We regularly review our practices to ensure that we are compliant with the General Data Protection Regulation (GDPR) which gives people legal rights regarding their personal data. All staff are obliged to undertake GDPR training, and a member of staff has responsibility for ensuring that compliance is maintained.

We are also fully compliant with the Fundraising Preference Service and Telephone Preference

Service. We have systems in place to ensure we capture the instructions of individuals who have signed up to the Fundraising Preference Service. With any outbound telephone fundraising, we check data obtained with the Telephone Preference Service prior to contact, unless we have gained specific opt-in consent as part of data capture.

We work with external commercial partners such as Will writers and printers. As set out under GDPR we have data processing agreements in place, legally obliging all partners to meet data protection law requirements when acting as a data processor on our behalf.

In 2024, we received no fundraising complaints from our donors.

We have a trustee fundraising committee that met with senior staff on three occasions in 2024. This committee reports to the Board, and enables the trustees to stay engaged with fundraising activities and monitor adherence to the Code of Fundraising Practice.

We prioritise the safeguarding of our clients, staff, and supporters. All staff and volunteers are required to adhere to our Fundraising and Vulnerable People Policy. This policy was established to protect vulnerable donors from perceived pressure to donate and from making donations when they are not fully aware of the implications.

As required by the Code of Fundraising Practice, all fundraising materials list a contact number or email address, so that supporters can inform us if they no longer wish to receive fundraising communications.

Honorary Presidents and Vice Presidents

Our Honorary Vice Presidents (see page 2) are generous with their time and are committed to raising awareness and supporting those affected by leprosy. We are extremely grateful for their invaluable support.



Bajrangi learned how to care for his ulcers at Anandaban Hospital in Nepal, as he is pictured doing here.

Safeguarding

We take safeguarding very seriously, with zero tolerance for any form of abuse. We have clear policies and procedures in place, based on TLM global policies which are regularly reviewed. These policies include:

- Safeguarding policy and procedures for protecting children and vulnerable adults
- Bullying and harassment policies and procedures
- Whistleblowing policy and procedures
- Recruitment and selection policy and procedures
- Internal audit procedures
- Project development and approval documents
- Project monitoring and evaluation guidelines
- Risk management policies and procedures

The Leprosy Mission continues to contract an independent whistling service, Safecall. This is accessible to all TLM Global Fellowship Members, including TLMGB, should anyone not want to use the internal reporting system.



Since beginning a tailoring course at Bankura Vocational Training Course, Shymali is excited for the future. She hopes to find a good job so she can support her family.

In 2024 at TLMGB:

- Safeguarding continued as a standing item on all SMT, Personnel Committee and Board meeting agendas.
- The Safeguarding Advisor and Designated Safeguarding Lead continued to work seamlessly with the Designated Safeguarding Leads across our 9 implementing countries, building capacity, and providing advice and guidance.
- All new members of staff, trustees, and volunteers at TLMGB and The Leprosy Mission Shop (a separately registered company residing in our building) received compulsory safeguarding training as part of their onboarding. Staff then receive training at regular intervals during their employment/volunteering.
- One safeguarding concern was communicated to TLMGB, which was followed up and appropriate action taken. However, the concern was not at a level reportable to the Charity Commission.

Safeguarding in our implementing countries

In 2024, understanding of safeguarding within TLMGB partners reached new heights. Two of our partners demonstrated the power of community participation and engagement when designing feedback mechanisms, with other partners planning similar projects.

Taking the participatory approach further, TLMGB supported TLMI in reviewing the Global Fellowship Safeguarding Policy and Procedures documents. All stakeholders were able to input into the documents and take a more autonomous approach to adapting Global Fellowship policies.

Some highlights from 2024 include:

- Conducting community workshops, focus groups, surveys, and key stakeholder interviews across TLM to gather opinions on safeguarding within TLM.
- Developing tighter risk assessment processes through a guide and safeguarding risks catalogue.
- Rolling out investigations training and train-the-trainer approaches to designated safeguarding leads to ensure more effective safeguarding investigations where needed.

In 2024, three safeguarding concerns were reported relating to our implementing partners. None of these cases met the threshold for reporting to the Charity Commission

In 2025, we will roll out the revised Safeguarding Policy and Procedures documents with our partners. This will be a consultative process and will allow partners time to contextualise the documents. Support will be provided as partners embed the new documents into their organisations.

The Chair of the Board has overall governance responsibility for safeguarding.

Financial Summary

Reserves policy

The trustees' reserves policy maintains unrestricted funds (free reserves) that are sufficient to provide TLMGB with enough working capital to carry on existing activities successfully and develop new endeavours. Our policy does not include designated funds set aside for specific purposes.

To ensure we have the necessary funds to react to the growing and urgent needs across the Global Fellowship, the free reserves policy requires TLMGB to hold sufficient funds to meet between three- and five-months' expenditure.

Our total reserves as of 31st December 2024 were as follows:

Restricted funds: £5,037,908

Designated funds: £3,400,531

Free reserves: £3,732,363

Total: £12,170,802

The free reserves at 31 December 2024 were £3,732,363, falling inside the safe range of between three and five months expenditure. This is an increase of £895,813 since the end of 2023.

The charity is confident that it will meet the required pension contributions from its projected income without significantly impacting on planned charitable activities. We continue to calculate our free reserves without setting aside designated reserves for pension liabilities.

Grants making policy

We are dedicated to ensuring that our funds are used as efficiently as possible to attain our strategic targets and improve the lives of those affected by leprosy.

