



**The Leprosy
Mission**
Australia

2022

Annual Report



The Leprosy Mission Australia is proud to partner with a number of organisations in achieving its vision of Transformation: People healed and living in community with dignity, opportunity and hope.



ACFID

The Leprosy Mission Australia (TLMA) is a member of the Australian Council for International Development and is a signatory to the ACFID Code of Conduct. The Code requires members to meet high standards of corporate governance, public accountability, and financial management. TLMA is committed to full adherence to the ACFID Code of Conduct.

More information about the ACFID Code of Conduct may be obtained from The Leprosy Mission Australia website:

www.leprosymission.org.au or ACFID's website: www.acfid.asn.au.

MAKING A COMPLAINT

If for any reason you are not happy with your dealings with TLMA, you may lodge a complaint with us:

By telephone (Freecall):
1800 LEPROSY (1800 537 767)

By email:
hello@leprosymission.org.au

By Post:
Private and Confidential
Chairman of the Board
The Leprosy Mission Australia
PO Box 293
BOX HILL VIC 3128

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- Via ACFID's website: www.acfid.asn.au
- By filling in a complaint form or enquiry form and emailing it to: code@acfid.asn.au
- By filling in a complaint form or enquiry form and posting it to:
Chair
ACFID Code of Conduct Committee
c/- ACFID
Private Bag 3
DEAKIN ACT 2600



MISSIONS INTERLINK

The Leprosy Mission Australia is a compliant Member of Missions Interlink, the Australian network for global mission.

Standards statement: TLMA is registered with the appropriate charity legislation within all states and territories of Australia.



AUSTRALIAN DISABILITY DEVELOPMENT CONSORTIUM

We are committed to disability-inclusive development.

The Leprosy Mission Australia complies to the Voluntary Code of Practice for Public Fundraising in Western Australia.



DFAT

The Leprosy Mission Australia is an Accredited Australian

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FAIR TRADE ASSOCIATION

The Leprosy Mission Australia is a member of the Fair Trade Association of Australia and New Zealand, a network of organisations that support fairness in price and wages, improved market access and poverty alleviation.



Australian NGO Cooperation Program (ANCP)

Several of our projects are part funded by the Australian Government through the Australian NGO Cooperation Program (ANCP). For projects part funded by ANCP, The Leprosy Mission Australia raised \$1 for every \$5 provided by the Australian Grant. We are grateful to both ANCP and our supporters who through their combined funding increased the impact of our projects. The projects that received contributions from ANCP are identified with the Australian Aid logo above.

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The Leprosy Mission Australia is located on Aboriginal land, the traditional owners of which have not been formally recognised.

This report was designed on the lands of the Wurrundjeri people of the Kulin Nation.

We wish to acknowledge the traditional owners of this land, and give our respect to their Elders past, present and emerging.

Report design by Redstone Marketing & Design. Cover photo by Katha Nepal/The Leprosy Mission.



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2022

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Maya, age 7, was diagnosed with leprosy through a contact survey conducted by The Leprosy Mission Nepal.

CREDIT: Katha Nepal/The Leprosy Mission



What is The Leprosy Mission Australia all about?

We see Transformation.

People healed and living in community with dignity, opportunity and hope.

Our Vision:
Leprosy Defeated. Lives Transformed.

Our Mission:
Following Jesus Christ, The Leprosy Mission seeks to bring about transformation; breaking the chains of leprosy, empowering people to attain healing, dignity, and life in all its fullness.

Our Values:
Because we follow Jesus Christ, we value Compassion, Justice, Integrity, Inclusion and Humility.

Towards Zero Leprosy.

Working together with supporters, staff and partners, we're not only providing a cure to those people affected by leprosy, but also giving hope and dignity so they can transform their lives.

About The Leprosy Mission

The Leprosy Mission is an international Christian organisation which helps people affected by leprosy.

Founded in 1874, The Leprosy Mission is the oldest and largest leprosy-focused organisation in the world today.

The Leprosy Mission is an international federation of 30 member countries, has over 2,000 staff and implements and supports more than 200 projects in 21 implementing countries.

Our expertise is in the detection, treatment, care and rehabilitation of people and communities affected by leprosy.

The Leprosy Mission works in cooperation with governments, local communities, partner and local health organisations, the World Health Organisation (WHO), local Non-Government Organisations (NGOs), local churches, Christian partners and many others to achieve its vision and mission.

Through media and awareness campaigns, we challenge prejudices and misconceptions about leprosy. We work with community groups to encourage them to join together to find ways to make their needs heard and to become self-supporting.

Strategic Aims:

Over the next two years The Leprosy Mission Australia will continue to focus on the following Strategic Aims in order to deliver our strategic intent:



1 Being Christ-centred: The Leprosy Mission Australia is driven to support God's desire for people to enjoy fullness of life in God's presence.



2 Partnering for Impact: The Leprosy Mission Australia will develop partnerships in Australia and overseas that contribute towards the Triple Zero strategic goals adopted by The Leprosy Mission Global Fellowship (Towards Zero Leprosy Transmission by 2035, Towards Zero Leprosy Disability, Towards Zero Leprosy Discrimination).



3 Financing: The Leprosy Mission Australia will generate abundant and sustainable finances to facilitate programs and empower our implementing partners to deliver the global Triple Zero strategy.



4 Advocating for and with people affected by leprosy: The Leprosy Mission Australia will ensure that the voices of people affected by leprosy are heard and listened to in Australia and will reinforce the advocacy activities of implementing partners.



5 Enabling The Leprosy Mission Australia: The Leprosy Mission Australia invests in developing the skills, resources and environment to empower its people to work towards the Triple Zero strategic goals.





We give thanks for Heather and Trevor Smith's dedicated service in Thailand. And thank artisans for supplying The TLMA Shop over many years.

In Christ...and in Thailand for over 50 years!



Top: Official thanksgiving service at the McKean Centre celebrating its 111th anniversary, and the Smiths' 50 years of service.



Right: The Smiths arrive in Thailand in 1969.

We are incredibly thankful for the tireless hard work of Heather and Trevor Smith over their many years served in Thailand. Now as they retire, we give thanks for what has been achieved and for the incredible example they set — for their dedication and commitment to God, and to people affected by leprosy, disability, and disadvantage.

Heather and Trevor have been part of some incredible change with The Leprosy Mission, and incredible development in the treatment of leprosy worldwide. We thank God for them and thank all of those who have supported them. Thank you!

When Heather and Trevor started in Thailand over 50 years ago, leprosy patients were generally rejected from home and society. They had many hundreds of patients of all ages living in the 150-acres of the McKean Leprosy Centre.

Not diagnosed or treated early, many patients had severe disabilities. They had bad sores caused by damage to anaesthetic feet and hands. They all anticipated living in a leprosy colony for life. McKean had a school and workshops and five village groups of cottages for single patients. Sometimes patients met and married. They were able to start new lives together in one of 20 other leprosy villages across the country. They could access help to build a home and start a livelihood.

But in 1970, the World Health Organisation suggested that a long-term policy of segregation of leprosy patients should change to one of integration and rehabilitation. Heather, Trevor, and the team then spent a challenging 15 years trying to put that policy into place. This enabled 900 patients to return to a home and society that would accept them. Praise God!

Their team at McKean undertook a wide range of medical activities, reconstructive surgery and rehabilitation, social work and health education in community, as well as vocational training, counselling, networking and problem solving. But they still had 120 patients who were too elderly and disabled to support themselves. Thanks to your support they were able to continue to look after them for life.

It has been a joy to hear and see the way many of those patients have been able to build a new life. They have families, share their faith, and play key roles in starting new churches. They have served their communities over the years and they are all so thankful for Heather, Trevor, the Thailand team and for supporters like you.

With your support, Trevor and Heather were able to reach out to other people with disability. They included them in their hospital based and community-based rehabilitation programmes. In recent years, they addressed the growing need for aged care in Thailand, both palliative care and hospice care.

Heather has expressed on many an occasion that it has been an interesting adventure for them both. They started a lot of new initiatives related to all these needs. But they also acknowledge they couldn't have done it without God and without your support.

McKean also responded to the COVID-19 crisis preparing isolation units and getting the supplies needed for the pandemic. Their elder communities were quickly put in lockdown to protect them.

It has been a privilege to see the growth of the Thai team under Heather and Trevor's guidance. In some cases, the professional staff they have worked with are the children of former patients. Some are babies Trevor delivered.

Heather and Trevor have survived the hardest times over the years through dramas, dangers, and flood. They've consistently battled with termites and other invading snakes or critters. But the hardest of all has been the family separations as their children left to continue their education. Thankfully each of them looks positively on Thailand, their first home and the place their parents were meant to be. So, this has confirmed their decision to continue along the way.

Heather shared with me a Bible verse that's helped her through tough times, before they went to Thailand and still helps her today... at all times....Proverbs 3:5,6 "Trust in the Lord with all your heart; do not depend on your own understanding. Seek His will in all you do and He will direct your paths."

Her favourite worship song? "In Christ alone..."

I pray as we celebrate the dedicated lives of Heather and Trevor, you feel encouraged that in these times of uncertainty you are still playing such a vital role in healing the sick. You are empowering people with leprosy and disability across the world, as they have and as Jesus did.

Thanks again Heather and Trevor, and God bless you all!

- Sheldon Rankin, CEO, The Leprosy Mission Australia

We give thanks

for all those who left a Gift in Will this year:

The Estate of the late Joan Eileen Lemuire Ewing

The Estate of David Edmonson

The Estate of Bernard Charles Luxton

The Fischer Darlington Trust - Estate of Pauline Fischer

The Lynette and John Gates Charitable Endowment

The Harding Beneficiary Fund

The Ida Maud Webster McDonald Perpetual Charitable Trust

Florence Agnes Todd Charitable Trust

The Edwin and Elizabeth Batchelder Trust

The Estate of late Maureen Valerie Thompson

The Estate of late Genie Fiebig

The Estate of Geoffrey Blackburn and Jessie Ballantyne Blackburn

The Estate of Lex Atwood

The Douglas Reginald Warren Testamentary Trust

The Estate of Audine Frances Hague

The Estate of Margaret Clara Lily Burns

The Estate of Betty Madge Roberts

The Estate of Brian Francis Pawelski

The Estate of Irene Patricia Moran

The Estate of Don Steggall

The Estate of Lawrence Fergus Hayes

The Estate of Eileen Gladys Larkin

The Estate of Frederick Harris

The Estate of Patricia Winsome Knell



"At times such as these I personally take comfort in the name for Jesus – 'Immanuel', God with us." (Sign painted on the wall of the Vadathorasalur Vocational Training Centre in India)

Report from the Board Chair

The last year has been a test of strategy and the ability to stay focused amidst the multiple priorities of an often-chaotic international environment and challenging economic conditions in Australia.

We have been reminded constantly of the providence of God who has continued to bless the genuine and sustained efforts of our dedicated staff, volunteers, donors, Board and National Council members. The ability to serve others humbly, persevere in times of trouble and remain energised in an environment of constant pressure is living proof of the love of Jesus Christ.

Change continues to play a large part in our lives at the Mission and over the last year Barry Edwards and Merrin

Green have stepped down from the National Council (2021) after significant contributions to the organisation. We were buoyed and encouraged by the endorsement of Barry Edwards and Joan Moulton as Life Members, also at the 2021 AGM.

