Lepra

Report of the Trustees and Financial Statements

for the year ended 31 March 2015

Lepra (Limited by Guarantee)

REPORT OF THE TRUSTEES

The Trustees submit their report and the audited financial statements for the year ended 31 March 2015. The consolidated financial statements have been prepared under the accounting policies set out in Note 2 to the financial statements. These have been prepared in accordance with the special provisions of 445(3) of the Companies Act 2006 in regards to medium-sized companies, the Memorandum and Articles of Association and the Statement of Recommended Practice 2005 "Accounting and Reporting by Charities".

For the purposes of the Companies Act 2006, the Board of Trustees is the Board of Directors of the charitable company and is referred to as the Trustees throughout this report. As required by the constitution the Trustees are also members of the organisation.

The Trustees of Lepra during the period and to the date of signing this report are as follows:

PATRON		Her Majesty Queen Elizabeth II	
AMBASSADORS		Mrs V Hislop	
		Mr R Sharma	
CHAIRMAN		Sir Ronald De Witt KB	(resigned 22/9/14)
	‡	Mr J. Briant	(Hon Treasurer to 11/6/15 & Acting Chair 22/9/14-10/2/15)
		Mr C. Bland	(Chair from 10/2/15)
TRUSTEES	γ	Prof M. Adler CBE	
		Mrs N Amin OBE	
	γ	Ms F. Duby OBE	
		Ms M Gupta	(resigned 10/2/15)
	‡	Mr P Lloyd	(Hon. Treasurer)
		Prof D Lockwood	
		Mr S Sharma	(appointed 8/12/14)
		Mr S Thapar	(appointed 8/10/14)
		Lt. Gen. V Tiwari	(appointed 11/6/15)
	γ	Ms R Whale	(appointed 10/2/15)
SECRETARY & CHIEF EXECUTIVE OFFICER		Ms S. Nancollas	

‡ Indicates Member of Finance Sub-Committee
γ Indicates Member of Nominations Sub-Committee

The Trustees may appoint any member of the organisation as a Trustee (Article 22). The Trustees may delegate any of their powers to Sub-Committees consisting of such members of the organisation (whether Trustees or not) as they may think fit (Article 44).

REGISTERED OFFICE	28 Middleborough Colchester Essex CO1 1TG
REGISTERED CHARITY NUMBER IN ENGLAND & WALES	213251
REGISTERED CHARITY NUMBER IN SCOTLAND	SC039715
REGISTERED COMPANY NUMBER	324748
BANKERS	Barclays Bank plc 9 High Street Colchester Essex CO1 1DD
AUDITORS	Kingston Smith LLP Devonshire House 60 Goswell Road London EC1M 7AD

Governing Document

Lepra is a charitable company limited by guarantee, founded in 1924, incorporated on 26 February 1937 and registered as a charity on 4 February 1963. It was established under the Memorandum of Association which established its objects and powers and is governed under its Articles of Association. The Memorandum and Articles of Association were amended by Special Resolutions of the Trustees on 4 June 1957, 7 June 1967, 24 September 1970, 1 July 2008 and 15 May 2013.

The name of the company was changed from Lepra Health in Action to Lepra on 15 May 2013.

STRATEGIC REPORT

ACHIEVEMENTS AND PERFORMANCE DURING THE YEAR ENDED 31 MARCH 2015

Public Benefit Statement

The Trustees have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to public benefit guidance issued by the Commission. With this in mind, we review our aims, objectives and activities each year. The review looks at what we have achieved in the previous year and the outcomes of our work. The review looks at the success of each activity and identifies the beneficiaries of our interventions. The review further helps us to ensure that our aims, objectives and activities remain focussed on our stated purposes. We have referred to the guidance contained in the Charity Commission's general guidance on public benefit in reviewing our aims and objectives and in planning our future strategy. In particular the Trustees have considered how planned activities will contribute to the future strategy that has been set and are satisfied that the work of the charity meets the Public Benefit requirements of the Charity Commission.

Our main activities involve working with people and communities affected by leprosy, lymphatic filariasis, TB, and malaria and their effects on individuals, families and communities in some of the poorest populations in the world. We work with local partners and other organisations to further strengthen the coverage of our work.

We are driven by the need of the communities in which we work.

Programme Activities

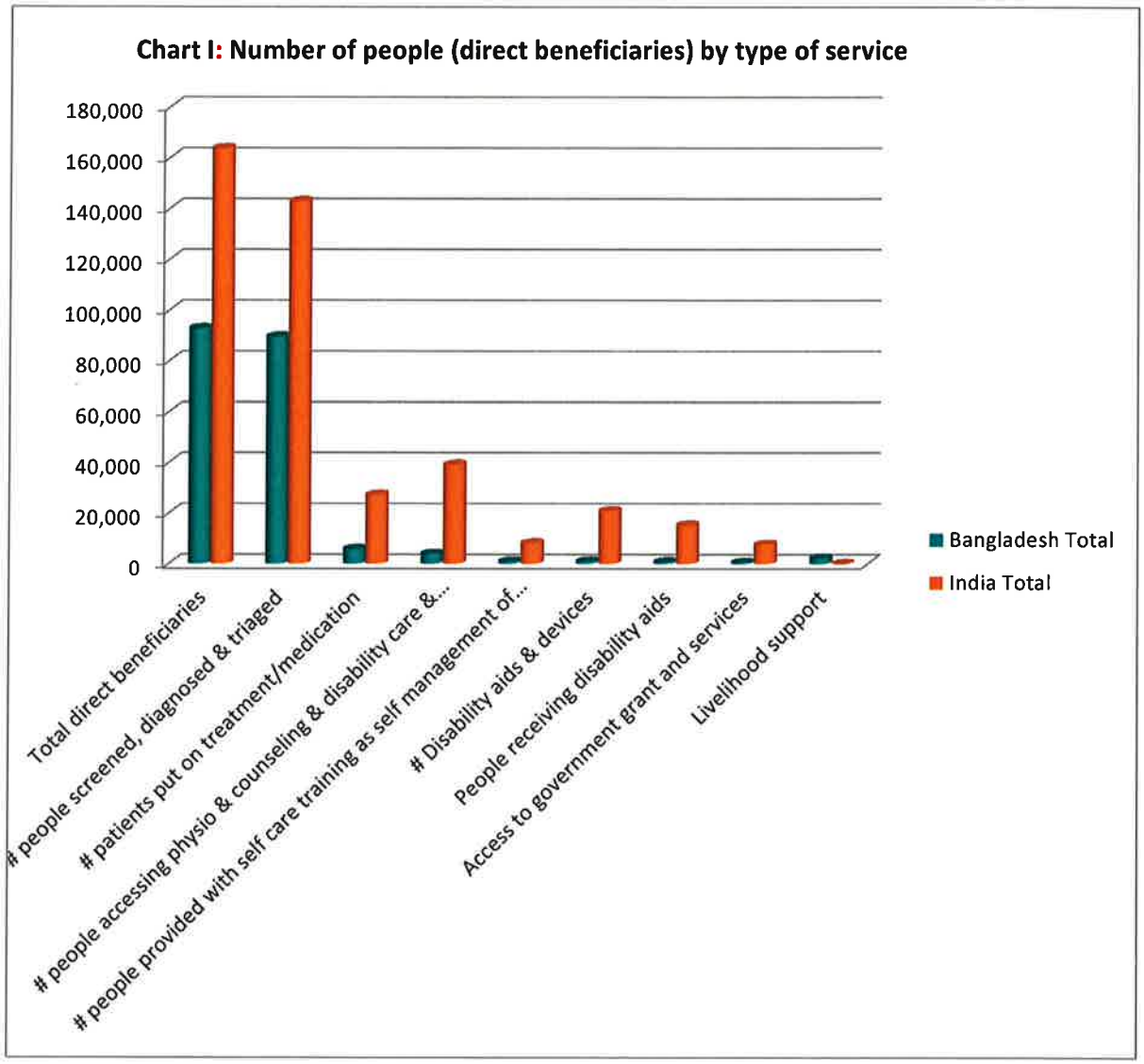
In 2014-15, Lepra's programmes directly reached 256,413 people with health and development interventions (India 163,642 & Bangladesh 92,771, see Chart I) and a further 1,601,124 with community and health staff education (India 1,196,545 & Bangladesh 404,579). The reduction in the number of direct beneficiaries, compared with 2013-14, reflects organisational refocussing back towards our core diseases and a more coherent approach to counting beneficiaries.