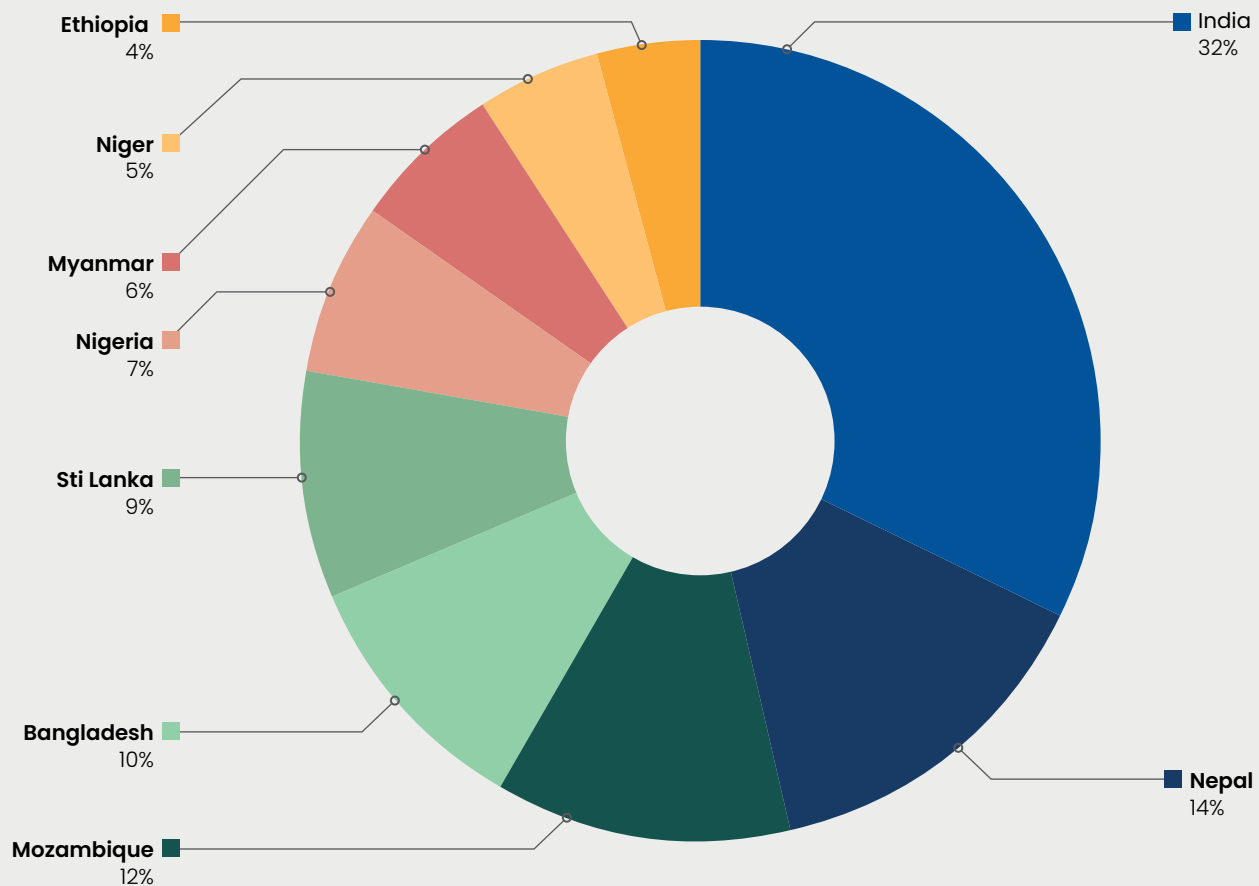
In 2024, we paid £5,776,783 (2023: £6,459,992) in overseas grants. Our programmes are implemented by partners which embody our values; many are members of the TLM Global Fellowship. We collaborated with numerous overseas partners across our nine implementing countries, as well as UK universities.

Partner programmes are managed by national members of staff who deliver projects and services to people affected by leprosy. At times, we work with organisations outside of the Global Fellowship who can deliver a specific service to people who would otherwise be neglected. Non-TLM partners are particularly important in Sri Lanka, where there is no TLM office.

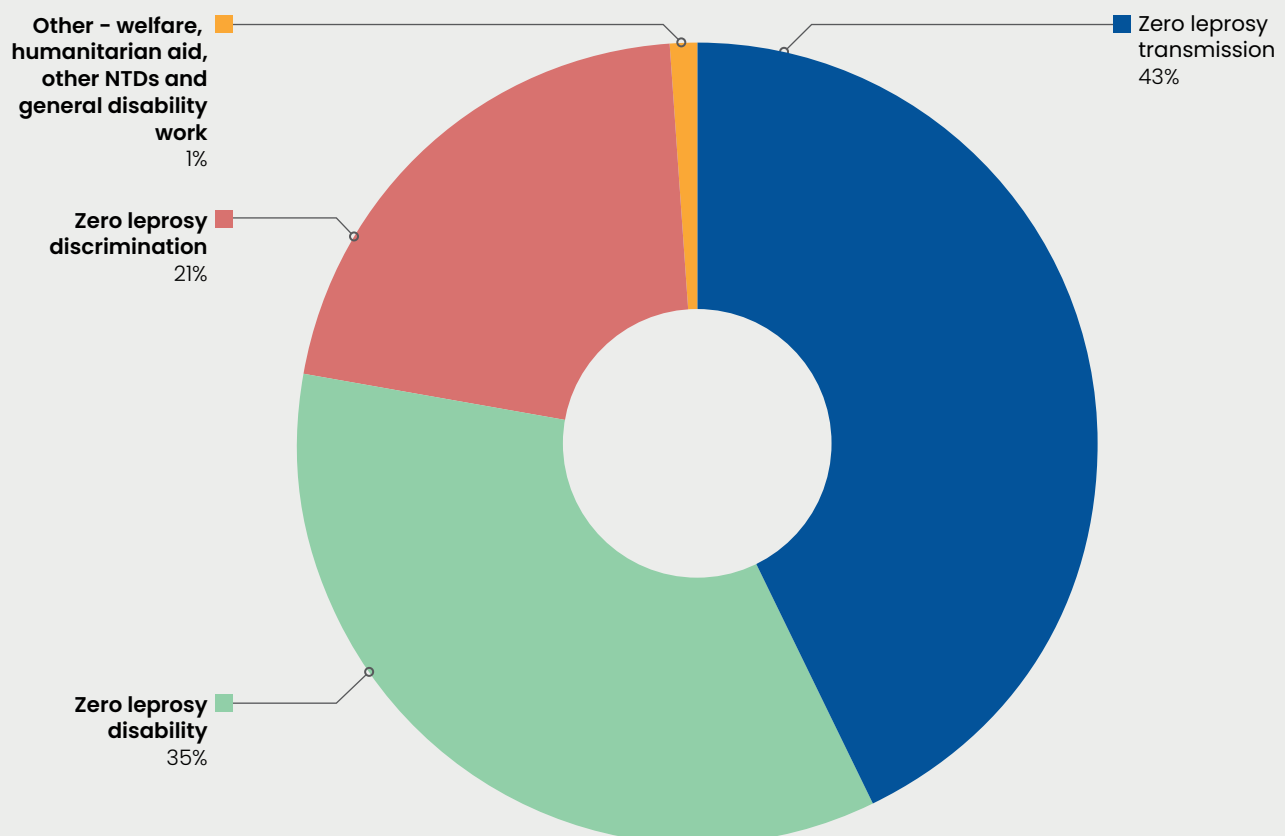
The Leprosy Mission supports disabled people and other ostracised groups, alongside those affected by leprosy, to promote social inclusion. This includes working with those affected by other NTDs.