A tremendous contributor to the life of the Mission across many dimensions, our faithful and committed servant, Betty Cunningham, passed away in September last year. We remain ever thankful for her great example and the small part many of us played in God's plan for her life.

Our financial performance continues to provide us with exciting opportunities to deliver on our Triple Zero strategy and push for the elimination of leprosy in the years ahead despite the shadow of multiple humanitarian crises.

The background for our future operations is likely to be set against ongoing economic damage and disruption at global level with reduced or volatile economic growth, supply chain and food distribution chaos and rising fuel/food prices hitting our vulnerable leprosy affected communities. Inflation in emerging and developing economies is projected to increase at 8.7% in the next several years (International Monetary Fund WEO Report April 2022) adding to pressures on poverty impacted people.

On the global stage, the multilateral response is likely to be focused on preventing further economic fragmentation, managing debt distress in a rising interest rate environment, tackling climate change, and ending the pandemic. For The Leprosy Mission in Australia these are all important areas for prayer as we work with our supporters to forge ahead in delivering our program.

There is no doubt that the pandemic is not over, and that governments will need to use tools and resources to combat the virus, meet vaccination targets and ensure equitable access to tests and treatments.

This will impact our field operations for some time to come and further emphasises the importance of building strong international advocacy through existing relationships and investing in integration efforts with national health services across implementing countries.

In the coming year, the areas which we need to be vigilant in and support the International Operations in are the threats to the Multi-Drug Therapy (MDT) supply, the loss of specialised leprosy knowledge and problems with the collection of baseline data.

We are increasing our efforts to eliminate leprosy in our program mix through injecting funds into potential and existing vaccine work and other areas of research conducted by members of the International Fellowship. The identification of suitable opportunities for sponsorship continues to place heavy demands on the senior management team.

The ongoing research, analysis and due diligence involved in establishing our program intentions in Indonesia are also time consuming and at an exciting stage of assessment with face-to-face engagement with our potential local partner/s now able to proceed with easing of COVID travel restrictions. The teamwork displayed in progressing this opportunity and the risk management analysis conducted has been of commendable quality.

The Board continues to work on its own internal processes and the specialist sub-committees continue to perform very well with a constant workload handled smoothly. A board intern program is being established to develop a pipeline of younger, qualified directors to fill vacancies as they arise to ensure the ongoing, long-term building of a vigorous board. Other key areas of board capability being actively addressed are diversity, succession planning and the ongoing growth of the social enterprise operation which continues to build under the tight operational control of our senior leadership team.

Our actions in the coming year will be to increase our advocacy work in Australia, continue to invest in the capacity building of our offshore partners, continue to increase our program spend, subject to the availability of quality project opportunities, support International Office (IO) initiatives as part of our Global Fellowship commitment and work on the mental wellbeing of all those we touch in the delivery of our mission.

The above summary only touches the 'tip of the iceberg' in terms of the initiatives under way and I would encourage you to contact our Chief Executive Officer if you would like to receive a more detailed explanation of our tactical plans and the support required in these vital areas.

Overall, it has been another amazing year of God's provision and guidance in our collective efforts, and it has been a privilege to represent such a group of dedicated, passionate and energetic people who are committed to serving those who are affected by leprosy in all of its debilitating manifestations.

Steven Meredith
Board Chair





We thank God for our partnership and praise Him for the work of the McKean Centre over the years. We bless them and wish them continued success in their future work.



The work begins in Indonesia with partners No Leprosy Remains (NLR).

Report from the CEO

Three years ago, we started on an ambitious journey which envisions three powerful endings:

1. An end to the Transmission of Leprosy,
2. An end to serious Disability resulting from Leprosy, and
3. An end to soul-numbing Discrimination from being affected by Leprosy.

And we thought that all of this could be done by 2035!

Admittedly, ours might be a quixotic quest, but it has galvanised us into action. Our current five-year Strategic Plan buys wholeheartedly into this vision for 2035, which we

call our Triple Zero Strategy. The Leprosy Mission Australia (TLMA) saw our contribution in three primary areas:

1. Increasing of commitments by 10% per annum
2. Educating Australians about the causes of Leprosy and its cure, and
3. Championing Research that will allow Leprosy to be eradicated!

Somewhat like the literary Iberian knight, we dreamt our dreams before we were aware of the scourge of COVID! Indeed, the past year has seen the continuation of the disruption, dislocation, and challenges of 2020 that COVID wrought. It would have been completely understandable to see hope leach from our hearts. However, as we have walked with our supporters, our colleagues in the field,

and with our Lord, hope has not only grown, but burnished through each day of the past 12 months!

I am delighted to report that our revenue has continued to grow, seeing an increase of 17% year-on-year in giving from the Australian public! Like the errant knight I referred to above, we chose to retain our commitment to grow public giving by at least 10%, which means that we ended up exceeding our budget by 7%! Overall revenue has NEVER been higher in any single year thus far! This is an excellent result in a very difficult year, and it indicates that we do have relevance in the minds of our supporters.

Even more importantly in this year past, we engaged with 17,443 Australians about the cause of eradicating leprosy!

We have NEVER had as many supporters in any one year ever in our 122-year history! In achieving this, The Leprosy Mission Australia has built a Social Enterprise, which retails, amongst other things, Fair Trade goods and products produced by people affected by leprosy and disability.

The profits from this Social Enterprise are ploughed back into projects in the field.

However, there are two other vital impacts from this Social Enterprise. First, the artisans who produce these goods are paid a fair price, enabling them to provide for their families with dignity. Secondly, we can tell Australians the stories of

hope and transformation about people affected by leprosy, thereby multiplying knowledge about the disease in this country.

In 2021 we were also able to begin a partnership with researchers in India on a project to develop a technology that could see the development of a simple, cheap and effect leprosy diagnostic kit, somewhat like a COVID Rapid Antigen Test!

The Leprosy Mission has a long and proud tradition in undertaking research that will lead to the eradication of leprosy. TLMA has committed itself to raising funds to this end for the coming years.

Finally, I would like to say thank you:

- To the staff for your outstanding efforts in 2021 in maintaining focus and keeping us on track.
- To the Board I pass on my appreciation for your steadfast support and your willingness to allow new approaches. You enabled change to happen.
- To our dedicated volunteers, you filled in the gaps seamlessly and

made sure that all the campaigns and new initiatives were a success.

- To our many loyal supporters, your ongoing, and often sacrificial, generosity and interest in our work is wonderful and greatly appreciated.
- To our colleagues in the field, a special thank you!

I have every confidence that this next year will prove just as rewarding as that which has just passed!

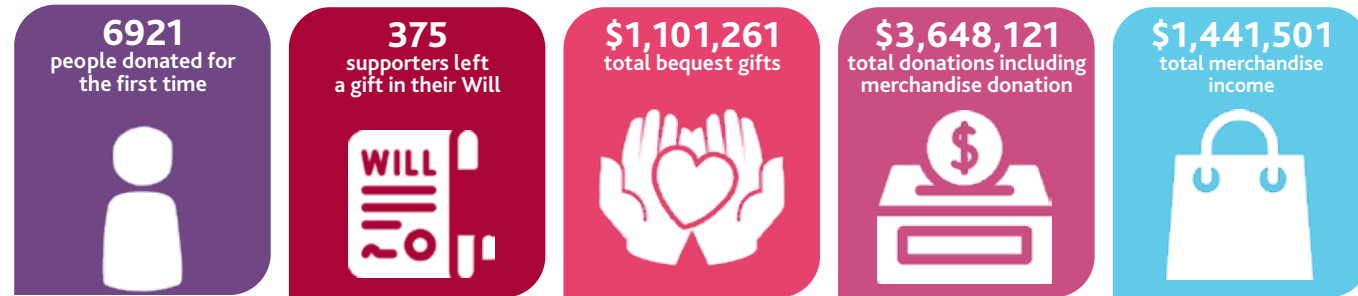
Sheldon Rankin

Sheldon Rankin
Chief Executive
Officer



Your impact

Highlights from home:



Your overseas impact:



Program Evaluations

Martinah and her mum thank you for your support throughout Martinah's leprosy treatment and university studies.

Evaluations are conducted regularly to review the progress, effectiveness and impact of projects. Evaluations capture valuable learnings and provide important recommendations to improve current or future projects to ensure that we are making gains in our fight against leprosy. Evaluations are usually conducted midway through a project and at the end of a project. However, additional evaluations can be scheduled if The Leprosy Mission Australia or their partners feel this is necessary to ensure that a project is on track.

This year, 1 mid-term evaluation and 2 end-term evaluations were conducted.

End-term evaluation for Community-Based Rehabilitation for Social, Economic and Health Development Extension (CBR-SEHD Ext)



Timor-Leste | 2020-2022

Project implemented by
The Leprosy Mission Timor-Leste

The 2-year extension phase of the Community-Based Rehabilitation for Social, Economic and Health Development (CBR SEHD) project built on the gains of the original project to increase the capacity and sustainability of 24 Self-Help Groups (SHGs). This included 20 groups that were established in the original project and 4 new groups established during the extension phase.

The aim of the extension was to support people with leprosy and disability to increase their social standing and contributions within their communities through the development of independent and sustainable SHGs.

One of the methods to increase

independence and sustainability is for SHGs to become registered organisations because then they will obtain the legal status to establish contracts with savings and credit organisations. The applications for 17 SHGs have been submitted and are currently waiting to be processed.

The remaining 7 Self-Help Groups will continue to receive training and support from Community Based Rehabilitation Network Timor-Leste (CBRN-TL) until they achieve independence.

The trainings and business development provided by the project has seen an improvement in the lives of SHG members with some reporting increased food security, increased school attendance, improved housing and increased livestock.

The project also provided support to increase community awareness

of wash and sanitation hygiene in addition to installing clean water access points. Since the start of the project, significant progress in access to clean water has been reported across the project communities, thus reducing water borne disease, skin disease and improving productivity.

In the last year, specific gender officers were recruited to increase gender equality within the project. Gender based violence was identified to be a significant problem within the community and over 2,000 community members and school students were trained in gender based violence against people affected by leprosy and disabilities. This resulted in a reported decrease in domestic violence in some communities in addition to an increase in the number of women self-reporting domestic violence abuse.

Continued over page »

The evaluation also revealed that the project made significant gains in empowering women and working towards equality. Traditionally in Timor-Leste culture, women had to rely on men to provide the income to buy food. Women and children completed domestic duties, which included the need to walk several hours to find clean water. Now, with businesses supported by their SHGs, women are able to generate their own income to buy food and access to clean water near their homes reducing the responsibility for women to find clean water for their families. These improvements in their lives have increased the confidence of women to step into leadership roles in their SHGs and given them leverage to negotiate more role sharing with their husbands.

The evaluation provided several recommendations for future support. This included providing more training to SHGs on how to identify value chain in their businesses. This was recommended because the incomes of SHG members varied significantly even if they were in the same field of work. Another recommendation was for CBRN-TL to continue supporting the SHGs to collaborate with people with leprosy and disability. The evaluation also recommended that the Improved Leprosy Services project, also implemented by TLM-TL, could leverage the connection with SHGs to involve them in leprosy diagnosis and contact tracing activities. Finally, the evaluation recommended that the government provide financial support to people with leprosy or disability throughout their life span.

Despite the challenges of COVID-19, which has plagued the extension phase from the beginning, the project has still been able to achieve a major portion of their goals. A key learning of the evaluation identified that the project had strong partnerships with local organisations, particularly CBRN-TL, who was able to implement project activities on behalf of TLM-TL during times of lockdown and restrictions on travel. In return, the project team has provided mentoring to increase the skills of the local organisations.