In Bangladesh our main area of intervention remained the four districts in the north west of the country, Bogra, Sirajgonj, Pabna and Natore. We also expanded our work, in collaboration with our partners, to reach a further 12 districts across the country.

Disease – We improved the lives of over a quarter of a million people affected by neglected diseases such as leprosy and lymphatic filariasis as well as TB, malaria and loss of vision by providing them with treatment and disability services and enabled 232,334 people to confirm their health status by providing diagnostic services within their villages, in mobile clinics and through our partners.

Poverty – We contributed to reduced poverty and improved standards of living for 10,457 people and their families through socio-economic empowerment work.

Prejudice – We educated and raised awareness of nearly 1.6 million people on health issues (1,182,142 India & 399,233 Bangladesh) to promote health seeking behaviour and to reduce prejudice towards those affected by disease, poverty and prejudice.



Programmes perspective

Responding to community need with quality health interventions

Health education

Health education is an important pillar of our work in both India and Bangladesh. It functions not only to raise awareness of health issues and prompt health seeking behaviour, but also to reduce the prejudice that surrounds diseases like leprosy and lymphatic filariasis. In 2014-15 we reached an estimated 1.58 million people with health education messages (1,182,142 India & 399,233 Bangladesh); this through a variety of activities and channels, including exhibitions, talks, folk art, street theatre, posters, leaflets and public loud speaker announcements, as well as through school programmes.

In both countries, different sections of society have been targeted with particular health messages, from local leaders and politicians to the public at large. Focusing health messages on school children has proved particularly effective, not only for enhancing knowledge, attitudes and practices of themselves and their peers, but also in their immediate families, where they tend to act as strong advocates for change.

One of the most important outcomes of health education is a reduction in both personal and community stigma, for those affected by disabling and disfiguring diseases. Reduced stigma and discrimination, in turn, encourage those affected by leprosy, LF and other diseases to come forward for diagnosis, treatment and support. For example, in India, as a result of health awareness campaigns, the Primary Health Care Centres in our operational areas saw a 15% increase in out-patients voluntarily reporting leprosy, TB and LF, in the period April 2014 – March 2015.

In Bangladesh, in the four three districts where Lepra is directly working with people with disability (Sirajgonj, Pabna & Natore), 55% of a random sample of community members demonstrated a positive attitude towards people with disabilities, a 15% increase from the same time last year.

Diagnosis and treatment

Through our disease focused work, we continued to diagnose, treat, care for and support people affected by leprosy, lymphatic filariasis, tuberculosis and a number of other related diseases and conditions.

In Bangladesh, Lepra continued to support government level health facilities in the diagnosis and treatment of leprosy, including training government staff in basic disability care and leprosy case management. As planned, two new district disability referral centres were established over the course of the year, making a total of three such centres established since 2013, with the support of DFID. While the primary aim of these centres was to provide comprehensive disability care within a government hospital for persons affected by leprosy, the shortage of physiotherapy staff and demand for disability care at district level has seen them inundated by patients with much broader disability needs – altogether 1,398 people benefited from access to the centres over the course of the year. These centres provide the only district level physiotherapy services in government facilities in Bangladesh.

In tandem with our support of institution based health and disability care in Bangladesh we also worked with communities to help them increase their capacity to respond to their health and disability needs. Over the course of the year 888 people, drawn from self-help groups, were trained in home based leprosy self-care practices, reducing the impact of the disease on their day-to-day lives and reducing the proportion of their income spent on medical care.

In India we provided leprosy services through 27 referral centres spread across seven states, mostly in the centre and east of the country. Many of these centres are housed within government hospitals, thereby facilitating timely referrals and the priority treatment of those most in need. This approach is also in line with the policy of integrating treatment and support for those affected by leprosy within mainstream healthcare. Over the course of the year 464 people benefited from the surgical correction of their hands, feet or eyes – restoring not only their functional abilities, but also their livelihood, dignity and social

acceptance. The progression of disability was further halted, or reversed, in a further 2,000 people, using a combination of physiotherapy, steroids and specially adapted devices. Protective custom made footwear was distributed without charge to a total of 5,231 people with disability, to help protect their anaesthetic feet from injury and ulcers.

TB control continues to be an important element of our programme work in both India and Bangladesh, especially in the latter country where leprosy and TB activities are closely aligned and coordinated at all levels, from community to national level.

Through Lepra's TB work in Bangladesh a total of 73,133 people were tested for the disease. Of these 4,551 were found to be positive and started treatment. Overall, a 95% project cure rate was noted for the year, which is a small increase on last year (94%) and higher than the national figure (85%). Multi Drug Resistant (MDR) TB, however, is an increasing problem in Bangladesh. Over the course of 2014-15 Lepra alone diagnosed and treated 27 people with MDR TB, more than an 18% increase when compared with 2013-14. While this may be partly due to improved community outreach for case detection (an estimated 253,906 people were reached through various IEC methods) and rapid diagnosis using GeneXpert technology, MDR TB is generally understood to be on the increase around the world.

In India, Lepra's work on TB has primarily been focussed on the State of Odisha. Over the course of the year a total of 7,526 people affected by TB were treated and 7,150 cured of the disease (95% cure rate compared with the national indicator 85%). The treatment completion rate was 96%, significantly above the 90% benchmark stipulated by the National TB Control Programme.

Sustainable solutions

In both India and Bangladesh, Lepra continues to invest in the training and development of health professionals. Over the course of the year 14,403 medical students, nurses, doctors, surgeons and 'grass roots' health workers in India were trained on the recognition and treatment of leprosy. Amongst the health worker group, more than half the women were trained to recognise not only leprosy, but also LF, TB, malaria and cataracts and to refer people with one or more of these conditions to the nearest Lepra or government health facility.

As might be expected, given the smaller size of the programme, in Bangladesh the number of government health workers trained in the recognition and treatment of leprosy was a more modest 2,939. However, beyond this group a further 2,407 community health workers and traditional village doctors were orientated on how to recognise the signs of leprosy and TB and where to refer people with potential symptoms of these diseases.

Given Lepra's focus on the whole affected person, not simply the disease, community empowerment and poverty reduction initiatives are important component of our programmes in both India and Bangladesh. Such community development projects, which aim to not only increase family incomes and standards of living but at the same time also reduce stigma and discrimination, are particularly well established in Bangladesh.

Over the course of the year, in Bangladesh Lepra supported a total of 2,827 people, in 255 self-help

groups, with vocational training, small 'seed' grants and rights awareness. Of this number, in the reporting period, 1,328 people with disabilities established new self-help groups.

As a result of these initiatives, in three project areas in Bangladesh (Natore, Pabna and Sirajgonj), men's wages have increased by 57% and women's wages by 72% (though a significant wage differential between men and women remains) and there has been an increase, albeit small (3%), in the consumption of vegetables and pulses. Equally importantly, 45% of people living with disability believed that community discrimination directed towards them is declining; this is a 15% improvement when compared with the perception of this group at the start of the project, in 2013. Perhaps linked with enhanced community and individual perceptions, with respect to those living with disability, together with greater rights awareness amongst this group, 533 project participants successfully claimed government grants and other benefits to which they were legally entitled.

In India, community development and livelihood initiatives are fewer and less well developed, though community grain banks have been established in some areas (Odisha – 3 districts), to help reduce food shortages during the agricultural dry season (March - May). However, in all our operational areas Village Health, Sanitation and Nutrition Committees have been engaged to address village health and hygiene issues and to develop local health plans. More specifically, community TB sample collection centres continue to help bridge the gap between village communities and public health facilities – these centres are staffed either by Lepra trained village health workers or village doctors.

Another key strategy, promoting sustainable solutions for those affected by leprosy, is the support of government initiatives in both India and Bangladesh to mainstream the treatment and support for those affected by the disease within core government health services (rather than through separate dedicated facilities and services, as was the case in the past). In India, this approach has seen those affected by leprosy admitted to government hospitals for disability treatment – notably reconstructive surgery, while in Bangladesh Lepra has taken the lead in a national project, bringing together NGOs, an international research institution (icddr,b) and government (National Leprosy Elimination Programme - NLEP), with the aim of better integrating leprosy services within the national health programme.