The charts opposite indicate the proportion of the programmes budget spent in each of our nine countries, and the proportion of funds spent in each strategic area.

Percentage spent by country



Percentage spent by focus area



Financial summary

The full statement of financial activities follows the Independent Auditors' Report. Highlights include:

- Total income from all sources in 2024 was £11,335,797 (£9,850,388 in 2023)
- Expenditure for direct charitable activity in 2024 was £7,180,936 (£7,868,202 in 2023)
- Costs for fundraising amounted to £2,773,851 in 2024 (£2,655,930 in 2023).
- Revenue from legacies remains a significant proportion of total voluntary income at £3,832,800 or 34.9% in 2024 (£3,402,525 in 2023 or 34.5%).
- Community fundraising provided £873,340 in 2024, a 10.3% increase from 2023 (£791,841).
- Income from individual supporters was £3,921,614 in 2024, a 30.2% increase from 2023 (£3,012,124)
- Grants from trusts, foundations, corporations, and other organisations continue to be an important component of our income, amounting to £324,739 in 2024 (2023: £513,984). Significant donations were received from: Baird Watson Charitable Trust, The St Lazarus Charitable Trust, the Z. V. M. Rangoonwala Foundation, The Pikelock Trust, The Lucy Ellen Allsop Memorial Fund, the St Francis Leprosy Guild, The Betty Graham Clark Family Protection Trust, The Kirby Laing Foundation, the James Tudor Foundation, The Kitty Powell Trust, the Westmark Trust, the Jersey Evangelical Trust, the Goodnews Health Scotland Trust, The Military Order of the Collar Charitable Foundation, the Beyond Finance Charitable Trust, The Torrs Charitable Trust, The David Lister Charitable Trust, The Grace Charitable Trust, the Souter Charitable Trust, and the Mary Brown Memorial Trust.
- Income from government grants and institutions, including Comic Relief, Foreign Commonwealth and Development Office, Guernsey Overseas Aid and Development Commission, Irish Aid (via The Leprosy Mission Northern Ireland), Jersey Overseas Aid, University of Birmingham totalled £773,886 (2023: £875,719). This represents 6.8% of income (2023: 9.1%)

Off balance sheet income generated for 2024 programmes with support from TLMGB for other member of the TLM Global Fellowship totalled approximately £508,429 (2023: £588,189)

TLMGB sourced income for TLM work that was remitted directly to the following countries in 2024. This effectively raises the level of income in 2024 that can be credited to TLMGB to £11,844,226.

- TLM Northern Ireland, Dignity First: £107,985 (€130,000)
- TLM India (Research on Interventions for Global Health Transformation (RIGHT) funded by the NIHR): £145,778
- TLM Nepal, (RIGHT, NIHR): £191,124
- TLM Nigeria, (RIGHT, NIHR): £21,607
- TLM Niger (LRI): £41,935

This means that 23 pence in every pound was spent on fundraising.

Azets Audit Services acted as auditors for The Leprosy Mission Great Britain.

Signed on behalf of the Trustees

Nagammal lives in India, and is affected by leprosy. The treatment and assistive devices that she has received have restored her mobility, independence, and confidence. **Photo:** Daniel Christiansz



THE LEPROSY MISSION GREAT BRITAIN

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF THE LEPROSY MISSION GREAT BRITAIN

Opinion

We have audited the financial statements of The Leprosy Mission Great Britain (the 'charity') for the year ended 31 December 2024 which comprise the statement of financial activities, the balance sheet, the statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2024 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of our audit:

- the information given in the trustees' report for the financial year for which the financial statements are prepared, which includes the directors' report prepared for the purposes of company law, is consistent with the financial statements; and
- the directors' report included within the trustees' report has been prepared in accordance with applicable legal requirements.

THE LEPROSY MISSION GREAT BRITAIN

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

TO THE MEMBERS OF THE LEPROSY MISSION GREAT BRITAIN

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, the Trustees' (who are also the directors of the charitable company for the purposes of company law), are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the Trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

THE LEPROSY MISSION GREAT BRITAIN

INDEPENDENT AUDITOR'S REPORT (CONTINUED) TO THE MEMBERS OF THE LEPROSY MISSION GREAT BRITAIN

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above and on the Financial Reporting Council's website, to detect material misstatements in respect of irregularities, including fraud.

We obtain and update our understanding of the entity, its activities, its control environment, and likely future developments, including in relation to the legal and regulatory framework applicable and how the entity is complying with that framework. Based on this understanding, we identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. This includes consideration of the risk of acts by the entity that were contrary to applicable laws and regulations, including fraud.