The recommendations from the evaluation have been shared with CBRN-TL who will continue to provide support to the SHGs in future years.

Mid-Term evaluation for Improved Leprosy Services (ILS)



Timor-Leste | 2019-2024

Project implemented by The Leprosy Mission Timor-Leste

The Improved Leprosy Services (ILS) project works closely alongside the Ministry of Health in 4 high leprosy endemic districts to reduce leprosy transmission but with a mandate to cover the whole of Timor-Leste. After 2.5 years of the project, an internal evaluation was conducted to review project progress and to assess whether modification needed to be made to project outputs and activities to ensure they are still effective for achieving the project goal.

The evaluation revealed that the project staff saw that the activities are still highly relevant, effective and necessary for tackling leprosy in the country. Communities and the health sector have reported increased leprosy knowledge due to the work of the project. The project's focus on active case finding has also proven to be fruitful in identifying new cases.

However, the challenge of a poor health system in the country is significantly impacting on the work of

the project. Government health staff continue to lack confidence in leprosy diagnosis and treatment. Thus, there continues to be heavy reliance on the technical expertise of project staff. In addition, government funding for the leprosy program remains limited. As a result, there continues to be a reliance on the project to fund leprosy screening activities.

The distances the project team are required to travel due to leprosy patients living far away also limits their visits to the project locations. This has stretched their resources, meaning that they are unable to conduct follow up with as many

patients as they would like.

Further external evaluation comments revealed that this stretching was hindering the possibility of real change or impact in communities. As a result, the project decided to reduce the project locations from 4 districts to 2 districts. This will significantly decrease travel time, thus allowing staff to increase screening, contact tracing and follow up activities in these 2 districts. By concentrating our resources in the 2 districts, it will increase the possibility of eliminating leprosy from the 2 areas in a shorter timeframe.



International Programs Manager, Andrew Newmarch meets with project participant Ursula in Timor-Leste.

End Term evaluation of Releasing Energy and Capabilities of Leprosy Affected Individual and Marginalised – Phase (RECLAIM II)



Nepal | 2017-2022

Project implemented by Nepal Leprosy Fellowship

The 5 year RECLAIM II project concluded in 2022. The project worked to reduce discrimination, improve the economic and social situations for people affected by leprosy and other disabilities through the development of 10 Self-Help Groups (SHGs). Midway through the project, an additional outcome of decreasing transmission in Jhapa District was added upon the invitation of the government to strengthen their Leprosy Control Program.

The end term evaluation confirmed the project had successfully achieved their aim of supporting 10 SHGs to achieve independence and sustainability. Members of the SHGs reported that the groups had greatly impacted their lives. Many were previously unemployed or living in poverty, but with support from the groups, they successfully increased their income and established small successful businesses. The economic achievements only form a small part of the improvements, with SHG members reporting that the groups had given them self-confidence to participate in society, increased status in their communities and provided them with knowledge, helping them understand that they did not need to be ashamed of their disabilities.

This newfound confidence was particularly observed in women participants, with some reporting that they have increased status as successful business women and do not have to rely on their husbands anymore. Several are now also involved as representatives in other community organisations.

By the end of the project, SHGs were independently initiating activities such as tree planting, cleaning public areas and leprosy case

finding activities. Group members were assessed on their levels of participation at the start and end of the project. The majority reported increased participation with no restrictions at the end of the project as compared to the start. Several had reported extreme severe restrictions at the start of the project, but none scored in this category by the end of the project, indicating significant improvement in community participation of group members.

The evaluator identified that the positive impact of the project was greater than what was measured due to the various flow on effects and activities independently started by the SHG members.

There were several key elements of the RECLAIM II project that were identified to have contributed to the success of the groups:

Networking – The project encouraged participation of SHG members in different disabled persons organisations and cooperatives, which allowed sharing of information and broke down exclusionary barriers.

Linkages with government – The SHGs had strong relationships with local governments where there were mutual benefits. The local governments provided training and financial support to the groups whilst SHG members assisted by implementing community activities

and provided a voice for the government to understand the needs of their residents.

Participation in community activities – In addition to involvement in their own groups, the SHG members were encouraged to contribute to their communities. This demonstrated to the community that people with leprosy and disabilities could be active contributors and elevated the status of the SHGs. Groups also provided community education on leprosy and other health problems. Through their work, the local community is now more receptive to change and displays less discrimination towards people with leprosy as compared to the start of the project.

The evaluation recommended more training for SHG members to understand market research and business supply chains to improve informed decision making of participants. The evaluator also encouraged continued work with the health departments and for NLF staff to broaden their training and work to encompass other Neglected Tropical Diseases that have similar interventions. In addition, there was a recognition that more exploration is required into gender to identify the barriers that prevent men and women from participating equally in the project.

These recommendations will be taken into consideration in the planning of the new project with NLF.



Saru, a member of one Self-Help Groups, proudly introducing her successful agriculture and farming business established through the support of the RECLAIM II project.

Triple Zero

The Leprosy Mission Global Fellowship is united towards achieving the goals of Triple Zero.

- Zero leprosy transmission by 2035
- Zero leprosy disability
- Zero leprosy discrimination

This target of Triple Zero is a standard that has been adopted by the various global leprosy organisations and is also reflected in the World Health Organization's Global Leprosy Strategy 2021-2030.

The Triple Zero forms a major component of The Leprosy Mission Australia's 2019-2024 strategic plan.

Each element of the Triple Zero represents an aspect of the disease that needs to be eliminated in order for us to achieve complete eradication of the negative impacts of leprosy. Each element is important on its own, but they are also inter-related.



All our projects contribute to at least one element of Triple Zero.

Reduced transmission or early leprosy diagnosis will reduce the risk of permanent disability.

TRANSMISSION

DISABILITY

Preventing disability or physical deformities will decrease stigma and discrimination

Reduced transmission or early leprosy diagnosis will reduce the risk of permanent disability

DISCRIMINATION

zero leprosy disability

Disability can be prevented if leprosy is diagnosed early. However, for those diagnosed too late to avoid disability, support is needed to prevent their disability from worsening and minimise the effects of impairment on their daily lives. This is done through educating patients on self-care activities for treating their ulcers and wounds and how to prevent further injury to limbs that have lost sensations. Reconstructive surgery may be required for those who develop foot drops, clawed hands or other correctable surgeries. In severe cases, where wounds have become severely infected, amputation may be required. Assistive devices including prosthetic limbs, wheelchairs and custom-made shoes may be provided to assist in minimising the effects of the disability on patient's lives. Leprosy disability is measured through indicators including wound and ulcer conditions pre and post education, reconstructive surgery rates and number of assistive devices provided.

zero leprosy transmission

In order to reach zero leprosy transmission, this would require leprosy cases to be detected and treated as early as possible. This reduces the chances of patients passing on the disease to their families and close contacts. It requires strong active case finding and contact tracing activities. In addition, it requires increased health worker and community knowledge about the signs and symptoms of leprosy. Patients also need to be followed up to ensure they complete their full course of medication. Leprosy transmission rates are measured through indicators including new leprosy case numbers, child cases, contact tracing rates, treatment completion rates and grade of disability at diagnosis.

zero leprosy discrimination

Leprosy continues to be feared and stigmatised around the world. It can continue long after a patient is cured from the disease. People with leprosy and their families may face discrimination in various aspects, including education, work, social relationships and marriage prospects. Discrimination not just occurs at community level, but in some countries, laws against people with leprosy continue to exist, preventing them from catching public transport or taking on leadership roles. Around the world, over 100 discriminatory laws continue to exist, many in India. These acts of discrimination can break the mental

spirit and confidence of people living with leprosy. By supporting them to obtain gainful employment, educating them on their rights and helping them to connect with likeminded individuals and organisations, people with leprosy can regain confidence and control over their lives and will be better able to advocate for their own rights. Leprosy discrimination is measured through indicators that include assessing the participation scale of leprosy affected individuals, increases in income generation and number of laws changed that increase inclusion for people with leprosy.



Thanks to supporters like you, Self Help Groups in Timor-Leste receive water filters to provide safe clean water for their families.

Improved Leprosy Services (ILS)



Implemented by The Leprosy Mission Timor-Leste

Timor-Leste | 2019–2024

The Improved Leprosy Services project works closely with the Ministry of Health (MoH) in 4 high leprosy endemic districts: Baucau, Dili, Manatutu and Oecusse. ILS supports the implementation of the National Leprosy Control Program, working towards zero leprosy transmission in the four districts. ILS aims to strengthen and increase the capacity of the MoH to diagnose, treat and manage leprosy cases across all levels of health.

ILS consists of three components:

#1: improving the technical skills of MoH health professionals

#2: increasing community awareness of leprosy to support early diagnosis

#3: coordination with MoH to implement a well-functioning government leprosy program.

When leprosy was declared eliminated in Timor-Leste in 2011, leprosy services in the country decreased. With limited or no leprosy services in some districts, over the past year, reported leprosy case numbers began to rise in previously low endemic areas.

ILS participated in a leprosy program

operational review to examine why the case numbers were increasing in selected districts and the factors that may contribute to this. The report findings confirmed that the continued strengthening of government health systems in leprosy control is required.

The project continues to face challenges with poor health systems and limited financial investment from the government.

Key highlights from this year:

- 128 new leprosy cases found
- 2878 people screened through contract tracing activities
- 4502 people reached with education on leprosy
- 365 health workers trained
- As a creative strategy for building community awareness, ILS hosted a competition asking community members to create and submit a video that creates leprosy awareness. The winning video was then shown on national TV.
- Drafted the 5-year national leprosy program strategy in consultation with WHO Timor-Leste and other organisations.



Active case finding activities (pictured here) have continued this year. Due to COVID-19, community members have increased knowledge of the meaning of contact tracing. Whilst this has been positive for leprosy work, it has also resulted in people confusing the leprosy contact tracing team with health officials coming to encourage them to get the COVID-19 vaccine or get tested. People are afraid of these requests related to COVID-19 and many times the project team will arrive at the house only to find that the occupants had run away to hide in their fields or refused to answer the door.

Community Based Rehabilitation for Social, Economic and Health Development (CBR SEHD – Extension)



Implemented by The Leprosy Mission Timor-Leste

Timor-Leste | 2020–2022

The CBR-SEHD project in Timor-Leste supported 24 Self-Help Groups (SHG) to increase their financial independence and become registered as legal entities with the Ministry of Justice. Registration with a government department is an important step for SHGs to gain recognition in their community and provides them with increased opportunities to access grants and government supports that are only available to registered entities.

Due to changes in registration criteria, the registration process was delayed as SHG members updated their registration documents. Working closely with a local organisation, Community-Based Rehabilitation Network Timor-Leste (CBRN-TL), the project continued to provide training and support groups to establish partnerships with other local organisations to increase their long-term sustainability and provide increase business opportunities.

All SHG now have established

partnerships with other local organisations. Over the past year, the project has worked closely with CBRN-TL to build their capacity in supporting SHGs and increase their skills in advocacy. As the CBR SEHD project wraps up, the SHGs will continue to receive support from CBRN-TL.

The project continues to support SHG members with training, clean water access and addressing environmental factors to improve health outcomes. This year, 2 gender officers and a water and sanitation hygiene (WASH) officer were recruited to better address the needs of people supported by the project.