As a result of the Bangladesh 'integration project', compared with 2013, there has been an increase in the number of suspected leprosy cases referred (from 5% to 15%) and treated (10% to 15%) by government staff, indicating increased responsibility for leprosy services. At the same time, overall there has been a 40% increase in people being tested for leprosy in the project areas (Panchagarh, Thakurgaon, Dinajpur, Lalmonirhat, Kurigram, Bogra, Sherpur, Mymensingh, Habiganj, Maulvibazar, Sylhet and Khulna) and a 35% increase in case detection. In addition, through this initiative, 6 Multi-Drug Therapy (MDT) centres which were previously working in isolation have now been integrated into the government health service and all 86 government health centres in the project areas are now properly supplied with MDT by NLEP.

Advocacy – influencing change in policy and practice

Lepra's advocacy, to influence change in policy and practice, occurs at many different levels, from the very local, to the national and, ultimately, international level. National and international advocacy was rather limited in 2014-15, but with the appointment of a new post of Head of Programmes and Advocacy in December 2014, this is expected to grow, and advocacy is expected to be a core strand of our new 2016 –

2020 strategy.

For simplicity, advocacy developments over the last year can be divided between overseas and UK driven initiatives.

In India, in particular, Lepra works closely with government to train personnel on Neglected Tropical Diseases (NTDs), disability care management and reconstructive surgery. In Bihar and Odisha, Lepra is also an active participant in the governments Mass Drug Administration (MDA) Programme, to interrupt the transmission of LF.

Beyond government, Lepra is a member of the International Federation of Anti-Leprosy organisations (ILEP). As such, the organisation has been appointed ILEP State Coordinator in four states in India (Odisha, Andhra Pradesh, Telangana and Madhya Pradesh), with the brief to coordinate the activities of all ILEP members operating in these states. Whilst challenging at times these forums offer a real opportunity to influence the policy and practice of the national leprosy eradication programme.

With regard to profile, the work of Lepra in India figured in both national and international media over the course of the year. On World Leprosy Day (25/01/15) Lepra's Madhya Pradesh Medical Consultant participated in a national television talk show and was also interviewed on national radio. Later, in February 2015, the India Deputy Chief Executive was interviewed by the BBC World Service on the LF burden in the country (BBC Health Check: Lymphatic Filariasis in India 11/02/15).

In Bangladesh, Lepra's work with self-help groups provides the foundation for the creation of sub-district and district level disability networks as forums for local disability advocacy. Although the establishment and registration of these forums has progressed more slowly than originally envisaged, they have nevertheless helped facilitate meetings between people with disability and service providers, notably government, which have led to them being granted various benefit entitlements.

At a national level Lepra plays an important role through the leadership of the TB and Leprosy Coordination Committee (TLCC), the national forum where all leprosy (and TB) service providers are represented – 'people affected by leprosy' are represented through a sub-committee of this forum. Some of Lepra's self-help group members are now members of this sub-committee, thereby offering the potential that their views might influence policies and decisions that directly affect their lives. The professional regard in which Lepra's Country Director is widely held in Bangladesh, affords Lepra more leverage with government and other stakeholders, when compared with other leprosy INGOs.

Finally, at the UK and European level, Lepra has been active in a number of forums over the past year. As a lead member of ILEP, Lepra played an important role in the development of the new 2015-2018 strategy: 'Achieving a World Free from Leprosy'. Internationally, staff facilitated the annual NGDO NTD Network Meeting in Paris in September 2014, a Global Alliance for the Elimination of Lymphatic Filariasis (GAELF) Meeting in Addis Ababa in December 2014, as well as various other inter-agency meetings in Ireland and the Netherlands. These events provided the opportunity for us to showcase our work, generally around best-practice and our combined LF-leprosy self-care/disability approach in particular. At the national level, Lepra is a member of the UK Coalition on NTDs, as a mechanism for engaging with and influencing the UK All Party Parliamentary Group on Malaria and NTDs.

Learning and growth perspective

Over the course of the year, various studies and evaluations were conducted in both India and Bangladesh, primarily with a view to gauging the impact of our work and to inform future programme direction.

In India these initiatives included a clinical study on "Barriers in the improvement of grade 3 lymphoedema in a coastal district of Odisha", disease mapping of the scale of LF in Madhya Pradesh, Andhra Pradesh and Odisha and operational research on the effectiveness of Lepra's school health education programme. Research was also carried out into Water Sanitation & Hygiene (WASH) issues in Telangana and Andhra Pradesh States and, given the increasing recognition of the link between these issues and NTDs (and diseases generally) , this is likely to be an area of both learning and future growth for the organisation as a whole.

Also in India, the Blue Peter Public Health and Research Centre, near Hyderabad, continues to be a centre of excellence for scientific research on leprosy and TB, while at the same time providing diagnostic and treatment services for the states of Telangana, Andhra Pradesh and Sikkim. Beyond the scientific standing of this centre, the high regard in which the institution is held by the authorities offers Lepra the opportunity to have significant influence with key government decision makers and we aim to build on this in the years to come.

Learning in Bangladesh principally revolved around a 10 year retrospective impact study of Lepra's TB Programme. Not surprisingly, the findings of the study suggested that the general trend in the numbers of people tested is on the increase as is the total number of people identified as having TB (though for some reason 2014 saw a small decrease); Multi-Drug Resistant (MDR) TB and TB in children were identified as presenting the biggest challenges.

More encouragingly, the Bangladesh TB study identified that between 2002 and 2014, using the directly observed treatment short course (DOTS), the treatment success rate increased from 78% to 95% (10% higher than the national target of 85%). The health education work also appears to have been successful, with almost 100% of the target children having awareness of the primary signs of TB and with the majority of surveyed village doctors able to provisionally diagnose the disease.

Resource perspective

Based on typical project data:

In India it costs under £11 to improve the quality of life of a person affected by leprosy or LF; with this contribution, as part of this positive change, we expect to see a £70 (30%) annual increase in personal income.

In Bangladesh, while the average project cost per person is higher at £58, increase in personal income will normally surpass this sum within 6 months; the average personal income of those we work with is expected to increase by £115 (58%) per year.

In both cases, however, the benefits of Lepra's work – particularly in terms of reductions in stigma and discrimination – extend far beyond simple monetary measures of cost effectiveness.

PLANS FOR THE FUTURE

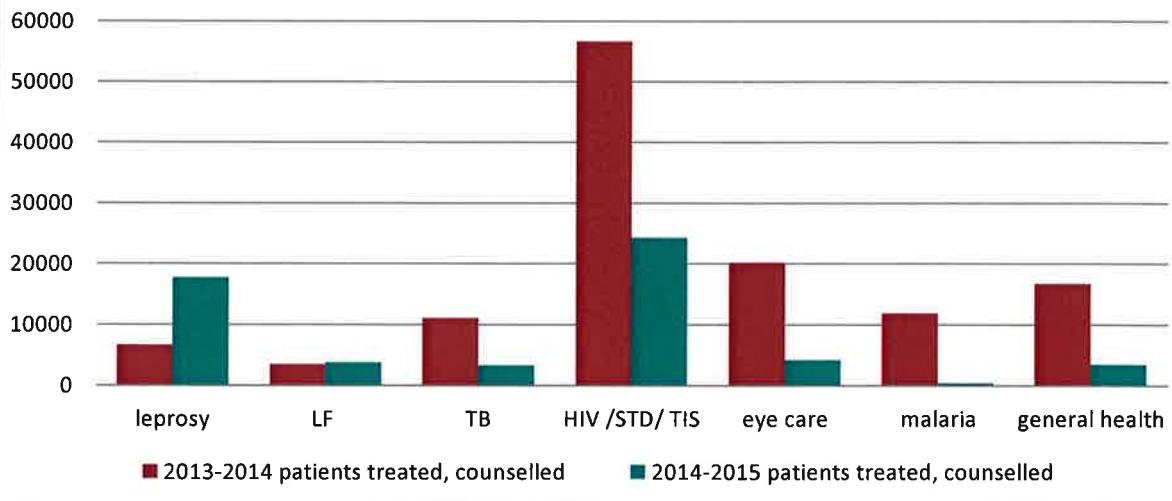
In 2015/16 strategic planning will be the priority, with the development of a new, overarching strategic framework and the elaboration of organisation and country strategic plans under this 'umbrella'.