In response to the risk of irregularities and non-compliance with laws and regulations, including fraud, we designed procedures which included:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the entity through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Tracey Richardson BSc (Hons) FCA (Senior Statutory Auditor)
for and on behalf of

.....

Chartered Accountants
Statutory Auditor

THE LEPROSY MISSION GREAT BRITAIN

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2024

Current financial year

	Notes	Unrestricted funds 2024 £	Restricted funds 2024 £	Total 2024 £	Total 2023 £
<u>Income and endowments from:</u>					
Donations and legacies	3	8,468,306	2,524,005	10,992,311	9,535,539
The Leprosy Mission Scotland donation		-	-	-	148,445
Income from investments	4	274,915	-	274,915	152,266
Other income	5	68,571	-	68,571	14,138
Total income		8,811,792	2,524,005	11,335,797	9,850,388
<u>Expenditure on:</u>					
Expenditure on raising funds	6	2,773,851	-	2,773,851	2,655,930
Expenditure on charitable activities	7	4,986,851	2,194,085	7,180,936	7,868,202
Total expenditure		7,760,702	2,194,085	9,954,787	10,524,132
Net gains/(losses) on investments	12	(85)	-	(85)	(86,343)
Net movement in funds		1,051,005	329,920	1,380,925	(760,087)
Fund balances at 1 January 2024		6,081,889	4,707,988	10,789,877	11,549,964
Fund balances at 31 December 2024		7,132,894	5,037,908	12,170,802	10,789,877

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

THE LEPROSY MISSION GREAT BRITAIN

STATEMENT OF FINANCIAL ACTIVITIES (CONTINUED) INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2024

Prior financial year

		Unrestricted funds 2023 £	Restricted funds 2023 £	Total 2023 £
	Notes			
<u>Income and endowments from:</u>				
Donations and legacies	3	7,722,673	1,812,866	9,535,539
The Leprosy Mission Scotland donation		148,445	-	148,445
Income from investments	4	152,266	-	152,266
Other income	5	14,138	-	14,138
Total income		8,037,522	1,812,866	9,850,388
<u>Expenditure on:</u>				
Expenditure on raising funds	6	2,655,930	-	2,655,930
Expenditure on charitable activities	7	5,763,033	2,105,169	7,868,202
Total expenditure		8,418,963	2,105,169	10,524,132
Net gains/(losses) on investments	12	(86,343)	-	(86,343)
Net movement in funds		(467,784)	(292,303)	(760,087)
Fund balances at 1 January 2023		6,549,673	5,000,291	11,549,964
Fund balances at 31 December 2023		6,081,889	4,707,988	10,789,877

THE LEPROSY MISSION GREAT BRITAIN

BALANCE SHEET

AS AT 31 DECEMBER 2024

	Notes	2024 £	£	2023 £	£
Fixed assets					
Tangible assets	14	326,297		314,877	
Investments	15	583,680		583,766	
			909,977		898,643
Current assets					
Debtors	17	1,613,112		1,644,501	
Cash at bank and in hand		10,276,960		8,819,927	
			11,890,072		10,464,428
Creditors: amounts falling due within one year	18	(629,247)		(573,194)	
Net current assets			11,260,825		9,891,234
Total assets less current liabilities			12,170,802		10,789,877
Income funds					
Restricted funds	21	5,037,908		4,707,988	
<u>Unrestricted funds</u>					
Designated funds	20	3,400,531		3,245,339	
General unrestricted funds		3,732,363		2,836,550	
			7,132,894		6,081,889
			12,170,802		10,789,877

The financial statements were approved by the Trustees on

.....
Mrs Anne Fendick - Chair
Trustee

.....
Mr Timothy Brooks - Treasurer
Trustee

Company registration number 03140347

THE LEPROSY MISSION GREAT BRITAIN

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER 2024

		2024		2023	
	Notes	£	£	£	£
Cash flows from operating activities					
Cash generated from/(absorbed by) operations	28	1,224,064		(283,624)	
Investing activities					
Purchase of tangible fixed assets		(41,946)		(104)	
Investment income		274,915		152,266	
Net cash generated from investing activities		232,969		152,162	
Net cash used in financing activities		-		-	
Net increase/(decrease) in cash and cash equivalents		1,457,033		(131,462)	
Cash and cash equivalents at beginning of year		8,819,927		8,951,389	
Cash and cash equivalents at end of year		10,276,960		8,819,927	

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting policies

Charity information

The Leprosy Mission Great Britain is a private company limited by guarantee incorporated in England and Wales. The registered office is The Leprosy Mission, Goldhay Way, Orton Goldhay, Peterborough, PE2 5GZ, United Kingdom.

1.1 Accounting convention

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) effective 1 January 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value.

1.2 Going concern

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist. The Trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

1.3 Income

All incoming resources are included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be received.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity and it is probable that they will be fulfilled.

For legacies, entitlement is the earlier of the charity being notified of an impending distribution or the legacy being received. At this point income is recognised. On occasion legacies will be notified to the charity. However it is not possible to measure the amount expected to be distributed. On these occasions, the legacy is treated as a contingent asset and disclosed.

The charity receives government grants in respect of its activities. Income from government and other grants are recognised at fair value when the charity has entitlement after any performance conditions have been met, it is probable that the income will be received and the amount can be measured reliably. If entitlement is not met then these amounts are deferred.

Income from trading activities includes income earned from fundraising events and trading activities to raise funds for the charity. Income is received in exchange for supplying goods and services in order to raise funds and is recognised when entitlement has occurred.

Investment income is earned through holding assets for investment purposes such as shares and property. It includes dividends, interest and rent. Where it is not practicable to identify investment management costs incurred within a scheme with reasonable accuracy the investment income is reported net of these costs. It is included when the amount can be measured reliably. Interest income is recognised using the effective interest method and dividend and rent income is recognised as the charity's right to receive payment is established.