Key highlights from this year:

- An assessment was conducted, identifying gender-based violence as a major concern in the community. 2,043 people received training, sparking lots of interest among participants, as the changing of behaviours to prevent gender-based violence was a new topic for many.

- A WASH assessment was completed on a cross section of project participants. From this assessment 36 people (15%) were identified as having no access to WASH facilities. A borehole was installed in a water poor area of Dili providing clean water access to 40 households. One of our TLMA staff members (Andrew Newmarch) was fortunate to be in country during the inauguration and was involved in the televised national news report of this inauguration.

- 12 SHGs have partnered with Abundant Water and have a signed agreement to become sellers of water filters in Oecusse thus providing them with an income generating opportunity.

- Developed a mutually agreed upon referral pathway in coordination with 14 disability persons organisations and 2 churches. This important pathway will ensure people with leprosy and disability have increased access to required supports.

RECLAIM II



Implemented by Nepal Leprosy Fellowship (NLF)

Nepal | 2017–2022

This project in eastern Nepal initially began with a central focus of empowering people with leprosy and disability to improve their quality of life through increased health, income and confidence to advocate for their rights. To achieve this aim, 10 self-help groups (SHG) were established through which members with leprosy and disabilities were taught various skills to improve their knowledge of business startup and management, savings ability, care for ulcers and wounds, general health and how to advocate to the local government to

access their rights.

Under the support of the project, the SHGs have grown significantly. The SHG members are now involved in cooperatives and are all formally registered with the government thus allowing them access to grants and resources that were previously unavailable to them.

In addition, 85% of members now have their own income generating businesses through loans they received from the group savings. The groups are now planning and implementing activities

independently, such as organising learning exchange visits, candle making and animal husbandry.

The SHGs have also conducted advocacy activities to the local government for access to disability supports and additional skills training. Their advocacy activities have resulted in the government providing 88 disability identity cards to people with disabilities and providing 5 of the SHGs with training on how to make reusable grocery bags.

Continued over page »

RECLAIM II's work in Jhapa did not go unnoticed and they were approached by the Nepali government to strengthen the government's leprosy health services at district level. In the past 12 months, the team supported 15 districts to develop and implement leprosy control programs. As this component commenced midway through the project, more work is required to train and increase confidence of health workers to take responsibility for the program. Therefore, this component will continue into a new project jointly established by TLMA and NLF.

The project's partnership with the local government allowed the team to continue case detection activities during lockdowns even when other health services were not allowed to operate. This ensured that leprosy cases continued to be identified early.

Unfortunately, this year, the central government reduced the country's national budget for the leprosy control program. However, the project successfully lobbied 3 local governments to allocate some of their own budget to ensure the leprosy control program continued. The project continues to work with the remaining districts in Jhapa to increase their awareness and understanding of the importance of implementing a leprosy control program.

Key highlights from this year:

- Orientated 20 health coordinators through the journey of a leprosy patient from diagnosis to hospital treatment. This provided the health coordinators with an understanding of the difficulties faced by leprosy patients and the importance of providing leprosy services at the local health posts. As a result of the training, the local government was motivated to conduct door to door active case finding and continued to do so, even when other services had to stop due to the COVID-19 lockdowns
- Supplied loudspeakers to 4 SHGs in different municipalities. These loudspeakers are loaded onto the back

of a motorised three-wheeler bike and driven to public places to provide leprosy awareness and other health promotion information, drawing people's attention as they pass by. The government recognised the advantages of using the loudspeakers and partnered with the SHG members, providing them with financial assistance to drive around town to promote health messages such as COVID-19 prevention information.

- The SHGs have achieved sustainability and independence. Their financial resources and group structure is strong enough for them to continue operating independently of the project.



Through lobbying the local government, 88 people received disability identity cards this year. These cards provide people with disabilities additional financial or social benefits depending on the card level they receive. This additional support is important to ensuring people with disabilities can continue to access and be included in their communities. Ram (pictured here) received a yellow card, allowing him access to government services, such as transportation, for free or at a reduced cost. This support is important to Ram who had a difficult battle with leprosy, which has affected his walking and he was rejected by his family. With help from the project, he is now an advocate for people with leprosy and is often seen running around the community helping others with leprosy access the care they need.



5 SHGs successfully advocated to the government to provide them with training to make reusable grocery bags. The group members now make and sell the bags at the market.



As the SHGs develop their independence, they are able to start providing support for a wider range of needs. Mandal previously lived in a small leaky hut with 6 family members. The SHG advocated to the local government, other local organisations and successfully gained financial and resource support. The SHG members then worked together to construct a new house for him and his family. This demonstrates that when people are supported to become empowered individuals, they are then able to extend support and give back to their communities.

IMPACT (Integrated Mobilisation of People for Active Community Transformation)



Implemented by The Leprosy Mission Nepal

Nepal | 2019–2024

IMPACT supports people affected by leprosy, lymphatic filariasis and other disabilities to improve their livelihoods, increase their confidence to self-advocate for their needs and become active, included members in their society. Through the establishment of Self-Help Groups, they are supported to become independent and sustainable. The project operates in three districts in the south of Nepal, close to the Indian border. This area has high leprosy rates and stigma. This year, the project has successfully supported SHGs to merge into 9 cooperatives and obtain registration with their local governments. This is a significant achievement, as registration means that the groups and their members are now recognised by the government. This allows groups access to government and other non-government organisational grants. For people who were previously marginalised, excluded and were ineligible to receive support from the government, this is a significant achievement and opens up many more opportunities for strengthening their livelihoods and increase inclusion in their communities. The cooperatives are currently at various stages in their business planning, with one group having already started a business of selling gas cylinders used for cooking, whilst another group is planning to commence banana farming on land they have just rented. Many individuals have also commenced small businesses within their homes through loans they have obtained from the groups.

Over the past 12 months, the project team have been busy implementing activities that were delayed due to the lockdowns imposed by COVID 19 whilst at the same time conducting the activities that were scheduled for the year.

Key highlights from this year:



Group members participate in a mock drill during disaster preparedness training. All cooperatives received training in disaster preparedness, which taught them to set aside funds to support their group members when they are impacted by floods or other natural disasters. All group members were educated on the need to use clean, safe drinking water, good sanitation practices and menstruation hygiene. After the training, group members started to change their practices, beginning to wear face masks and only drinking purified water. The project also conducted an assessment to identify community members with leprosy or disability who would benefit from a water point installation or accessible toilets in preparation for constructing these in the participants' homes in the coming year.



Women in the groups were taught sanitary pad making to increase hygienic management during times of menstruation. The women also participated in menstrual hygiene education. The learnt skills of pad making also increased the women's income prospects as they can now make the pads and onward sell these to earn a small profit. It also provided them with opportunities to share their learning with other girls and women in their communities.



3 mini leprosy elimination campaigns were conducted. These campaigns involved female community health volunteers, government health workers and project staff who ran intensive 5-day home visits to conduct skin examinations of suspected patients. From these campaigns, 22 new leprosy cases were discovered.



The project also brought together 94 religious leaders of different faiths to provide them with training and dispel the myths around leprosy that caused stigma in their communities. Religious leaders of different faiths are highly respected and trusted within the local communities. By providing education to the religious leaders, they can share accurate information about the disease with their congregations and encourage their members to support people with leprosy, thus decreasing community stigma.

This project has now completed its third year and a mid-term evaluation will be conducted in the upcoming year to review progress and learnings that can be used to improve the project in the remaining years.



Children like Maya in Nepal are healed of leprosy and are supported to attend school.

SER II (Socio-Economic Rehabilitation 2: Education Program and Self-Care Unit)



Implemented by The Leprosy Mission Nepal

Nepal | 2020–2023

The SER project consists of two components: Running of the Self-Care Unit at Anandaban Hospital and education support.

Self-Care Unit

The self-care unit provides rehabilitation to people affected by leprosy, teaching them to care for their wounds and techniques to prevent further injury as they go about their daily lives.

During the height of COVID-19 infections in 2021, the self-care unit temporarily closed for several months and shifted their activities to the wards. Training in self-care continued on the wards to support

inpatients. The unit has since reopened.

Key highlights from this year:

- 206 trained in care for limbs with lost sensation
- 197 assistive devices distributed
- 326 trained in safe techniques for tasks of daily living (e.g. cooking, using farming tools)

Education Support

Children with leprosy, disability or those from marginalised families are supported to attend school through a scholarship. Approximately \$120 is provided to each child to support them with school fees, uniforms and other school supplies.

Equal schooling opportunities for boys and girls are encouraged and the project aims to support an equal number of each gender to attend.

Home visits by project staff recommenced towards the end of the year. Staff provided 60 counselling sessions to parents to discuss the importance of education and to encourage parents to keep their girls in school rather than arrange an early marriage. As a result of counselling, only 1 student left her studies due to marriage, which was an improvement from previous years.

Scholarships provided: 100

Gender breakdown:

Boys: 51 Girls: 49

Vadathorasalur Vocational Training Centre



Implemented by The Leprosy Mission Trust India

India | 2018–2022

Providing skill training for people with leprosy, disability and those who are marginalised has significant impact on decreasing discrimination and ensuring people regain dignity and empowerment. The Vadathorasalur Vocational Training Centre (VTC) is located



Training in how to make bees wax wraps commenced at the VTC. The products will be sold to create income for the VTC, supporting them along their journey to be self-sustaining.

in Tamil Nadu and offers 5 formal training courses and some shorter informal skills training courses with high employment demand to students. This year, 92 new students entered the VTC. However, due to the disruptions wrought by the COVID-19 pandemic over the past two years, previous cohorts of students were delayed in completing their final exams. Between lockdowns this year, the VTC supported 141 students to graduate from their respective courses and supported students to obtain their first employment. 89% were supported with employment upon graduation.

This year, the VTC welcomed a new principal, Mr Manaksha. He had previously been the principal at the VTC 8 years prior and returned with new experiences and a fresh vision for the VTC. This year the VTC focused on expanding their productive agriculture, horticulture and animal husbandry trades on their large 1.7 acres of land. With a vision for achieving self-sustainability, part of the agricultural expansion will include planting vegetables for



Mr Anamalai studied mechanical motor vehicle, graduating in 2016. He is now a technical assistant with the State Transport Health Department. Working for the government is a highly desired professional with a stable income. He is the main breadwinner in his family.

students/staff consumption and housing of animals for eating and selling. A training course in beeswax wraps has also commenced and the VTC is currently looking for avenues to sell these productions. The Leprosy Mission Australia shop will soon be partnering with the VTC to sell their products within our shop.

The VTC faced challenges particularly of encouraging vulnerable girls from families affected by leprosy who lived too far from the VTC to join. The VTC staff along with staff from the local government leprosy department visited the families to provide counselling, build rapport and facilitate trust. Preparation is also underway to launch the College on Wheels van, which will provide training to students via their mobile van. This will allow for more people, particularly women to access education within their own villages.

Local income sources for the VTC significantly decreased this year due to the impacts of COVID-19. The VTC sourced additional funds from external donors and with support

from The Leprosy Mission, they were able to complete urgent renovation and repair work to student hostels and toilets.

COVID-19 caused significant hardship for many students, whose families faced income losses. Since students are unable to work and bring in an income, for many families, although there are significant long term benefits, having a student in school means lost opportunity for earning an income during times of need. The VTC reached out to previous alumni who proactively responded by providing financial and food item donations for students. In addition, alumni shared their experiences after graduating to provide motivation to the students. The alumni have become an important source of support for the VTC thus demonstrating the incidental benefits of the VTC program.