Programme activities are expected to continues at 2014-15 levels, with the exception of a large new, 5 year, Big Lottery funded combined leprosy and LF Project in Bihar, India and two new smaller projects in Bangladesh – one focusing on leprosy education and diagnosis and the other on WASH and hygiene education. Both the combined leprosy/LF and WASH interventions are likely to be replicated in other geographic areas over the course of the year, as new priority interventions.

With these new initiatives Lepra hopes to reach nearly 1.5 million people in India in 2014-15 – 280,000 directly and 1,200,000 indirectly, through health education. In Bangladesh the target is over 560,000 people – 120,000 directly and 440,000 indirectly, through health education.

The reduction in the number of direct beneficiaries is a reflection of two factors: 1) a refocussing of Lepra's work back towards our core diseases of leprosy, LF and TB (and away from HIV, for example – see Chart II) and 2) increased efforts to reduce the potential double counting of programme beneficiaries. Going forward we expect both factors to impact on our reporting of beneficiary numbers, perhaps with further reductions in the short-term as Lepra narrow its focus in the new, 2016-20 strategic plan.

Chart II: Number of beneficiaries accessing counselling, treatment and care by disease (India)



In the meantime, over the course of the year we will seek to reduce, standardise and simplify our core data collection, as a base for improved impact measurement and better programme management. The introduction of unique patient ID references will, over time, remove data errors.

Beyond the two core countries of India and Bangladesh, Lepra will seek to explore potential interventions in other, new countries, working in new ways with other likeminded organisations. A joint project with NLR in Mozambique was identified as one possible collaborative initiative, with Lepra supplying technical expertise as well as funding. Extension of our work into new geographical areas will also be an important

consideration in the strategic planning process scheduled for 2015-16.

As raising funds from the general public continues to be challenging we will need to look to new institutional donors for programme funds. The withdrawal of DFID funding from India poses a particular challenge for Lepra, especially as nearly 60% of the total leprosy cases recorded each year are diagnosed in this country and it carries 30% of the world's LF burden

Finally, over the course of 2015-16, we will seek to increase our profile in different national and international forums, with a view to taking up a more proactive advocacy role, as and when the new strategic plan has been finalised and key local, national and international advocacy issues have been identified.

FINANCIAL REVIEW

FINANCE

	Year to March 2015 £	Year to March 2014 £	% Change
Income	4,972,842	5,791,448	(14%)
Expenditure	5,137,154	4,593,307	12%

The overall financial position of Lepra remains stable although income in the year is reduced, primarily due to less legacy income received, although the legacy income budget was exceeded. The Trustees have continued to plan for the future by designating funds for specific purposes.

FUNDRAISING

	Year to March 2015 £	Year to March 2014 £	% change
Total income	4,972,842	5,791,448	(14%)
Restricted income	2,049,882	1,868,507	10%
Regional income	890,845	838,732	6%
Individual giving	1,109,216	1,071,691	4%
Legacy income	652,098	1,859,822	(65%)
Event income	37,689	43,058	(12%)
Trusts & Corporate Giving	263,528	99,097	166%

Total income for Lepra in the year ended 31 March 2015 was £4,972,841, a decrease of £819,000 compared to the previous year.

The table above shows a 10% increase in restricted income; that is income provided for specific projects overseas. This reflects programme funding from DFID and effect:hope (TLM Canada) for work in Bangladesh together with funds raised directly within India and Bangladesh.

Small increases in income from individual fundraising and community activities are offset by a significant reduction in income from legacies during the year. Trust and corporate fundraising has seen a major improvement following the decision to devote more resources to this area.

Challenge events have struggled this year, highlighting the unpredictability of events and participant injury.

Through development of a Fundraising and Marketing strategy, evidence has shown the need for concerted effort to attract new donors over the next three to five years. The trustees have agreed investment in new and increased initiatives for a longer term gain. This will establish new fundraising practices and support sustainability in existing income streams. It is accepted that legacy income could provide stability through this period of growth.

INVESTMENT POLICY

Lepra seeks to produce the best financial return within an acceptable level of risk. The investment objective for short term reserves is to preserve the capital value with a minimum level of risk. Assets should be readily available to meet unanticipated cash flow requirements in addition to planned expenditure.

A very small portfolio of investments is held in accordance with the powers available to the Trustees. These investments are held in companies quoted on the FTSE 250 and have been acquired through the donation of shares from our supporters with the exception of an unquoted investment in ordinary shares in Helpcards Holdings Limited of which Lepra holds 6.74% of the issued share capital.

Lepra assets are invested in line with the aims of the organisation. The trustees do not wish to exclude specific investments but individual investments may be excluded if perceived to conflict with Lepra's purpose.

RESERVES POLICY

During 2013-14, the Trustees reviewed the reserves policy. It was decided that the policy should be changed to specify that the free reserves of the Charity should be kept at a minimum level of £500,000 plus the annual budgeted amount for legacies. £500,000 represents the amount required to smooth income phasing during the year whilst holding the annual legacy budget in reserves removes the risk attached to this unpredictable area of income. This policy will be in force for a period of three years, the length of time needed to reduce Lepra's dependence on legacy income in the budget for any given year. The Trustees will continue to review the reserves policy annually beyond the three year period.

The free reserves of the Charity at 31 March 2015, amounting to £1,388,545 (£1,580,913 at March 2014) remain in excess of the target (£1,000,000). The Trustees confirm that they believe the level of reserves to be reasonable taking into account the potential fluctuations in future income.

GRANT MAKING POLICY

Lepra works within long term established relationships with partner organisations in India and Bangladesh and grants are awarded to these organisations during the annual budget process. Unsolicited applications from other organisations are not encouraged or considered.

PRINCIPAL RISKS AND UNCERTAINTIES

RISK MANAGEMENT POLICY

Lepra has carried out a process to identify potential risks that may impact on its ability to provide continued support to its objectives. These have been assessed in relation to their probability and to the impact they would have.

Potential risks have been identified and considered within the following categories:

- People – senior staff retention, long term incapacity of senior staff. Accident or illness of staff, trustee or volunteer whilst overseas.
- Operational – lack of direction, strategy and forward planning. Unfocussed project development.
- Financial – lack of budgetary control and financial reporting. Reserves and cash flow policies not met.
- Strategic – operational divergence with India. Branding and messaging not fully integrated throughout UK and Bangladesh.
- Fundraising – return on investment. Community fundraising.
- Management – inappropriate organisational structure. Activities outside objects, powers or terms of funding.
- Information – impacts, outcomes and outputs not collected. Poor public perception.
- Reputation – adverse publicity. Data protection failure.
- Regulatory – compliance with legislation and regulations. Regulatory reporting.
- Technological – failure to maintain IT systems. Failure to meet user expectations.
- Political – change in government funding / aid policy. Change in government regulatory policy.
- Governance – board of trustees lacks relevant skills or commitment. Reporting to trustees.

- Natural – natural disaster at community location.

The Trustees are responsible for the management of the risks that face Lepra. As indicated above, organisational risks, including financial and operational, are identified on an ongoing basis and recorded in a Risk Register. Regular reviews ensure that the controls put into place continue to manage and mitigate the risks.

Through the risk management process established for the charity, the Trustees are satisfied that the major risks have been adequately mitigated where necessary. It is recognised that systems can only provide reasonable but not absolute assurance that major risks have been adequately managed

OBJECTS AND OBJECTIVES OF THE ORGANISATION

Our Vision

Our vision is for Lepra to be the partner of choice for those seeking to bridge the health gap for people in need.

Our purpose

Our purpose is to transform lives of people affected by leprosy and other health conditions exacerbated by poverty and social discrimination.