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting policies

(Continued)

1.4 Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- Costs of raising funds;
- Expenditure on charitable activities; and
- Other expenditure represents those items not falling into the categories above.

Grants payable to third parties are within the charitable objectives. Where unconditional grants are offered, this is accrued as soon as the recipient is notified of the grant, as this gives rise to a reasonable expectation that the recipient will receive the grants. Where grants are conditional relating to performance then the grant is only accrued when any unfulfilled conditions are outside of the control of the charity.

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office costs, governance costs and other administrative costs.

The allocation of support costs includes an element of judgement and the charity has had to consider the cost benefit of detailed calculations and record keeping. The allocations shown are therefore the best estimate of the costs incurred in providing IT, payroll, finance and other central services for the charity. Cost allocation has been attributed on the basis of estimated time spent on each activity or if this is not appropriate then on a basis consistent with the use of resources.

1.5 Tangible fixed assets

Tangible fixed assets other than freehold land are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Freehold buildings	2 per cent of cost per annum
Improvements to property	10 per cent and 20 per cent of cost per annum
Fixtures, fittings & equipment	33 1/3 per cent of cost per annum
Motor vehicles	25 per cent of cost per annum

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in net income/(expenditure) for the year.

1.6 Fixed asset investments

Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value with changes recognised in 'net gains / (losses) on investments' in the SoFA if the shares are publicly traded or their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.

Investment properties for which fair value can be measured reliably without undue cost or effort are measured at fair value at each reporting date with changes in fair value recognised in 'net gains / (losses) on investments' in the SoFA.

1.7 Debtors and creditors receivable/payable within one year

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price. Any losses arising from impairment are recognised in expenditure.

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting policies

(Continued)

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

1.10 Employee benefits

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The company participates in a non-contributory multi-employer pension scheme, that has been closed to new members, providing benefits based upon career averaged revalued earnings. The company's pension contributions are determined by a qualified actuary on the basis of triennial valuations. The actuary has identified the proportion of the group scheme liability which is owed by The Leprosy Mission Great Britain. A provision has been included in the accounts and the contributions to reduce the deficit are accounted for when paid.

For defined contribution schemes the amount charged to the Statement of Financial Activities in respect of pension costs and other post-retirement benefits is the contributions payable in the year. Differences between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

1.11 Leases

Rentals payable under operating leases are charged against income on a straight line basis over the period of the lease.

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting policies

(Continued)

1.12 Foreign exchange

Transactions denominated in foreign currencies are recorded at the rate ruling at the date of the transaction.

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. All differences are included in net outgoing resources.

1.13 Fund accounting

Funds held by the charity are either:

- i) Unrestricted general funds – these are funds which can be used in accordance with the charitable objects at the discretion of the Trustees.
- ii) Designated funds – these are funds set aside by the Trustees out of unrestricted general funds for specific purposes or projects.
- iii) Restricted funds – these are funds that can only be used for particular restricted purposes within the objects of the charity.

2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

Key sources of estimation uncertainty

The estimates and assumptions which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are as follows:

Determining accrued legacy income - In some cases it is necessary to estimate accrued income for residuary legacies that the charity has received notification that is due to them. Judgement is applied by management to accrue any legacies that can be reliably quantified once probate has been granted.

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

3 Donations and legacies

	Unrestricted funds £	Restricted funds £	Total 2024 £	Total 2023 £
Individual supporters	2,983,326	938,288	3,921,614	3,012,124
Donations through Isle of Man	47,134	-	47,134	24,213
TLM Trading income	101,713	482,152	583,865	460,587
Legacies receivable	3,832,800	-	3,832,800	3,402,525
Government and institutions	-	773,886	773,886	875,719
Community fundraising	780,029	93,311	873,340	791,841
Trusts and foundations	88,371	236,368	324,739	513,984
Gift Aid	634,933	-	634,933	444,661
Stamps and collectables (ceased in 2023)	-	-	-	9,885
For the year ended 31 December 2024	8,468,306	2,524,005	10,992,311	9,535,539
For the year ended 31 December 2023	7,722,673	1,812,866		9,535,539
Grants receivable for core activities included in the above				
Jersey Overseas Aid	-	-	-	30,000
Guernsey Overseas Aid & Development Commission	-	5,000	5,000	52,213
The Task Force for Global Health	-	-	-	12,040
Leprosy Research Initiative (LRI)	-	50,216	50,216	-
FCDO Aid Match Mission Zero	-	602,128	602,128	681,599
Comic Relief	-	56,792	56,792	46,195
Irish aid	-	10,560	10,560	-
University of Birmingham - Applied Health Research	-	49,190	49,190	35,940
Other grants	-	-	-	17,732
Grants from Governments and Institutions	-	773,886	773,886	875,719
BairdWatson Charitable Trust	-	28,996	28,996	-
The Kirby Laing Foundation	-	25,000	25,000	257,464
The St Lazarus Charitable Trust	-	45,141	45,141	54,910
The Betty Graham Clark Family Protection Trust	-	26,003	26,003	-
James Tudor Foundation	-	12,074	12,074	-
St Francis Leprosy Guild	-	13,395	13,395	30,025
Z V M Rangoonwala Foundation	-	12,500	12,500	-
Other grants	-	163,109	163,109	342,399
	-	936,995	936,995	1,218,118

Co-funding for FCDO funded projects was provided from other donors. The corresponding expenditure is included within grants payable (see note 8).

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2024

4 Income from investments

	2024 £	2023 £
Rental income	10,395	10,500
Income from listed investments	127	28
Interest receivable	264,393	141,738
	<u>274,915</u>	<u>152,266</u>

Income from investments is attributable to unrestricted funds.