The VTC followed up with past alumni to see what jobs students have obtained several years after their graduation. Below are some examples:



Ms Mounika studied Sewing Technology, graduating in 2020. Upon graduation, she was employed at a garment factory near her home earning an above average wage. After getting married, she is currently self-employed and still maintains a good wage.



Mr Saravana, a previous graduate, is currently working with Mahendra Motors, a large car production company in India. He donated solar panels, which will be installed in the student hostels for lighting.

Inclusive Empowerment



Implemented by The Leprosy Mission Trust India

India | 2019–2023

People living with leprosy require support in various aspects in order to attain overall improved quality of life. In order to provide holistic, sustainable development, the Inclusive Empowerment project provides support in three key aspects: disability management, developing sustainable livelihoods and advocacy for rights to increase community inclusion. Progress in these 3 areas over the past 12 months are explained below:

#1: Disability Management

Health management to treat existing conditions and prevent future disabilities is an essential aspect for improved quality of life for leprosy patients. This project provides health services through a mobile van to reach leprosy patients living in remote areas who may otherwise be unable to access them. The van has proven to be invaluable particularly during COVID-19 lockdowns when patients faced significant difficulties travelling for treatment. The van expanded their services to provide telehealth medical appointments. Patients could come to the van to participate in consultation sessions with specialists located in a hospital many kilometres away. This year, through the van, 400 people with leprosy and other disabilities were supported to access medical services.

The van also welcomed new technology, with the introduction of computerised assistive technology (CAT) and 3D printing which allowed customised shoes to be made without patients leaving their villages. A 3D scan is taken of the patient's foot and is sent to the workshop for fabrication. This technology is still new for the project team who are eager to explore more effective and efficient ways to use this technology to help their patients.

#2: Livelihoods

Once cured, physical disability and stigma can continue to impact job prospects. This project supports people with leprosy and disability to form profitable group businesses/enterprises that will support households to be financially independent. The local communities welcomed these businesses seeing the value it will contribute to their local communities. This year, the project provided training to 500 community members to educate them on various livelihood options, helping them understand the challenges and opportunities rural enterprises bring.

From this training, group members decided to explore trades such as candle making, spice production and papad making (similar to papadums). The groups faced challenges of their products needing to compete with large cooperatives/companies. The project supported these groups to establish linkages for purchasing raw materials, government departments to support upskilling and retailers willing to sell their products. As a result, the groups were able to establish links to sell their products in small and medium sized stores in Cuddalore district.

#3: Advocacy

Stigma and discrimination continue to be a significant concern in communities that perpetuates social exclusion. The project provides advocacy training to people with leprosy and disabilities, supporting them to establish advocacy groups and train up champions to advocate on behalf of people with leprosy and disabilities at local, state and district levels.

This year, the project supported the establishment of 9 federation groups, 6 at local level and 3 at district level. These federations are registered with the respective governments and organise advocacy activities when issues are raised with them. This year the federations raised 41 advocacy issues that were addressed in the different government levels. These include concessions on public transport, provision of equipment (e.g. retrofitted scooter) to increase social inclusion and violence against people who are differently abled.

In addition, the project trains up champions, from people identified to have leprosy or disabilities, who are encouraged to take on community leadership roles (e.g. contesting in the local elections) and conduct advocacy at local, state or district level. 60 champions were active this year across the districts.

Key highlights from the project:

- 102 people were provided with 3D customized footwear
- 453 households involved in the enterprises reported an increase in income this year.
- The Rights of Persons with Disability Act 2016 is now integrated into police software in Tamil Nadu, meaning that people with disabilities will be automatically flagged for extra support during police investigations.
- Advocacy within the project led to the government of Tamil Nadu started an initiative of providing free bus travel around town for people with disabilities.

Salur Hospital & Kothara Hospital



Implemented by The Leprosy Mission Trust India

India | 2019–2023 (Salur),
2018–2022 (Kothara)

Salur Hospital and Kothara Hospital provide specialised services for leprosy patients. They provide free medical services to leprosy patients, who otherwise might not be able to afford the treatment, ensuring they are treated with dignity and without discrimination. The hospitals support leprosy diagnosis, management and other health needs including surgery, dental, ophthalmology, rehabilitation, mental health and maternal care.

In the past 12 months, due to a wave of COVID-19 infections, the government re-introduced lockdown measures, which significantly decreased the number of patients seeking admission at the hospitals.

In addition, outreach services were temporarily suspended to comply with government restrictions. As a result, the hospitals suffered significant income losses with flow on effects that will be felt for many months to come.

However, in the midst of challenging times, both hospitals reported that their partnerships with the local and district governments were strengthened. This allowed Kothara Hospital to continue some of their outreach work during the height of the pandemic, conducting 2 reconstructive surgery camps with the support of the local governments from which 77 patients were helped.

Salur hospital offered 30 beds, supporting 206 COVID-19 patients,

to assist the government's strained health system. The government recognised the hospital's contribution, and they were awarded an appreciation certificate during India Independence Day celebrations. The staff reflected that admitting and treating COVID-19 patients was a challenging but good learning experience for them.

Highlights from the hospitals:

- 3749 leprosy patients treated
- 2610 people supported with assistive devices
- 2192 provided with glasses
- 1193 cataract surgeries
- 1303 dental procedures conducted
- 6382 skin conditions seen

McKean Senior Centre



Implemented by McKean Senior Centre, Changi Mai

Thailand | 2019–2022

Located on a large plot of land surrounded by greenery, McKean provides holistic medical and rehabilitation services for leprosy patients, particularly the elderly, through the McKean Hospital and Medical Clinic. McKean also provides assistive living aged care services to elderly people affected by leprosy. This vulnerable age group experience worsening disability as they age and continued stigma and discrimination that leaves them with minimal social support. The purpose-built aged care facilities provide different levels of care ensuring residents continue to have an active social life in addition to any required health services.

This year, the project scaled up activities in following up with active leprosy patients, many of whom had been impacted by the pandemic. In coordination with the government leprosy control program, McKean

supported diagnosis of new leprosy patients, provided treatment and care, ensured patient wellbeing, and supported patients to access government benefits they were entitled to.

Due to changes in Thai government regulations for hospitals, the McKean Hospital has applied for Thailand hospital accreditation. This is a long process that will take several years to achieve.

Plans had been underway to increase residential options for the elderly. **The first phase of the independent living houses was completed this year and named the 'Sunflower Village'.**

This building was funded by Margaret and Kevin Lyons, their generous donation has supported the start of an exciting new initiative at the McKean Centre.

There are plans to build 2 additional

duplexes in the next year. These houses will provide accommodation for elderly patients who are able to live independently but may require some assistance or health services from time to time.

Renovations have also been conducted for the medical clinic to increase the number of examination rooms and increase staffing so that more patients can be seen.

With its long history and many historic buildings, the McKean Centre has now opened a new display in their old administration building available for public viewing.

The Leprosy Mission Australia (TLMA) has had a long and fruitful partnership with the McKean Centre over the years. As the McKean Centre has grown, there are now various supports in place which has meant that the centre can continue its work independent of TLMA after 2022.

Strengthening Integrated Neglected Tropical Disease Control (SINTDC)



Implemented by The Leprosy Mission Nigeria

Nigeria | 2019–2024

Zamfara state in northern Nigeria has high rates of leprosy, lymphatic filariasis (LF) and other neglected tropical diseases (NTDs). This is exacerbated by high rates of poverty and limited clean water access. Local health services are often limited, resulting in late diagnosis, resulting in preventable disabilities. The project works with the Ministry of Health in Zamfara and local leaders to strengthen local health services. They do this through updating infrastructure to support improved health care and reduce disease transmission, conducting active case detection activities, providing assistive devices, and supporting Self-Help Groups (SHG).

This year, the project continued to advance the lives of those living with leprosy and LF. Work continued on active case finding and providing mass medicine administration to prevent NTDs, reaching over 2 million people. Their work resulted in the Zamfara State Department for Leprosy and TB control receiving awards recognising that the state has much higher case detection rates than the national average.

The Leprosy Mission Nigeria also identified the need to provide mental health support to patients. A mental health assessment was conducted with project participants and found that many had mental health concerns. Unfortunately, the preliminary findings also found a massive gap in the number of psychiatrists available in the country to provide support, with only approximately 1 psychiatrist for every 1 million people. The project is planning to provide further mental health support to project participants in the coming year.

The project has also continued to experience many challenges due to the security situation in country. Due

to their vulnerable status, leprosy and LF patients are considered 'soft targets' for banditry and theft. These experiences leave patients traumatised, causing them to move away from their villages. This causes concerns for their leprosy treatment, as project staff many be unable to contact them due to poor cell phone service within the region.

Amidst the challenges the project has also made significant progress in increasing leprosy awareness and advocacy.

Key highlights from this year:

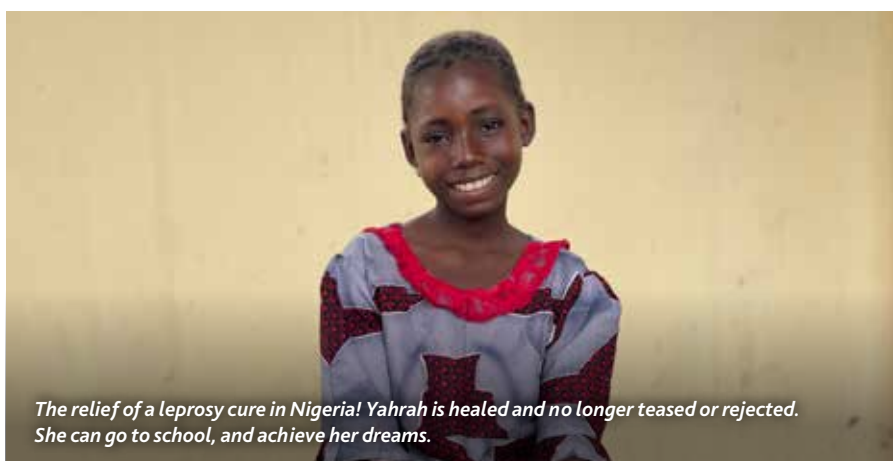
- 4 SHGs have been supported to become registered as cooperatives. This is an important step for groups to become independent and self-sustaining. Some supporters had an opportunity to meet online with members of a SHG. **This was a great experience for SHG members, many of whom have not experienced this technology before and would not have imagined they could speak directly to someone who supported them on the other side of the world. This was a very beneficial and encouraging experience for members.**

- With upcoming elections in 2023, the team approached the national electoral office to advocate for voting accessibility for people with leprosy. In Nigeria, thumb print identification is required to register

to vote. This excludes some people with leprosy who have lost their fingers. Through their advocacy, the electoral office developed a modified system where officials will go to the person's home and help them to use the system. Currently the team is providing training to the officials to reduce their fear and stigma of visiting the homes of people with leprosy.

- The project provided artificial limbs to 17 people. The presentation of these limbs was conducted at the Emir's palace (one of the prominent local leaders) and was participated in by the Zamfara government and other state leaders. The event was televised and garnered lots of interest and publicity.

- A borehole was installed at a secondary/tertiary school in Maru (a rural part of Zamfara). Previously the school did not have clean running water for their students. The new borehole will provide water to approximately 1,050 students and staff as well as the wider community in the area. The project enlisted the services of the state dance troop who performed a dance and drama that raised awareness of leprosy, LF and the stigma and discrimination surrounding this. The whole event was televised and was seen by many across the state, thus raising significant awareness of leprosy.