We do this by:

- being driven by the needs of the communities in which we work
- working across a wide range of health activity including health education, diagnosis and treatment, prevention of and rehabilitation from disability, and enabling economic independence
- raising funds in the UK, in countries where Lepra works, and internationally
- working in health areas that build on our knowledge, skills and expertise empowering communities to ensure that their health related problems are addressed now and for the future
- developing, implementing and sharing evidence based sustainable models of excellence
- working directly, and in appropriate partnerships to give the greatest number of people access to lasting quality services
- raising awareness of health issues with the general public, organisations and governments and influencing national and international policies
- recognising that people in need can be marginalised and made vulnerable by their health status, lack of access to appropriate treatment, gender, disability, their community, geography or poverty
- recognising that women have a vital role to play in the overall health of society
- currently working in India and Bangladesh across a range of diseases such as leprosy, lymphatic filariasis, TB, HIV and Aids, malaria, and eye health, we are open to new opportunities that make best use of our skills and have a positive impact on the health of our target communities

Values

Our values represent the ideas and principles that will guide our thoughts and actions, both internally and externally. We will be:

People focused

We will be guided by principles that reflect our people focused purpose. Respectful of diversity and diligent in our adherence to human rights, we will ensure dignity of treatment and equality of opportunity for all our beneficiaries, service-users, and stakeholders. Our organisational activities will be guided by the ethics of professionalism, a requirement for involvement and teamwork, and the need for empathy and active listening in all interpersonal relationships.

Open

We will be open, receptive, and transparent in all we do, promoting a culture of honesty and integrity which will both enable quality and value creativity. Information will be accessible to all and models of best practice shared internally and externally.

We will operate under the principle that questions are admissible and answers are available. We will be passionate about listening to stakeholders while being honest about ourselves. We will endeavour to expand our learning and be receptive to new ideas; we will be as forthcoming about challenges as we are about successes; and will be unremitting in our bid to constantly improve our transparency, accountability, honesty and integrity.

Dynamic

We will look for, and be sensitive and responsive to, evolving needs of our target population, donors and partners as well as political, social and economic changes in the places where we work and beyond. We will be forward looking and innovative in all that we do being guided by our vision, purpose and strategic principles. This involves thinking outside and beyond what we do now whilst ensuring that we are being realistic about what we can and should be doing and who we should be working with.

Effective

We will measure our effectiveness and make it an integral part of our decision making. Decisions will be made based on the expected outcomes for a given input, informed by evidence gained through experience. Positive impact will be our byword for success, as measured first and foremost by the long-term effect of our work on people's lives. We will put into place strong systems throughout the organisation which evaluate our performance in a uniform, participatory, thorough and open way. We will be aware of, and seek to minimise the environmental impact of our work.

We are committed to professionalism, competence and proficiency delivered through appropriate institutional and human resources. For us, value for money will mean the best possible use of resources for the largest transformative effect and will be prioritised.

STRUCTURE, GOVERNANCE AND MANAGEMENT

The Trustees meet as a board, agree strategy and make major decisions which affect the future development of the charity.

The list of current Trustees is shown at the beginning of the report. Trustees are appointed following a recruitment process managed by a Nominations Sub-Committee. New trustees are appointed by the full board. The membership of the board is made up of people with a mix of skills, which are considered to be

the most appropriate for providing advice and guidance.

The selection of the right Trustees is important as is ensuring that they are fully conversant with their responsibilities to successfully carry out their roles. All new Trustees receive a letter and Charity Commission guidelines fully setting out these responsibilities. All new Trustees go through an induction process and all are encouraged to attend appropriate external training courses offered.

The Trustee board has delegated some of its activities to the Finance Sub-Committee and the Nominations Sub-Committee. The day to day running of the charity is delegated to the Chief Executive.

Statement of trustees' responsibilities

The trustees (who are also directors of Lepra for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, Charities and Trustee Investment (Scotland) Act 2005 and Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.
In so far as the trustees are aware:

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

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

AUDITORS

Kingston Smith LLP have expressed their willingness to continue in office as auditors in accordance with Section 385(2) of the Companies Act 2006. A resolution concerning the appointment of auditors will be submitted to the Annual General Meeting.

The Trustees' Annual Report and Strategic Report were approved by the Board of Trustees (in their capacity as company directors) on 6 October 2015 and signed on its behalf by:

Charles Bland
Chairman

Lepra (Company No. 324748)

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES AND MEMBERS OF LEPRA

We have audited the financial statements of Lepra for the year ended 31 March 2015 which comprise the Group and Parent Statement of Financial Activities, the Group and Parent Summary Income and Expenditure Account, the Group and Parent Charitable Company Balance Sheets, the Group and Parent Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which we are required to state to them in an auditor's report addressed to them and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, and the charity's trustees, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement (set out on page 16) the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report to you in accordance with regulations made under those Acts. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition we read all the financial and non-financial information in the Report of the Trustees to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 March 2015 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Strategic Report and the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- the parent charitable company has not kept proper and adequate accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Neil Finlayson (Senior Statutory Auditor)
for and on behalf of Kingston Smith LLP, Statutory Auditor

Date: 6 October 2015

Devonshire House
60 Goswell Road
London
EC1M 7AD

Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Lepra

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME & EXPENDITURE ACCOUNT)

YEAR ENDED 31 MARCH 2015

	Note	Unrestricted Funds	Restricted Funds	Total 2015	Total 2014
		£	£	£	£
INCOMING RESOURCES					
Incoming resources from generated funds					
Voluntary Income	8	2,880,413	72,963	2,953,376	3,912,400
Investment Income	9	44,499	-	44,499	45,065
Incoming resources from charitable activities	8	-	1,976,919	1,976,919	1,841,922
Other incoming resources	8	(1,952)	-	(1,952)	(7,939)
Total incoming resources		2,922,960	2,049,882	4,972,842	5,791,448
RESOURCES EXPENDED					
Costs of generating funds	10	834,157	-	834,157	810,598
Charitable activities	10				
Programmes		1,730,767	2,036,248	3,767,015	3,424,240
Research		18,427	-	18,427	11,169
Training		53,702	-	53,702	12,836
Education		301,029	-	301,029	190,805
Leprosy Review		25,192	50,641	75,833	62,558
Governance costs	10	86,991	-	86,991	81,101
Total resources expended	10	3,050,265	2,086,889	5,137,154	4,593,307
Net incoming / (outgoing) resources before other gains and losses		(127,305)	(37,007)	(164,312)	1,198,141
OTHER RECOGNISED GAINS/(LOSSES)					
Gains / (Losses) on Foreign Currency		40,965	-	40,965	(58,957)
Investment (losses) / gains	12	471	-	471	(911)
Revaluation of Fixed Assets	11	60,000	-	60,000	-
Net movement in funds		(25,869)	(37,007)	(62,876)	1,138,273
Fund balances at 1 April 2014		3,210,120	287,438	3,497,558	2,359,285
Fund balances at 31 March 2015		3,184,251	250,431	3,434,682	3,497,558

All gains and losses arising in the year are included above and arise from continuing activities.

The notes on pages 26 - 46 form part of these financial statements.

Lepra (Company No. 324748)

CONSOLIDATED BALANCE SHEET

31 MARCH 2015

	Note	March 2015 £	March 2015 £	March 2014 £	March 2014 £
FIXED ASSETS					
Tangible assets	11		2,087,018		1,972,947
Investments	12		225,838		198,480
			2,312,856		2,171,427
CURRENT ASSETS					
Debtors	14	420,581		291,828	
Stocks	14	29,286		26,954	
Cash at bank and in hand	15	1,592,458		1,967,289	
		2,042,325		2,286,071	
CREDITORS:					
Amounts falling due within one year	16	(391,773)		(396,116)	
NET CURRENT ASSETS			1,650,552		1,889,955
TOTAL ASSETS LESS CURRENT LIABILITIES			3,963,408		4,061,382
CREDITORS: amounts falling due after more than one year	16		(528,726)		(563,824)
TOTAL NET ASSETS			3,434,682		3,497,558
FUNDS					
Unrestricted funds	18		1,885,821		3,111,671
Designated funds	18,20		1,298,430		98,449
Restricted funds	19		250,431		287,438
			3,434,682		3,497,558

The financial statements have been prepared in accordance with the special provision in Section 445 of the Companies Act 2006 in regards to medium-sized entities.

The financial statements were approved by the Trustees and authorised for issue on 6 October 2015

Mr P Lloyd
Hon. Treasurer

The notes on pages 26 - 46 form part of these financial statements.