5 Other income

	Unrestricted funds 2024 £	Unrestricted funds 2023 £
Other income	<u>68,571</u>	<u>14,138</u>

6 Expenditure on raising funds

	2024 £	2023 £
<u>Costs of generating voluntary income</u>		
Fundraising appeals	943,027	935,306
Marketing and communications	167,504	122,336
Community fundraising and volunteering	146,741	139,643
Staff costs	1,514,839	1,457,246
	<u>2,772,111</u>	<u>2,654,531</u>
<u>Investment management</u>	<u>1,740</u>	<u>1,399</u>
	<u>2,773,851</u>	<u>2,655,930</u>

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2024

7 Expenditure on charitable activities

	2024 £	2023 £
Staff costs	239,133	252,769
Advocacy	13,545	13,827
Projects - UK costs	33,672	17,553
	<u>286,350</u>	<u>284,149</u>
Grant funding of activities (see note 8)	5,776,783	6,459,992
Share of support costs (see note 9)	1,014,197	961,393
Share of governance costs (see note 9)	103,606	162,668
	<u>7,180,936</u>	<u>7,868,202</u>
Analysis by fund		
Unrestricted funds	4,986,851	5,763,033
Restricted funds	2,194,085	2,105,169
	<u>7,180,936</u>	<u>7,868,202</u>

8 Grants payable

	2024 £	2023 £
Grants to institutions:		
The Leprosy Mission International, Brentford, UK	4,400,760	4,584,051
Stepping Stones	30,125	10,934
Brighter Future India	101,334	100,361
TLM Mozambique	520,027	535,268
TLM Nepal	155,967	522,620
TLM Nigeria	239,426	366,273
TLM Ethiopia	169,433	138,124
Article 25	21,920	88,314
Leiden University Medical Centre	88,324	60,445
Other	49,467	53,602
	<u>5,776,783</u>	<u>6,459,992</u>

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

9 Support costs

	Support costs	Governance costs	2024	2023
	£	£	£	£
Staff costs	618,901	33,807	652,708	559,504
Depreciation and loss on disposal of fixed assets	30,527	-	30,527	60,420
Management, finance and administration	364,769	-	364,769	366,485
Audit fees	-	12,000	12,000	8,880
Legal and professional	-	42,259	42,259	53,864
Restructuring costs	-	15,540	15,540	16,844
Staff costs - Scotland	-	-	-	58,064
	<u>1,014,197</u>	<u>103,606</u>	<u>1,117,803</u>	<u>1,124,061</u>

10 Trustees' and key management personnel remuneration and expenses

None of the Trustees (or any persons connected with them) received or waived any remuneration during the year. The Chief Executive Officer of The Leprosy Mission Great Britain is the company secretary.

The total amount of employee benefits received by key management personnel is £312,348 (2023 - £298,054). The charity considers its key management personnel comprises of the Senior Management Team.

During the year seven Trustees were reimbursed expenses totalling £1,969 (2023 - six Trustees were reimbursed expenses totalling £1,854).

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2024

11 Employees

Number of employees

The average monthly number of employees and full time equivalent (FTE) during the year was:

	2024 Number	2024 FTE	2023 Number	2023 FTE
Management and administration	15	14	12	10
Fundraising and publicity	24	22	26	26
Project support and development	12	12	13	13
	<u>51</u>	<u>48</u>	<u>51</u>	<u>49</u>

Employment costs

	2024 £	2023 £
Wages and salaries	1,926,171	1,910,519
Social security costs	202,337	195,463
Other pension costs	197,295	180,322
	<u>2,325,803</u>	<u>2,286,304</u>
Other staffing costs	80,877	40,829
	<u>2,406,680</u>	<u>2,327,133</u>

There are no redundancy costs in the year (2023 - included in the above are redundancy costs of £38,631 relating to six employees).

The number of employees whose annual remuneration was £60,000 or more were:

	2024 Number	2023 Number
£60,000 - £70,000	2	2
£90,001 - £100,000	1	1

Pension contributions of £25,766 (2023 - £22,764) were made to Aviva on behalf of three (2023 - three) higher paid employees.

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2024

12 Net gains/(losses) on investments

	Unrestricted funds	Unrestricted funds
	2024	2023
	£	£
Revaluation of investments	(85)	(86,343)

13 Taxation

The company is a registered charity and as such, for taxation purposes, is entitled to exemption from United Kingdom taxation under section 505 of the Income and Corporation Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992.

14 Tangible fixed assets

	Land and buildings	Improvements to property	Fixtures, fittings & equipment	Motor vehicles	Total
	£	£	£	£	£
Cost					
At 1 January 2024	427,519	84,119	315,618	29,013	856,269
Additions	-	-	27,546	14,400	41,946
Disposals	-	-	-	(15,463)	(15,463)
At 31 December 2024	427,519	84,119	343,164	27,950	882,752
Depreciation and impairment					
At 1 January 2024	155,008	53,101	304,270	29,013	541,392
Depreciation charged in the year	5,700	9,698	13,628	1,500	30,526
Eliminated in respect of disposals	-	-	-	(15,463)	(15,463)
At 31 December 2024	160,708	62,799	317,898	15,050	556,455
Carrying amount					
At 31 December 2024	266,811	21,320	25,266	12,900	326,297
At 31 December 2023	272,511	31,018	11,348	-	314,877

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

15 Fixed asset investments

	Listed investments £	Investment properties £	Total £
Cost or valuation			
At 1 January 2024	2,766	581,000	583,766
Valuation changes	(86)	-	(86)
At 31 December 2024	2,680	581,000	583,680
Carrying amount			
At 31 December 2024	2,680	581,000	583,680
At 31 December 2023	2,766	581,000	583,766

The fair value of the investment property has been arrived at by a formal valuation on an open market value basis.

The fair value of listed investments is determined by reference to the quoted price for identical assets in an active market at the balance sheet date.