The relief of a leprosy cure in Nigeria! Yahrah is healed and no longer teased or rejected. She can go to school, and achieve her dreams.



Members of The Leprosy Mission Papua New Guinea Staff and Country Leader Natalie Smith (second from right, bottom row) cool by the pool.

Leprosy Support Project in Western Province



Implemented by The Leprosy Mission Papua New Guinea

Papua New Guinea | 2019–2021

This project focuses on the identification and treatment of leprosy patients in the Western Province of Papua New Guinea, mainly in the areas of Daru Island, Obo Station, and surrounding villages. This region consists of dense jungle with small villages scattered throughout. Due to its remoteness, there is little road access and some villages can only be accessed by boat, small plane or by trekking through the jungle. As a result, medical care is very limited and may require people to travel several days to get to the nearest health clinic. Hence, for people with leprosy, they often struggle to access appropriate treatment or may go undiagnosed for long periods of time which can result in permanent physical deformity. In addition, health professionals have difficulty monitoring patient's progress, due to the limited visits they can make to the village.

Patients may also trek further into the jungle, away from their village for several days at a time to find food, resulting in project staff being unable to meet them during their visit. The project focuses on active case finding to increase early diagnosis and prevent disability. The project partners with local health clinic staff, providing training to government health workers in detection and management of leprosy.

This year, with improvements in the COVID-19 situation, the project recommenced visits to the villages to deliver leprosy medication and other leprosy management resources. In addition, training continued for health workers to upskill them in leprosy identification and management strategies. This ensures that leprosy diagnosis and management work can be done during regular health care services provided to villages. Self-care training also continued to teach

leprosy patients how to care for their wounds.

As the project wrapped up at the end of December 2021, participants were asked to provide feedback on the services they received and the future support they require. Participants reported that they were satisfied with the health services they received. Several people requested increased regular visits from health staff to address health concerns other than leprosy. Many people requested water tanks and containers for clean drinking water. Many villages also identified malnutrition in children and the need to provide training on nutrition for parents. Assistance to support leprosy patients to live a better and more meaningful life free of leprosy and other diseases was also identified as a need. These findings are beginning to be addressed in other projects implemented by The Leprosy Mission Papua New Guinea.

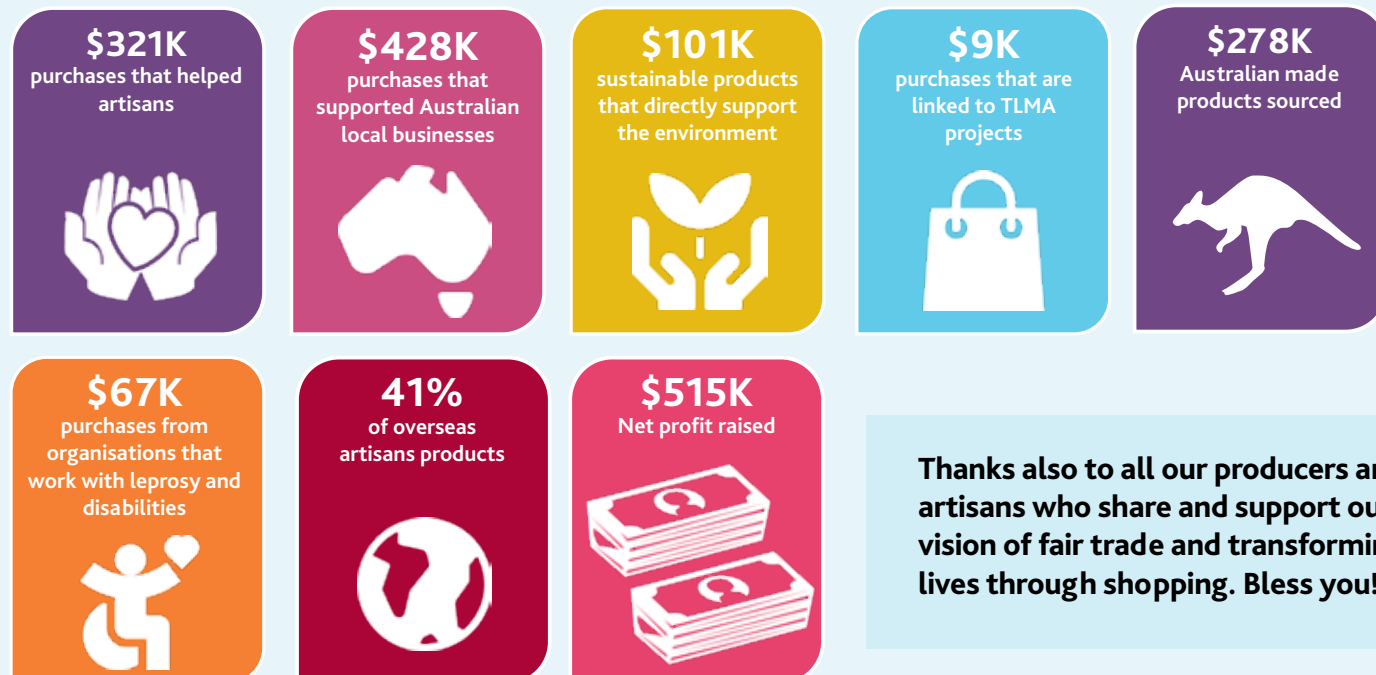
The Leprosy Mission Australia Shop

When you Shop to Stop Leprosy, you are funding leprosy cures and so much more! You are also:

- Providing livelihoods for artisans affected by leprosy, disability or disadvantage;
- Supporting organisations that help people affected by leprosy and disability;
- Supporting The Leprosy Mission projects in partner countries;
- Improving standards of living for communities in developing countries;
- Supporting Fair Trade and Anti-Slavery initiatives;
- Supporting local Australian businesses;
- Supporting sustainable products and practises for a positive effect on the environment.

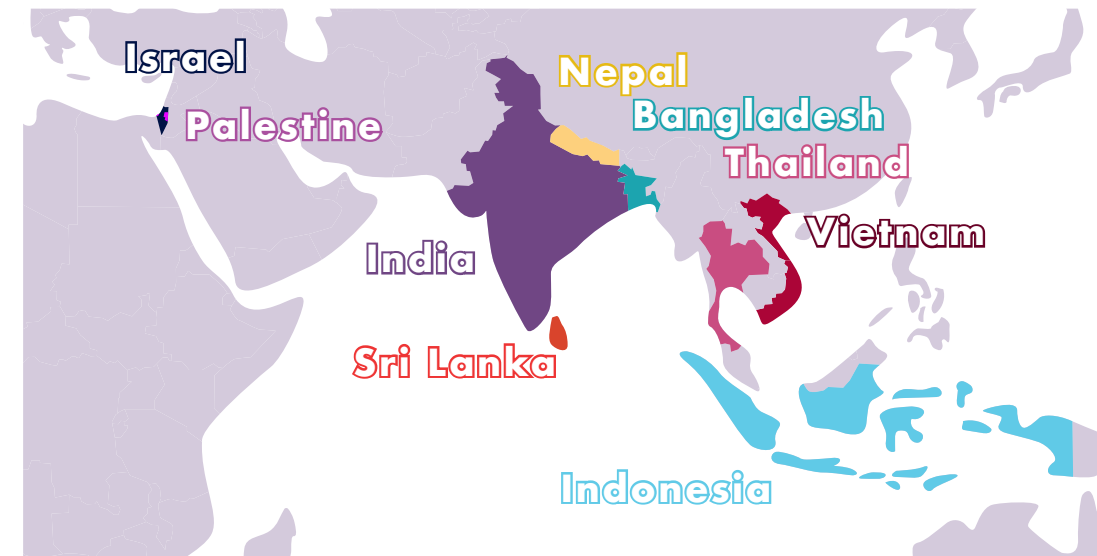


Achievements from the past year include:



Thank you!

Together, we have purchased \$151,432 of handmade products from communities overseas affected by leprosy, disability or poverty! Supporting fair wages help artisans transform their lives and give them hope for a better future. Artisans like Sunitha in India...



Here's where our overseas partner producers are located.

By supporting our partner producers, workers are able to earn a dignified income and gain access to much needed social and medical care!

Thank you for the joy you bring to women living in leprosy communities.

Your compassion creates Champions like Sunitha.

Sunitha has been living in a leprosy community in India all her life — she'll be 45 this year.

Both of Sunitha's parents had leprosy, and although Sunitha eventually got married and had two daughters of her own, she still lives there. Her husband abandoned them.

Sadly, Sunitha was unable to complete high school, but she has been able to train in handloom weaving and leather technology through her leprosy community association. She feels grateful to have been able to work and to partner with generous agencies like MESH

who encourage her and provide the opportunities to make bags. MESH (Maximising Employment to Serve the Handicapped) is an organisation working with artisans with disabilities all over India. The organisation provides their producers with training and opportunities to create a sustainable income. They also establish trading agreements to supply shops and businesses overseas — like The Leprosy Mission Australia Shop!

Sunitha has worked hard to support her children and their education. One of her daughters has since become a beautician and the other, a nurse. Over the years Sunitha has become a skilled weaver and bag maker and it's all thanks to the kindness of people like you!

Recently, Sunitha was selected for training as a community organiser to help other women artisans gain skills and create new bag samples. She conducted training for forty women artisans.

"I look forward to giving leadership to the women who are engaged in

weaving and bag making," Sunitha told us.

Thanks to kind people like you, who buy the handmade items from the gift catalogue and online store, Sunitha has been able to support herself and her daughters financially. She is also sowing into the lives of other women and their families through the opportunities you provide.

Thank you for supporting fair trade and enabling artisans like Sunitha to earn a dignified living. You are helping transform the lives of many living with leprosy, disability, and poverty. God bless you!



National Board

The Leprosy Mission Australia is governed by a Board of Directors comprised of members from various fields of expertise within the community. Members include representatives from financial, medical, field service, promotional and marketing and human resource fields.



NSW Councillor Representative Janet Walmsley, SA Councillor Representative Jenny Marshman and National Council Member Colin Martin visit social enterprise and projects in Nepal pre-COVID.

Steven Meredith

**Grad Dip Mgt, GAICD
Banking, Finance and International
Business Management**

- Appointed Director 21 October 2013
- Appointed Chairman 12 October 2019
- Member of The Leprosy Mission Australia's Governance & Risk Committee



Steven has significant banking, corporate treasury, operations, human resources and business development experience and possesses expertise in corporate governance, finance, risk management and succession planning. He has held a number of senior executive leadership roles, both domestically and internationally. Currently the CEO of The William Wilberforce Foundation, Steven is actively involved in leadership in his local church and is passionate about supporting the work of Christian, non-profit and missionary organisations across Australia.

Adam Walker

**BA LLB (Hons) LLM (Commercial
Law) AGIA Law, Governance and
Management**

- Appointed Director 21 October 2013
- Appointed Deputy Chair 12 October 2019
- Chair of The Leprosy Mission Australia's Governance & Risk Committee



Adam is Special Counsel with the law firm, Gadens. A broad-based commercial and regulatory lawyer and credentialed corporate governance professional, Adam provides experience in matters of law, governance, risk and compliance.