Lepra

CHARITY STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME & EXPENDITURE ACCOUNT)

YEAR ENDED 31 MARCH 2015

	Note	Unrestricted Funds	Restricted Funds	Total 2015	Total 2014
		£	£	£	£
INCOMING RESOURCES					
Incoming resources from generated funds					
Voluntary Income	8	2,595,612	72,963	2,668,575	3,645,174
Investment Income	9	17,266	-	17,266	12,974
Incoming resources from charitable activities	8	-	830,796	830,796	709,450
Other incoming resources	8	3,272	-	3,272	3,671
Total incoming resources		2,616,150	903,759	3,519,909	4,371,269
RESOURCES EXPENDED					
Costs of generating funds	10	834,157	-	834,157	810,598
Charitable activities	10				
Programmes		1,443,377	858,080	2,301,457	2,247,842
Research		18,427	-	18,427	11,169
Training		53,702	-	53,702	12,836
Education		301,029	-	301,029	190,805
Leprosy Review		25,192	50,641	75,833	62,558
Governance costs	10	86,991	-	86,991	81,101
Total resources expended	10	2,762,875	908,721	3,671,596	3,416,909
Net incoming / (outgoing) resources before other gains and losses		(146,725)	(4,962)	(151,687)	954,360
OTHER RECOGNISED GAINS/(LOSSES)					
Gains / (Losses) on Foreign Currency		272	-	272	(7,068)
Investment (losses) / gains	12	471	-	471	(911)
Revaluation of Fixed Assets	11	60,000	-	60,000	-
Net movement in funds		(85,982)	(4,962)	(90,944)	946,381
Fund balances at 1 April 2014		2,354,122	92,485	2,446,607	1,500,226
Fund balances at 31 March 2015		2,268,140	87,523	2,355,663	2,446,607

All gains and losses arising in the year are included above and arise from continuing activities.

The notes on pages 26 - 46 form part of these financial statements.

Lepra (Company No. 324748)

CHARITY BALANCE SHEET

31 MARCH 2015

	Note	March 2015 £	£	March 2014 £	£
FIXED ASSETS					
Tangible assets	11		1,390,268		1,312,181
Investments	12		83,810		81,396
			1,474,078		1,393,577
CURRENT ASSETS					
Debtors	14	339,786		224,527	
Cash at bank and in hand	15	1,394,890		1,726,956	
		1,734,676		1,951,483	
CREDITORS:					
Amounts falling due within one year	16	(324,365)		(334,629)	
NET CURRENT ASSETS			1,410,311		1,616,854
TOTAL ASSETS LESS CURRENT LIABILITIES			2,884,389		3,010,431
CREDITORS: amounts falling due after more than one year	16		(528,726)		(563,824)
TOTAL NET ASSETS			2,355,663		2,446,607
FUNDS					
Unrestricted funds	18		969,710		2,255,673
Designated funds	18,20		1,298,430		98,449
Restricted funds	19		87,523		92,485
			2,355,663		2,446,607

The financial statements have been prepared in accordance with the special provision in Section 445 of the Companies Act 2006 in regards to medium-sized entities.

The financial statements were approved by the Trustees and authorised for issue on 6 October 2015

Mr P Lloyd
Hon. Treasurer

The notes on pages 26 - 46 form part of these financial statements.

Lepra

CONSOLIDATED CASH FLOW STATEMENT

YEAR ENDED 31 MARCH 2015

	Note	2015 £	£	2014 £	£
Reconciliation of operating loss to net cash inflow from operating activities					
Net incoming / (outgoing) resources		(164,312)		1,198,141	
Investment income		(44,499)		(45,065)	
Loan interest payments		10,202		-	
Depreciation charges		146,422		136,201	
Loss on disposal of assets		5,224		-	
Gains / (Losses) on Foreign Currency		40,965		(58,958)	
(Increase)/Decrease in debtors		(128,754)		60,947	
(Increase)/Decrease in stock		(2,332)		(4,279)	
Increase/(Decrease) in ST creditors		(4,343)		150,215	
Net cash inflow /(outflow) from operating activities			(141,427)		1,437,202
Return on investment and servicing of finance	21		34,297		45,065
Capital expenditure and financial investments	21		(232,603)		(156,311)
Financing	21		(35,098)		(79,800)
(Decrease)/Increase in cash			(374,831)		1,246,156
Reconciliation of net cash flow to movement in net debt	22				
(Decrease)/Increase in cash in the period			(374,831)		1,246,156
Net funds at 1 April 2014			1,967,289		721,133
Net funds at 31 March 2015	23		1,592,458		1,967,289

The notes on pages 26 – 46 form part of the financial statements.

Lepra

CHARITY CASH FLOW STATEMENT

YEAR ENDED 31 MARCH 2015

	2015		2014	
	£	£	£	£
Reconciliation of operating loss to net cash inflow from operating activities				
Net incoming / (outgoing) resources	(151,687)		954,355	
Investment income	(17,266)		(12,974)	
Depreciation charges	55,445		40,673	
Loan interest payments	10,202		-	
Gains / (Losses) on Foreign Currency	271		(7,068)	
(Increase) / Decrease in debtors	(115,262)		341,000	
Increase / (Decrease) in creditors	(10,264)		147,892	
Net cash inflow /(outflow) from operating activities		(228,561)		1,463,878
Return on investment and servicing of finance		7,064		12,974
Capital expenditure and financial investments		(75,473)		(106,644)
Financing		(35,098)		(79,800)
(Decrease) / Increase in cash		(332,068)		1,290,408
Reconciliation of net cash flow to movement in net debt				
Increase/(Decrease) in cash in the period		(332,068)		1,290,408
Net funds at 1 April 2014		1,726,958		436,550
Net funds at 31 March 2015		1,394,890		1,726,958

1 STATUS

The Organisation is limited by guarantee and has no share capital. The liability of each member is determined by the constitution of the Association and shall not exceed the sum of £1.

2 ACCOUNTING POLICIES

a) The financial statements have been prepared under the historical cost convention as modified by the revaluation of fixed asset investments and in accordance with applicable Accounting Standards and the Statement of Recommended Practice, 'Accounting & Reporting by Charities' (SORP) issued in March 2005.

In accordance with the requirements of the Statement of Recommended Practice a Statement of Financial Activities has been included in the financial statements. This analyses all incoming and expended resources and includes details of both realised and unrealised gains on our fixed asset investments. Further analysis is provided by way of notes to the accounts.

b) Quoted fixed asset investments are recorded on the Balance Sheet at middle market values at the year end. The unquoted investments are recorded at the valuation set by the Trustees.

c) Realised gains and losses arising from the disposal of fixed asset investments are calculated as the difference between the net sale or redemption proceeds and either the market value at the last balance sheet date or the cost of investments purchased during the year.

d) Unrealised gains and losses arising on the revaluation of fixed asset investments to market value are transferred to a separate revaluation reserve. On disposal of an investment the unrealised revaluation gain or loss is transferred out of the revaluation reserve into unrestricted funds.

e) Income recognition :
Income tax recoverable on gift aided, legacy and investment income is calculated on the income received up to the year end. Legacies are included in the accounts when the charity has established entitlement to the receipt, is certain of receiving it and the value of the legacy can be established with reasonable certainty. LEPRA has also been informed of legacies estimated at a total of £1,153,000 which have not been included in these financial statements as they do not reach the necessary recognition criteria. Donations, covenant, and grant income are included in the accounts in the year in which they are receivable, unless, under the terms of the grant, the income is restricted to a future accounting period.

f) Resources expended are allocated to the particular activity where the cost relates directly to that activity. Support Costs are allocated as the costs that are identified as a direct support to an activity. However, the analysis of central costs are apportioned on a staff time basis as follows:

Programmes	42.60%	Leprosy Review	4.00%	Trusts/Corporates	5.00%
Research	1.40%	Regional	10.00%	Events	7.60%
Training	3.20%	Individual Giving	9.60%	Governance	2.40%
Education	13.40%	Legacies	0.80%		

Governance Costs are the costs to the charity to fulfil its statutory requirements.

g) All assets purchased are valued at cost. UK assets purchased below £500 are not capitalised and are shown as a revenue cost.

Depreciation is charged on the Organisation's tangible fixed assets at the following rates, which are expected to reduce the assets to their net realisable values over their estimated useful lives.