16 Financial instruments

	2024 £	2023 £
Carrying amount of financial assets		
Legacies receivable	1,169,489	1,153,086
Income tax recoverable	94,926	62,231
Other debtors	236,834	337,821
Bank and cash	10,276,960	8,819,927
Measured at cost	11,778,209	10,373,065
Listed investments	2,680	2,766
Measured at fair value	2,680	2,766
Carrying amount of financial liabilities		
Other taxation and social security	44,894	47,749
Trade creditors	442,232	320,085
Measured at cost	487,126	367,834

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2024

17 Debtors

	2024	2023
	£	£
Amounts falling due within one year:		
Legacies recoverable	1,169,489	1,153,086
Income tax recoverable	94,926	62,231
Other debtors	236,834	337,821
Prepayments and accrued income	111,863	91,363
	<u>1,613,112</u>	<u>1,644,501</u>

18 Creditors: amounts falling due within one year

	2024	2023
	£	£
Other taxation and social security	44,894	47,749
Trade creditors	442,232	320,085
Other creditors	-	14,592
Accruals	142,121	190,768
	<u>629,247</u>	<u>573,194</u>

19 Pension and other post-retirement benefit commitments

The charity participates in a non-contributory multi-employer pension scheme providing benefits based upon career averaged revalued earnings. The charity's pension contributions are determined by a qualified actuary on the basis of triennial valuations. The charity's share of the underlying assets and liabilities of the scheme is estimated to be £nil (2023 - £nil).

After taking into account the results of the triennial valuation carried out as at 31 December 2021, it has been agreed to continue to make contributions of £90,000 per annum of which The Leprosy Mission Great Britain will contribute £20,500 per annum. These payments will increase each year in line with the Retail Prices Index. The contributions will be reviewed at the next triennial valuation.

The career averaged revalued earnings scheme has been closed to new members effective from 12 November 2007 and has been closed to future accrual from 1 April 2013.

A Group Personal Pension Scheme (GPP) has been set up with Aviva (formerly Friends Life). Employers make a contribution of 10% of the monthly pensionable salary to Aviva.

The charity's total pension cost for the year amounted to £197,295 (2023 - £180,322).

THE LEPROSY MISSION GREAT BRITAIN
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

20 Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the Trustees for specific purposes:

	Balance at 1 January 2023	Expenditure	Transfers	Investments gains/losses	Balance at 1 January 2024	Movement in funds			Transfers	Balance at 31 December 2024
						Income	Expenditure			
	£	£	£	£	£	£	£	£	£	£
Tangible assets fund	1,042,674	(60,420)	104	(86,481)	895,877	-	(30,526)		41,946	907,297
Legacy reserve	1,100,000	-	-	-	1,100,000	-	-		200,000	1,300,000
Property reserve	468,600	-	-	-	468,600	-	-		-	468,600
Hardship fund	4,490	-	-	-	4,490	-	-		-	4,490
FOUND	257,466	-	(257,466)	-	-	-	-		-	-
2 B or not 2 B	-	-	618,372	-	618,372	-	(106,591)		-	511,781
Dignity First	-	-	158,000	-	158,000	-	(53,962)		-	104,038
Odisha	-	-	-	-	-	104,325	-		-	104,325
	2,873,230	(60,420)	519,010	(86,481)	3,245,339	104,325	(191,079)		241,946	3,400,531

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

20	Designated funds	(Continued)
	The Trustees have created a designated reserve in respect of the value of the tangible fixed assets and the fixed asset investment property as they are not freely available to spend as grants.	
	The legacy reserve has been created to help protect against the unpredictable future flows of legacy income.	
	The property reserve has been created from proceeds received from the sale of a property in the year to fund any future property purchases.	
	The hardship fund has been set up for staff to apply to in case of financial difficulties. This has been funded by the Chief Executive.	
	The FOUND fund has been set aside from unrestricted funds to cover amounts no longer funded by the FCDO. In 2023 when the project ended the balance of funds remaining was transferred back into general reserves.	
	The 2 B or not 2 B fund has been set aside from unrestricted funds to cover activities for which The Leprosy Mission Great Britain has a contract committing them to providing funding that is not funded by grants.	
	The Dignity First fund has been set aside from unrestricted funds to cover activities for which The Leprosy Mission Great Britain has a contract committing them to providing funding that is not funded by grants.	
	The Odisha fund has been set aside from unrestricted funds to cover activities for which The Leprosy Mission Great Britain has a contract committing them to providing funding that is not funded by grants.	

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

21 Restricted funds

The income funds of the charity include restricted funds comprising the following balances of donations and grants held on trust for specific purposes:

	Balance at 1 January 2023	Movement in funds			Transfers	Balance at 1 January 2024	Movement in funds			Transfers	Balance at 31 December 2024
	£	Income	Expenditure	£			Income	Expenditure	£		£
Mission Zero - Mozambique (FCDO Aid Match)	(84,155)	681,401	(682,873)	38,939	(46,688)	602,128	(655,527)	27,300	(72,787)		
Mission Zero Aid Match Supporters funds	2,051,625	-	-	(38,939)	2,012,686	-	-	(27,300)	1,985,386		
TLM Trust India Staff Quarters Renovations	-	49,457	-	-	49,457	103,290	(75,000)	-	77,747		
Kirby Laing Foundation - FOUNDED	(129,594)	257,464	(127,870)	-	-	-	-	-	-		
Customise Footwear Orthotics - India	37,913	-	(37,913)	-	-	5,801	(1,649)	-	16,731		
Dare to Dream	-	40,194	(27,615)	-	12,579	881,266	(103,000)	-	778,266		
Nepal Emergency 2024 funds	-	-	-	-	-	-	-	-	-		
Mycobacterial Research Laboratory Construction at Anandaban	1,836,751	65,413	(517,716)	-	1,384,448	500	(10,592)	-	1,374,356		
GOADC - Myanmar - (COPES)	(4,763)	4,963	(200)	-	-	-	-	-	-		
LRI - EMDR - Ethiopia	-	-	-	-	-	50,216	(50,216)	-	-		
Nepal (supporters funds)	362,382	-	-	-	362,382	49,190	(49,160)	-	362,382		
RIGHT 1	-	35,940	(35,970)	-	(30)	-	-	-	-		
Chaos to rebuilding - Myanmar Cyclone	-	39,247	(39,247)	-	-	-	-	-	-		
SFLG for Khoj project, Nepal	-	10,184	-	-	10,184	-	(10,184)	-	-		
GOADC -Nigeria - ProSkin	-	24,750	-	-	24,750	-	(21,199)	-	3,551		
Comic Relief - Open Mind	169,217	46,195	(107,413)	-	107,999	56,792	(164,791)	-	-		
Bihar - India	591,851	15,050	(44,806)	-	562,095	71,936	(562,378)	-	71,653		
GOADC - Ready to BEAM (MCLH Solar Panel)	22,500	22,500	(45,653)	-	(653)	5,000	(4,347)	-	-		
Other income	146,564	520,108	(437,893)	-	228,779	697,886	(486,042)	-	440,623		
	5,000,291	1,812,866	(2,105,169)	-	4,707,988	2,524,005	(2,194,085)	-	5,037,908		