Paul de Mare

**B.Comm, Higher Dip: Accounting,
M.Comm: Tax, CA**

- Appointed Director 10 October 2020
- Appointed Finance Director 7 December 2020
- Chair of The Leprosy Mission Australia's Finance & Audit Committee



Paul has some 25 years business experience having worked as a Corporate and International Tax expert for a Multinational based in South Africa for some 20 of these years. He led a team and, together with the team, managed the tax affairs of the multinational's African group for the last 10 years prior to moving to Australia. On moving to Australia in 2010 his focus changed and he has been working in the Christian Not for Profit sector, working for Arrow Leadership and for the last 8½ years, Korus Connect, (previously named ACCESS ministries), as their Chief Operating Officer and Company Secretary.

Rev. Kevin Keegan

**Grad.Cert.NFP Management; Grad. Dip.Th,
B.Th, TAE40110 Cert IV Training & Assessment,
Cert.Ministry Consultancy, Cert. Ordination**

- Appointed Director 9 February 2015
- Member of The Leprosy Mission Australia's Prayer, Promotion and Fundraising Committee



Kevin is the CEO/National Director of FEBC Australia and an Member of FEBC International. An ordained Baptist minister with qualifications in theology, non-profit management, consultancy and training, 25 years of senior church leadership experience and four years chairing an international mission association—Kevin brings leadership, strategy, theological thinking, cross-cultural awareness and mission experience to this position. His practical and insightful acumen, along with witty and outgoing personality makes for healthy Board functioning and interaction.

Jennifer Cavanough

**MEd (Counselling), Grad.Dip.
Except.Ch, BEdSt, Cert IV Training &
Assessment**

- Appointed Director 10 October 2020
- Member of The Leprosy Mission Australia's Governance & Risk Committee



Jennifer has 30 years' experience in Education in the disability sector. In addition, she worked as a counsellor in both private practice and for a non-profit organisation. She lectured in Family Systems Theory for 9 years at Tabor College Hobart. Jenn was an active volunteer for Scripture Union for many years, as well as in her local church, and has served on the Board of a non-profit organisation.

Pre-retirement she worked in the safeguarding children role in the Tasmanian Anglican Diocese. She is currently writing training material in the National Principles for child safe organisations for a non-profit organisation.

Dr Mark Morley

**BA (Arabic), BComm, MInt'lBus,
SJD (Law)**

- Appointed Director 27 September 2021
- Chair of The Leprosy Mission Australia's Prayer, Promotion & Fundraising Committee



Mark has a strong consulting background, and extensive experience in Australia and abroad. He was a senior diplomat in Egypt and Saudi Arabia, and then in India, Bangladesh and Pakistan, and has worked at Regional Development Victoria and Telstra in executive roles. Mark currently works on a consultancy basis with an international not-for-profit agency in leadership development, and serves as an independent director at Bendigo Community Health Services (BCHS), Regional Partnerships Victoria, and the Anglican Diocese of Bendigo (and its subsidiary arms: Bencourt and New Horizons). Mark calls Bendigo home, and worships at Holy Trinity Anglican Church in Bendigo.

Dr Judy Louie

**PhD(Acc), MBus(Acc), Grad.Dip(Acc),
BSc, CPA**

- Appointed Director 23 October 2016
- Member of The Leprosy Mission Australia's Finance & Audit Committee



Judy has more than 20 years of knowledge and experience in accounting and information technology. She completed her PhD degree in accounting and is currently Finance Manager at the NewHope Baptist Church. She was previously a lecturer in accounting at La Trobe University for 11 years and a lecturer in information technology at Sunway University in Malaysia for 4 years. Judy is a CPA and has strong industry background, having worked in an accounting firm, a religious institution and non-profit organisations for more than 10 years. She had served for 7 years as a leader in Navigators, a University Christian student group, to help meet the various needs of students from overseas.

Dr Angeline Low

PhD, M Mgt, B.Econ (Hons), MAICD

- Appointed Director 25 June 2018
- Member of The Leprosy Mission Australia's Finance & Audit Committee



Angeline is passionate about service and has 30 years on the Board of Directors in international charity and development organisations. Her significant Board appointments include Family Planning NSW, Northern Sydney Area Health Service, ChildFund Australia and Action on Poverty. In addition, she has many years of professional and business experience. Angeline's last corporate appointments were as a Partner of Deloitte Malaysia and Director of Asia-Pacific Consulting in Deloitte Sydney. On an international level, Angeline is an active participant and speaker in various international engagements on gender, leadership and economic inclusion of women. She had been the guest of the European Union, the OECD and the ILO on a number of occasions to deliberate on gender issues in entrepreneurship and in senior management. She holds a PhD in entrepreneurship research. Today Angeline manages her private investments and spends the rest of her time in philanthropic work.

Dr Colin Martin

GAICD, MB.BS, DRANZCOG, Grad.Dip.
FM, MPH&TM, FRACGP
General Medical Practitioner (Retired)

- Appointed Director 12 July 2012
- Member of The Leprosy Mission Australia's Prayer, Promotion and Fundraising Committee
- Member of The Leprosy Mission Australia's International Programs Committee
- Member of the TLM International Board since 2019
- Member of the TLM Timor-Leste Advisory Board (as Global Fellowship Representative) since 2019



Colin practised as a rural procedural GP and practice administrator for 35 years, with a focus on people in need. He retired from practice in June 2016. His field work experience in Nepal over a period of 12 months, from 2009-2019, allowed him to develop an understanding of the problems and issues facing that country in the implementation of leprosy related services and programs. He has also been able to see the work of The Leprosy Mission Australia and its partners in Papua New Guinea, Timor-Leste, India, and Thailand.

Fifi Rashando

MBA (IntBus), GradDipMin,
BA (English Literature)

- Appointed Director 25 June 2018



Fifi manages Good Return's gender-lens investments, business advisory support, and stakeholder engagement in the Asia-Pacific region. On their behalf, she is also an executive member of AADC (Australian Disability Development Consortium). Holding a Strategic Leadership for Inclusive Finance certificate from Harvard Business School and an MBA from University of Wollongong in Australia, she has over 20 years of governance, management and consulting experience in inclusive finance, impact investment, international development, and humanitarian sectors. She has contributed towards the growth of reputable organisations to build inclusive economies, ensuring participation of marginalised people including women and people with disabilities.

Damian Fisher

BSc (Hons) Physics, DMS, GAICD

- Appointed Director 26 February 2018
- Chair of The Leprosy Mission Australia's Prayer, Promotion and Fundraising Committee
- (resigned July 2021)



Shivani Singh

BA LLB

- Appointed Director 10 October 2020
- Member of The Leprosy Mission Australia's Governance & Risk Committee



Human rights, the prevention of discrimination and empowerment have been consistent themes of Shivani's career in dispute resolution, training, investigations, and management. Shivani has a Bachelor of Arts/Law and has worked for over a decade advocating for equality while at the Victorian Equal Opportunity and Human Rights Commission. She currently works within the disability sector managing investigations which ensure people with disability have a voice and safeguards. Shivani brings this passion and expertise with her as she chooses to serve on TLMA Board.

Shivani is committed to Christ and has served in many different ministry areas at her church in Glen Waverley. She seeks to show Christ's love to the people she interacts with at church, work, home and in the neighbourhood. Shivani is excited to serve on a Board in an organisation where obedience to Christ and a demonstration of His love is clearly evident in the work of TLM.

Jennifer Ward

MBA, BEcon (HONS),
Post Grad Dip, GAICD

- Appointed Director 23 October 2016
- Chair of The Leprosy Mission Australia's International Programs Committee
- Member of The Leprosy Mission Australia's Finance & Audit Committee



Jenny has over 25 years' experience in international business, economics and human resource management to bring to her role. She has held a variety of senior executive roles both in Australia and internationally (Japan, China, USA, Asia Pacific) with large global organisations including BHPBilliton and World Vision Australia. Jenny is a qualified Company Director, has a Masters of Business Administration and a post graduate degree in Economics. She brings broad governance, cross cultural, business and human resource management experience to the Board.

Damian is a qualified Company Director and has over 20 years' experience in marketing, branding, product, fundraising, PR and customer management. This experience has been gained within both commercial companies such as British Airways (UK) and NRMA (Aus) and within not-for-profit organisations such as Bible Society Australia and HammondCare where he currently manages Marketing for Residential Care and Home Care. Damian brings with him extensive knowledge in charity marketing, fundraising and donor engagement alongside experience of leading voluntary activities at a church level.

The Leprosy Mission Australia is one of more than 30 member countries which make up the Global Fellowship of the international organisation of The Leprosy Mission. Each country has the same vision — a world without leprosy — but works to fulfil this vision in different ways.

The 30 plus countries include both Supporting Countries (those that raise funds for projects overseas) and Implementing Countries (those that receive TLM funds for use in TLM projects). Some countries, while implementing projects, are also raising money in country. Currently, India is the Implementing Country with the largest number of TLM projects.

Australia, a Supporting Country, focuses its work on funding projects in Nigeria, Timor-Leste, Nepal, India, and Indonesia, and works to provide expertise as well as funds to the projects we partner with. Supporters can be assured that The Leprosy Mission Australia is part of a worldwide organisation with around 2,000 staff with more than 140 years of experience in working with leprosy.

National Council
General Members

Grace Asten
Warwick Britton
Jennifer Cavanough
Paul de Mare
Damian Fisher (resigned July 2021)
Peter Geddes
Kevin Keegan
Stephen Lockrey
Judy Louie
Angeline Low
Colin Martin
Tanya McPharlane (resigned AGM 2021)
Steven Meredith
Mark Morley (appointed AGM 2021)
Pam Packett
Fifi Rashando
Chrisy Savvides
Denise Scott
Shivani Singh
Margaret Thompson
Adam Walker
Jennifer Ward

National
Council State
Representatives

New South Wales
Sally Martin
Janet Walmsley

Queensland
Lyn Backhouse
Derek Hume
Judy Satish

South Australia
Kathrine Jaeschke (since AGM 2021)
David Marshman
Jenny Marshman

Tasmania
Merrin Green (resigned AGM 2021)
Margaret Mead

Victoria
Joe Bast
Maria Bast
Barry Edwards (resigned AGM 2021)

Western Australia
Heather Newton

Officers

Chairman
Steven Meredith

Deputy Chair
Adam Walker

Finance Director
Paul de Mare

Chief Executive Officer
Sheldon Rankin

Life Members

Shirley Bates
Margery Bonsor
Tom Broderick
Stuart Brown
Martry Cole
Robert Cole
Russell Conway
Betty Cunnington (deceased 23/09/2021)
Jenny Davis
Ron Dawes
Barry Edwards (since AGM 2021)
Ken Martin
Shirley Martin
Barbara Maxwell
Joan Moulton (since AGM 2021)
Pam Packett
Jean Porteous
Murray Sandland
Jan Saunders
Margaret Schneebeli
Denise Scott
Audrey Sheffield
Heather Smith
Trevor Smith
Anne Steed
Jack Torrance
Janet Torrance
Grace Warren
Peter Warren
Ruth Wheatley

The Leprosy Mission Australia

ABN: 52 354 004 543

Independent Audit Report to the members of The Leprosy Mission Australia

Opinion

The summary financial statements, which comprise the summary statement of financial position as at 30 June 2022, the summary income statement and summary statement of changes in equity for the year then ended are derived from the audited financial report of The Leprosy Mission Australia for the year ended 30 June 2022.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by the Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The summary financial statements and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 15 September 2022.

Directors' responsibility for the Summary Financial Statements

The directors are responsible for the preparation and presentation of the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.