Motor vehicles		25% per annum on cost
Office equipment		20% per annum on cost
Computer equipment		25% per annum on cost
Freehold property in the UK is not depreciated		(see h) below)
LEPRA India	- Leasehold	Over the life of the lease
	- Freehold Buildings	10%
	- Vehicles and equipment	15%
	- Medical equipment	15%

Depreciation is provided for the full year on the written down value method, at the above rates as prescribed in the Indian Income Tax Act, 1961.

LEPRA Bangladesh	- Furniture	15% per annum reducing balance
	- Office equipment	20% per annum reducing balance
	- Bicycle	20% per annum reducing balance
	- Motor vehicles/cycles	20% per annum reducing balance

h) Freehold property at 28 Middleborough, Colchester CO1 1TG was purchased on 4 November 2004. This together with the contracted works has been fully recognised in the accounts. A revaluation, in line with the transitional provisions of FRS 102, was undertaken in November 2014 and the property is included at fair value of £1,250,000 in these accounts. Going forward, an annual impairment review is no longer required.

i) Foreign currency balances have been converted at the exchange rate ruling at 31 March 2015. Transactions during the year are included at the average rate for the year in which the transaction occurred. With regard to the accounts of overseas subsidiary undertakings these are translated into sterling on the following basis:

Assets and liabilities are at the rate of exchange ruling at the year-end date.
Income and Expenditure account items at the average rate of exchange for the year.

All exchange differences arising on the translation into sterling are recognised through the Statement of Financial Activities.

j) Grant expenditure on programmes and research is accounted for in the period when payable and sums unpaid at the balance sheet date are included in current liabilities.

k) Deferred income relates to income received towards activities that will be carried out in the following year.

l) Fund accounting
Funds held by the charity are:

Unrestricted general funds – these are funds that can be used in accordance with the charitable objects at the discretion of the Trustees.

Restricted funds – these are funds that can only be used for particular purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Designated funds – these are funds which have been designated for specific purposes by the Trustees.

Further explanations of the nature and purpose of each fund is included in the notes to the accounts.

m) Stock is valued at the lower of cost or net realisable value.

3 2006 COMPANIES ACT

The prescribed profit and loss account formats required by Section 396 of the 2006 Companies Act have not been adhered to in disclosing the financial results of the Organisation for the year ended 31 March 2015. It is the opinion of the Trustees that strict adherence to these formats would be misleading to the membership of the Organisation, and prevent the financial statements from showing a true and fair view as required by Section 393 of the 2006 Companies Act. In all other respects the financial statements comply with the requirements of the Companies Act 2006.

4 BASIS OF CONSOLIDATION

The Group financial statements consolidate the financial statements of the Charity and its subsidiary undertakings for the year. LEPRA India and LEPRA Ireland are consolidated in these financial statements as subsidiaries. All financial statements are made up to 31 March 2015. All intra-group transactions, balances and unrealised gains on transactions between group entities are eliminated on consolidation. Unrealised losses are also eliminated unless the transaction provides evidence of an impairment of the asset transferred. Where necessary, adjustments are made to the financial statements of subsidiaries to bring the accounting policies used into line with those used by other members of the group

The summary financial statements of LEPRA India and LEPRA Ireland are shown in Note 7.

5 DONATED SERVICES AND FACILITIES

Donated services and facilities relate to medical equipment provided to LEPRA Society India and are valued at cost price.

6 OPERATING LEASES

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the SOFA on a straight line basis over the lease term.

7 SUBSIDIARIES SUMMARY FINANCIAL STATEMENTS

LEPRA SOCIETY OF INDIA

Lepra has common objects and activities to the "LEPRA Society of India" (hereafter called LEPRA India). LEPRA India is a registered charity, Charity Registration number 474 of 1989 under the Andhra Pradesh Public Societies Registration Act 1350 Fasli and has its offices at Plot No 17, Krishnapuri Colony, Beside Yellamma Temple, West Marredpally, Secunderabad 500-026, India.

LEPRA India determines its own policies governing its leprosy control and related work in India and is free to raise funds in India in future; but currently, and for the foreseeable future, LEPRA India is dependent on Lepra for its funding support under a mutually agreed annual budget.

LEPRA INDIA INCOME & EXPENDITURE ACCOUNT

		2015
	£	£
Income:		
Grants from UK	939,663	
Other Income	1,452,933	
		2,392,596
Expenditure		(2,405,221)
Gains/(Losses) on Foreign Currency Translation		40,231
Net movement in funds		27,606
Balance at 1 April 2014		1,055,119
Balance at 31 March 2015		1,082,725

LEPRA INDIA BALANCE SHEET

	£	£
TANGIBLE FIXED ASSETS		696,749
CURRENT ASSETS		
Investments	142,028	
Stock	29,286	
Debtors	84,502	
Cash at bank & in hand	197,567	
	453,383	
Creditors: Amounts falling due within one year	(42,372)	
SER Revolving Fund	(25,035)	
		385,976
Total net assets		1,082,725
Funds:		
Restricted Fund		162,908
Capital Fund		919,817
		1,082,725

Lepra

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2015

LEPRA Ireland is a Private Company Limited by Guarantee (Number 359805) without share capital, it is also registered as a charity in Ireland. The registered office is Embassy House, Herbert Park Lane, Ballsbridge, Dublin 4. Its purpose is to raise funds for the benefit of the programmes which LEPRA supports. It is a wholly owned subsidiary of LEPRA, with the Trustees being the subscribing members to the organisation. The current directors are Ms D. Carr (Ireland), Mr T Swaine and Mr P Watson. The company is currently dormant.

LEPRA IRELAND PROFIT AND LOSS ACCOUNT

		2015
	£	£
Income:		
Individual Giving	-	
Trusts	-	
Income from Charitable Activities	-	
		-
Expenditure:		
Programme Expenditure	-	
Governance	-	
Total Expenditure		-
Net movement in funds		-
Balance at 1 April 2014		(284,481)
Balance at 31 March 2015		(284,481)

LEPRA IRELAND BALANCE SHEET

	£
CURRENT ASSETS	
Cash at Bank	-
CREDITORS:	
Amounts falling due within one year	-
Amounts due to related parties	(284,481)
TOTAL ASSETS LESS CURRENT LIABILITIES	(284,481)

8 ANALYSIS OF INCOMING RESOURCES - CONSOLIDATED

	Unrestricted Funds	Restricted Funds	Total 2015	Total 2014
	£	£	£	£
Voluntary Income				
Community Fundraising	890,845	-	890,845	838,732
Individual Giving	1,109,216	-	1,109,216	1,071,691
Legacies	652,098	-	652,098	1,859,822
Events	37,689	-	37,689	43,058
Trusts & Corporate	190,565	72,963	263,528	99,097
	2,880,413	72,963	2,953,376	3,912,400
Income from charitable activities				
Programme Funding	-	1,926,278	1,926,278	1,796,309
Leprosy Review Funding	-	50,641	50,641	45,613
	-	1,976,919	1,976,919	1,841,922
Other Income				
Loss on Sale of Fixed Assets	(5,224)	-	(5,224)	(11,610)
Leprosy Review	3,272	-	3,272	3,671
	(1,952)	-	(1,952)	(7,939)
Investment Income	44,499	-	44,499	45,065
	2,922,960	2,049,882	4,972,842	5,791,448

ANALYSIS OF INCOMING RESOURCES - CHARITY

	Unrestricted Funds	Restricted Funds	Total 2015	Total 2014
	£	£	£	£
Voluntary Income				
Community Fundraising	890,845	-	890,845	838,732
Individual Giving	824,415	-	824,415	804,465
Legacies	652,098	-	652,098	1,859,822
Events	37,689	-	37,689	43,058
Trusts & Corporate	190,565	72,963	263,528	99,097
	2,595,612	72,963	2,668,575	3,645,174
Income from charitable activities				
Programme Funding	-	780,155	780,155	663,837
Leprosy Review Funding	-	50,641	50,641	45,613
	-	830,796	830,796	709,450
Other Income				
Sale of Fixed Assets	-	-	-	-
Leprosy Review	3,272	-	3,272	3,671
	3,272	-	3,272	3,671
Investment Income	17,266	-	17,266	12,974
	2,616,150	903,759	3,519,909	4,371,269