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2024

21 Restricted funds	(Continued)
Mission Zero – Mozambique (FCDO Aid Match) - Mobilise communities and strengthening the health system in northern Mozambique to find and cure leprosy. This is paid in arrears by FCDO, pre financing was taken from TLMEW general funds and this has resulted in a negative restricted fund balance at the year end.	
Mission Zero Aid Match Supporter funds - for mobilising communities and strengthening the health system in Africa.	
TLM Trust India Staff Quarters Renovations - Refurbishment of staff quarters at TLM Trust India hospitals and Vocational Training Centres.	
Kirby Laing Foundation – FOUND – Providing access to fair employment for people with disabilities in Nepal.	
The funding from a major donor was given to develop the customized footwear project initially trialled in India.	
Dare to Dream - Supporting the strengthening of the health system in Ethiopia to more effectively diagnose, treat and manage leprosy complications.	
Nepal Emergency 2024 funds - responding to the 2024 landslide and ensuring the future of leprosy services in Nepal.	
Mycobacterial Research Laboratory construction at Anandaban will contribute to the construction of a new state-of-the-art research laboratory in Nepal.	
GOADC – Myanmar – (COPEs) – Providing orthopaedic services to remote communities in Eastern Shan State, Myanmar.	
LRI - EMDR - Ethiopia - Research into new approaches to mental health support.	
Nepal (supporters funds) is funding from individual donors, in partnership with the UK Aid Match HEAL Nepal Campaign, and is to be used for projects in Nepal.	
RIGHT 1 is a research project funded by NIHR and implemented in partnership with the University of Birmingham.	
Chaos to rebuilding - Myanmar Cyclone: Providing emergency aid and supporting reconstruction of buildings affected by Cyclone Mocha part funded by Jersey Overseas Aid.	
SFLG for Khoj project, Nepal - Active case finding and contact tracing.	
GOADC - Nigeria - ProSkin - Developing a new laboratory to provide services for diagnosis of skin diseases, including leprosy.	
Comic Relief – Open Minds project is focused on improving the mental health of young people in Nigeria.	
Bihar India - This funding is for leprosy work that benefits people affected by leprosy in the State of Bihar, India.	

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

21 Restricted funds (Continued)

GOADC – Ready to BEAM (MCLH solar panel) will provide solar panels for Mawlamyine Christian Leprosy Hospital in Myanmar. This will help the hospital to become more fuel efficient and environmentally sustainable.

Other represents donations and grants given for specific purposes of The Leprosy Mission. All such income has either been remitted directly to overseas implementing partners or via TLM International in accordance with the restrictions of the donor.

22 Analysis of net assets between funds

Fund balances at 31 December 2024 are represented by:

	Unrestricted funds	Designated funds	Restricted funds	Total Unrestricted funds	Designated funds	Restricted funds	Total
	2024	2024	2024	2024	2023	2023	2023
	£	£	£	£	£	£	£
Tangible assets	-	326,297	-	326,297	314,877	-	314,877
Investments	2,680	581,000	-	583,680	581,000	-	583,766
Current assets/(liabilities)	3,729,683	2,493,234	5,037,908	11,260,825	2,349,462	4,707,988	9,891,234
	3,732,363	3,400,531	5,037,908	12,170,802	3,245,339	4,707,988	10,789,877

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2024

23 Operating lease commitments

At the reporting end date the charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	2024 £	2023 £
Within one year	3,403	3,403
Between two and five years	6,116	9,519
	<u>9,519</u>	<u>12,922</u>

24 Contingent assets

The charity has been notified of legacies with an estimated value of £2,520,000 which have not been recognised as income at 31 December 2024 because no notification of impending distribution or approval of estate accounts has been received.

25 Related party transactions

There were no disclosable related party transactions during the year (2023 - none).

26 Subsidiaries

On 3 July 2018, The Leprosy Mission Isle of Man was incorporated as a company limited by guarantee, under the Companies Acts 1931 to 2004 by the Department for Enterprise Isle of Man. Since formation the charitable company has been a subsidiary of The Leprosy Mission Great Britain.

The charitable company has been collecting donations during the course of the year, totalling £47,134 (2023 - £24,213), which have all been paid to The Leprosy Mission Great Britain.

27 Analysis of changes in net funds

	At 1 January 2024 £	Cash flows £	At 31 December 2024 £
Cash at bank and in hand	8,819,927	1,457,033	10,276,960
	<u>8,819,927</u>	<u>1,457,033</u>	<u>10,276,960</u>

THE LEPROSY MISSION GREAT BRITAIN

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2024

28	Cash generated from operations	2024 £	2023 £
	Surplus/(deficit) for the year	1,380,925	(760,087)
	Adjustments for:		
	Investment income recognised in statement of financial activities	(274,915)	(152,266)
	Fair value gains and losses on investments	85	86,343
	Depreciation and impairment of tangible fixed assets	30,527	60,420
	Movements in working capital:		
	Decrease in debtors	31,389	280,632
	Increase in creditors	56,053	201,334
	Cash generated from/(absorbed by) operations	1,224,064	(283,624)



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