Saward Dawson



Peter Shields
Partner

Blackburn

Date: 15 September 2022

20 Albert St, Blackburn VIC 3130
T +61 3 9894 2500 F +61 3 9894 1622
contact@sawarddawson.com.au
sawarddawson.com.au



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Financial Summary

Finance overview for the financial year ending 30 June 2022

TLMA's strategy is to continue to look for ways to expand our revenue sources to build and sustain the Company's capability to meet our project commitments and help people affected by leprosy and disabilities. Although it is challenging with the Covid-19 pandemic and the current geopolitical uncertainties around the world, we continue to work with our supporters to ensure we can continue providing long term sustainable resources to achieve our Triple Zero strategy.

Income & Expenditure

The Leprosy Mission Australia (TLMA) achieved a surplus for the year of \$392,602 (2021: \$805,030), which includes a non-monetary loss adjustment of \$125,287 (2021: gain of \$390,487) to reflect its Financial Assets at its fair value at year end.

We receive our funds through public fundraising and government grants. TLMA has 4 main sources of income – donations from individuals including churches and groups (49%), bequest gifting (15%), sale of goods (19%) and government grants from the Department of Foreign Affairs and Trade (DFAT) (16%). We are extremely grateful that our donors continue to support us generously which saw income go up by 9% to \$7,396,142 which included a grant of \$1,156,922 from the Department of Foreign Affairs and Trade (DFAT).

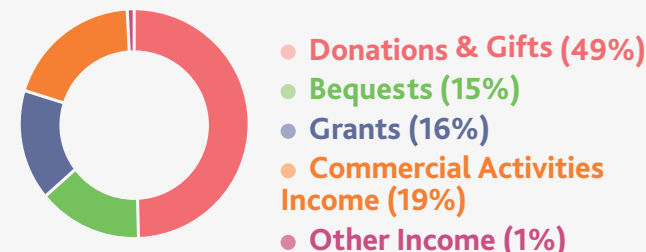
We have provided funding and program implementation support to projects in seven countries around the world– India, Indonesia, Nepal, Nigeria, Papua New Guinea, Timor-Leste, and Thailand.

Our overall financial health

We are thankful that the financial health of the Company is sound with a strong balance sheet (as summarised in the Statement of Financial Position) with net assets of \$11,463,310 including cash equivalents of \$2,528,621 and financial assets of \$2,681,769.

This is monitored by management on a regular basis to ensure we can continue to provide sustainable support to our overseas projects in the long term. Therefore, our financial objectives are to continue to look for ways to expand our revenue sources and sustain the Company's capacity to meet our project commitments. To do this, we continue to work together with our supporters and partners; at the same time maximising our effective and efficient use of resources whilst keeping a tight control on our spending on non-project expenditure.

Revenue Source FY2022



Source: Audited TLMA Financial Statements for the year ended 30 June 2022. Percentages are calculated as a percentage of Total Revenue.

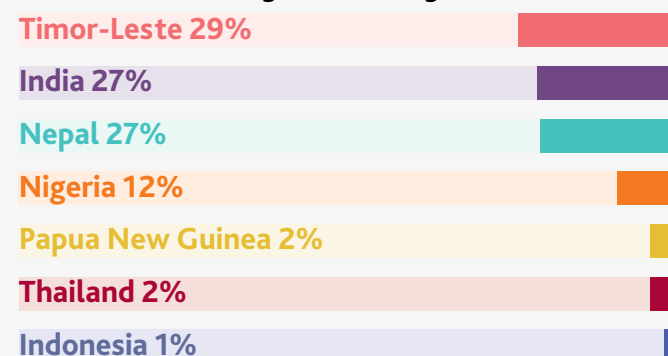
Our Spend



Source: Audited TLMA Financial Statements for the year ended 30 June 2022. Percentages are calculated as a percentage of Total Expenditure.

The pie charts represent our income and expenditure as a proportion of the totals. Each category is adapted from the summary financial statements within this report and is based on the definitions approved in the ACFID Code of Conduct.

Remittance by Country



Statement of Income, Expenditure and Other Comprehensive Income

For the Year Ended 30 June 2022

Amounts shown in Australian Dollars.

REVENUE	2022	2021
Donations & Gifts		
Monetary	3,648,121	3,554,242
• Non-Monetary	—	7,700
Bequests and Legacies	1,101,261	564,035
Grants		
• DFAT	1,156,922	1,004,066
Commercial Activities Income	1,426,621	1,092,245
Investment Income	1,493	473,722
Other Income	61,724	75,427
TOTAL REVENUE	7,396,142	6,771,437

EXPENDITURE	2022	2021
International Aid and Development Programs Expenditure		
International Programs		
• Funds to International Programs	2,287,274	2,216,419
• Program Support Costs	402,038	349,417
Community Education Costs	840,983	599,536
Fundraising Costs		
• Public	944,486	737,038
• Government, Multilateral and Private	8,207	6,353
Accountability and Administration	689,348	570,549
Total International Aid and Development Programs Expenditure	5,172,336	4,479,312
International Political or Religious Adherence Promotion Programs Expenditure	73,439	60,213
Commercial Activities Expenditure	1,718,913	1,396,582
Other Expenditure	38,852	30,300
TOTAL EXPENDITURE	7,003,540	5,966,407
SURPLUS FOR THE YEAR	392,602	805,030

Other comprehensive income		
Items that will not be reclassified subsequently to profit or loss		
Revaluation changes for property, plant and equipment	—	1,390,219
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	392,602	2,195,249

Statement of Financial Position

As at 30 June 2022

Amounts shown in Australian Dollars.

ASSETS	2022	2021
Current Assets		
Cash and cash equivalents	2,528,621	2,424,910
Trade and other receivables	93,480	56,968
Inventories	343,389	188,265
Financial assets	2,681,769	2,550,191
Other assets	298,940	117,353
Total Current Assets	5,946,199	5,337,687
Non-current Assets		
Right-of-use assets	7,030	13,520
Property, plant and equipment	6,076,787	6,096,339
Intangible assets	86,849	68,549
Total Non-Current Assets	6,170,666	6,178,408
TOTAL ASSETS	12,116,865	11,516,095

LIABILITIES	2022	2021
Current Liabilities		
Trade and other payables	339,668	182,551
Borrowings	10,000	10,000
Short-term provisions	269,023	211,821
Lease liability	6,763	6,566
Total Current Liabilities	625,454	410,938
Non-Current Liabilities		
Long-term provisions	27,528	27,114
Lease liability	573	7,335
Total Non-Current Liabilities	28,101	34,449
TOTAL LIABILITIES	653,555	445,387
NET ASSETS	11,463,310	11,070,708

EQUITY	2022	2021
Reserves	6,761,657	6,761,657
Retained earnings	4,701,653	4,309,051
TOTAL EQUITY	11,463,310	11,070,708

These summary financial statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code, please refer to the ACFID website www.acfid.asn.au. For a copy of The Leprosy Mission Australia (TLMA) full audited financial statements or further information, please contact our team on 1800 537 767 or visit our website www.leprosymission.org.au

Statement of Changes in Equity
For the Year Ended 30 June 2022

Amounts shown in Australian Dollars.

2022	RETAINED EARNINGS	ASSET REVALUATION RESERVE	TLMA INVESTMENT FUND	TOTAL
Balance at 1 July 2021	4,309,051	5,637,237	1,124,420	11,070,708
Surplus for the year	392,602	—	—	392,602
Total Comprehensive Income	392,602	—	—	392,602
Balance at 30 June 2022	4,701,653	5,637,237	1,124,420	11,463,310

2021	RETAINED EARNINGS	ASSET REVALUATION RESERVE	TLMA INVESTMENT FUND	TOTAL
Balance at 1 July 2020	3,504,021	4,247,018	1,124,420	8,875,459
Surplus for the year	805,030	—	—	805,030
Other comprehensive income				
Revaluation increment (decrement)	—	1,390,219	—	1,390,219
Total Comprehensive Income	805,030	1,390,219	—	2,195,249
Balance at 30 June 2021	4,309,051	5,637,237	1,124,420	11,070,708

These summary financial statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code, please refer to the ACFID website www.acfid.asn.au. For a copy of The Leprosy Mission Australia (TLMA) full audited financial statements or further information, please contact our team on 1800 537 767 or visit our website www.leprosymission.org.au

The Modern Slavery Act.



The Leprosy Mission Australia is committed to adhering to the standards of the Modern Slavery Act.

There are more slaves in the world today than at any time in the past. This includes an estimate of up to 15,000 slaves in Australia*. As a result, the Australian government adopted the Modern Slavery Act (No.153) in 2018. The first defined reporting period was for the financial year ending June 2020. Under current regulatory standards, The Leprosy Mission Australia is not required to submit a statement but have chosen to do so voluntarily.

The Leprosy Mission believes our commitment to following Jesus Christ means we do not want to see people trapped in slavery. We are also aware modern slavery overwhelmingly impacts people who live in poverty.

Many people affected by leprosy are economically disadvantaged and face a higher risk of ending up in slavery. As people living in the light of Jesus, and committed to serving people affected by leprosy, The Leprosy Mission wants to be an active participant in preventing slavery.

The Leprosy Mission also operates in a high-risk sector for modern slavery. This includes operating in high risk

geographies, subcontracting cleaners, security services, mail-houses and our share investments. The Leprosy Mission Shop also has a risk of modern slavery in its supply chain. The Leprosy Mission also recognises that COVID-19 has exacerbated the conditions which can cause people to end up in modern slavery.

The Leprosy Mission undertakes action to mitigate the risks of modern slavery in its supply chain. These include a human rights policy, a grievance procedure, and an international reporting service. They also include site visitations, a supplier code of conduct, an auditing process and appropriate child and vulnerable adult policies.

The Leprosy Mission knows this is a continuing process and looks forward to helping eliminate modern slavery. The Modern Slavery Statement will be available on The Leprosy Mission website after submission.

Sheldon Rankin

Sheldon Rankin
Chief Executive Officer

*according to Walk Free Foundation Pacific Report, p17.

Jesus said:
“The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord’s favour.”
Amen.

The Leprosy Mission Australia is an international organisation that works in partnership with governments, public health officials, non-government organisations, the World Health Organisation, churches, Christian partners and others to achieve its vision of a world without leprosy. The Leprosy Mission is the oldest and largest leprosy-focused organisation in the world today. Leprosy affects people's lives in many different ways. The Leprosy Mission Australia cares for their physical, social, spiritual and psychological needs. Leprosy is sometimes not understood by communities and as a result people are fearful of it. This means those affected by leprosy are often stigmatised. Our main focus is on leprosy work, yet we often include those with severe disabilities or those living in extreme poverty.

Thank you!
You make the difference.

Join us on your favourite social media!



Like us on Facebook!
facebook.com/TLMAustralia



Follow us on Instagram!
[@TLMAustralia](https://www.instagram.com/TLMAustralia)



Follow us on Twitter!
[@TLMAustralia](https://twitter.com/TLMAustralia)



Subscribe to our channel!
youtube.com/TLMAustralia



Follow us on Vimeo!
vimeo.com/TLMAustralia

The Leprosy Mission Shop social media pages:



Like us on Facebook!
facebook.com/LeprosyMissionShop



Follow us on Instagram!
[@LeprosyMissionShop](https://www.instagram.com/LeprosyMissionShop)



Follow us on Pintrest!
[@atlmaustralia](https://www.pinterest.com/atlmaustralia)



**The Leprosy
Mission**
Australia