9 INVESTMENT INCOME - CONSOLIDATED

Investment income comprises interest and dividends received in respect of:

	2015	2014
	£	£
Quoted UK Investments	971	935
Unquoted UK Investments	6,605	6,605
Short Term deposits and loans	36,923	37,525
	44,499	45,065

INVESTMENT INCOME - CHARITY

Investment income comprises interest and dividends received in respect of:

	2015	2014
	£	£
Quoted UK Investments	971	935
Unquoted UK Investments	6,605	6,605
Short Term deposits and loans	9,690	5,434
	17,266	12,974

10 **ANALYSIS OF TOTAL RESOURCES EXPENDED**

a) Activity	Direct Costs	Support Costs	Allocation of Central Costs	Total 2015	Total 2014
CONSOLIDATED	£	£	£	£	£
Programmes	3,544,675	148,686	73,654	3,767,015	3,424,240
Research	11,363	4,643	2,421	18,427	11,169
Training	37,288	10,881	5,533	53,702	12,836
Education	245,038	32,823	23,168	301,029	190,805
Leprosy Review	51,617	17,300	6,916	75,833	62,558
Charitable Activities	3,889,981	214,333	111,692	4,216,006	3,701,608
Community	334,572	58,742	17,290	410,604	462,111
Individual Giving	220,202	36,576	16,598	273,376	209,056
Legacies	3,547	6,126	1,383	11,056	11,547
Events	25,592	8,591	13,140	47,323	70,570
Trust & Corporate	71,374	11,779	8,645	91,798	57,314
Cost of generating funds	655,287	121,814	57,056	834,157	810,598
Governance	55,970	26,872	4,149	86,991	81,101
Total expenditure	4,601,238	363,019	172,897	5,137,154	4,593,307
CHARITY					
Programmes	2,079,117	148,686	73,654	2,301,457	2,247,842
Research	11,363	4,643	2,421	18,427	11,169
Training	37,288	10,881	5,533	53,702	12,836
Education	245,038	32,823	23,168	301,029	190,805
Leprosy Review	51,617	17,300	6,916	75,833	62,558
Charitable Activities	2,424,423	214,333	111,692	2,750,448	2,525,210
Community	334,572	58,742	17,290	410,604	462,111
Individual Giving	220,202	36,576	16,598	273,376	209,056
Legacies	3,547	6,126	1,383	11,056	11,547
Events	25,592	8,591	13,140	47,323	70,570
Trust & Corporate	71,374	11,779	8,645	91,798	57,314
Cost of generating funds	655,287	121,814	57,056	834,157	810,598
Governance	55,970	26,872	4,149	86,991	81,101
Total expenditure	3,135,680	363,019	172,897	3,671,596	3,416,909

b) Analysis of central costs for apportionment

CONSOLIDATED & CHARITY	Office Costs	Computer Expenses	HR Costs	Depreciation	Total
	£	£	£	£	£
Programmes	37,486	14,039	18,900	3,229	73,654
Research	1,233	461	621	106	2,421
Training	2,815	1,055	1,420	243	5,533
Education	11,791	4,416	5,945	1,016	23,168
Leprosy Review	3,520	1,318	1,775	303	6,916
Charitable activities	56,845	21,289	28,661	4,897	111,692
Community	8,801	3,294	4,437	758	17,290
Individual Giving	8,447	3,164	4,259	728	16,598
Legacies	703	264	355	61	1,383
Events	6,687	2,505	3,372	576	13,140
Trusts & Corporates	4,400	1,648	2,218	379	8,645
Cost of Generating funds	29,038	10,875	14,641	2,502	57,056
Governance	2,111	791	1,065	182	4,149
Total Central costs	87,994	32,955	44,367	7,581	172,897

c) Support Costs

Support costs relate to support staff salaries and costs that can directly be attributed as a support activity and are allocated accordingly.

11 TANGIBLE FIXED ASSETS – CONSOLIDATED

	Land and Premises Overseas	Freehold Premises UK	Motor Vehicles	Office and Photo Equip	Computer Equip	Total
	£	£	£	£	£	£
Cost						
1 April 2014	521,925	1,500,000	674,547	1,182,101	145,159	4,023,732
Additions	11,417	-	100,071	118,131	1,730	231,349
Disposals	(69)	-	(98,744)	(57,560)	-	(156,373)
31 March 2015	533,273	1,500,000	675,874	1,242,672	146,889	4,098,708
Depreciation						
1 April 2014	290,643	310,000	400,542	910,103	139,497	2,050,785
Charged for year	13,529	-	65,006	64,735	3,152	146,422
Released	(56)	-	(78,101)	(47,360)	-	(125,517)
Revaluation	-	(60,000)	-	-	-	(60,000)
31 March 2015	304,116	250,000	387,447	927,478	142,649	2,011,690
Net book values						
1 April 2014	231,282	1,190,000	274,005	271,998	5,662	1,972,947
31 March 2015	229,157	1,250,000	288,425	315,194	4,240	2,087,018

The cost of land and premises overseas comprises freehold land of £58,360, buildings of £466,483 and leasehold land of £8,880.

The property owned by Lepra was re-valued in November 2014 by Nicholas Percival, Chartered Surveyor on an open market basis. The valuation at that date was £1,250,000 and this is reflected in the schedule above.

A bank loan from Barclays plc is secured over the freehold premises held in the UK. See note 16.

TANGIBLE FIXED ASSETS – CHARITY

	Freehold Premises UK	Motor Vehicles	Office and Photo Equip	Computer Equip	Total
	£	£	£	£	£
Cost					
1 April 2014	1,500,000	186,529	151,535	145,159	1,983,223
Additions	-	20,431	51,370	1,730	73,531
31 March 2015	1,500,000	206,960	202,905	146,889	2,056,754
Depreciation					
1 April 2014	310,000	100,805	120,740	139,497	671,042
Charged for year	-	33,542	18,750	3,152	55,445
Revaluation	(60,000)	-	-	-	(60,000)
31 March 2015	250,000	134,347	139,490	142,649	666,486
Net book values					
1 April 2014	1,190,000	85,724	30,795	5,662	1,312,181
31 March 2015	1,250,000	72,613	63,415	4,240	1,390,268

12 **FIXED ASSET INVESTMENTS**

	CONSOLIDATED		CHARITY	
	2015	2014	2015	2014
	£	£	£	£
At Market Value :				
1 April 2014	198,480	218,578	81,396	79,306
Add Additions in the year	26,887	3,001	1,943	3,001
Less Disposals in year	-	(22,188)	-	-
Net gains/(losses) on revaluation	471	(911)	471	(911)
31 March 2015	225,838	198,480	83,810	81,396
Historical Cost at 31 March 2015	267,483	240,596	88,994	87,051
The Investments are distributed as follows:				
UK Quoted investments	17,551	17,080	17,551	17,080
Lepra India Investments	142,028	117,084	-	-
Unquoted Investments	66,259	64,316	66,259	64,316
31 March 2015	225,838	198,480	83,810	81,396

The unquoted investments include ordinary shares in Helpcards Holdings Limited of which Lepra holds 6.74% of the issued share capital.

13 ANALYSIS OF NET ASSETS

CONSOLIDATED	Tangible Fixed Assets £	Investments £	Net Current Assets £	Long Term Liabilities £	Total £
Restricted Funds	-	-	250,431	-	250,431
Designated Funds	-	-	1,298,430	-	1,298,430
Unrestricted Funds	2,087,018	225,838	101,691	(528,726)	1,885,821
	2,087,018	225,838	1,650,552	(528,726)	3,434,682
CHARITY					
Restricted Funds	-	-	87,523	-	87,523
Designated Funds	-	-	1,298,430	-	1,298,430
Unrestricted Funds	1,390,268	83,810	24,358	(528,726)	969,710
	1,390,268	83,810	1,410,311	(528,726)	2,355,663

14 DEBTORS AND STOCK

	CONSOLIDATED		CHARITY	
	2015 £	2014 £	2015 £	2014 £
Debtors & Prepayments	148,623	75,051	139,390	75,051
Stock	29,286	26,954	-	-
Sundry Debtors	176,740	145,424	101,471	73,954
Amounts owed by group companies	-	-	3,707	4,169
Accrued income	95,218	71,353	95,218	71,353
	449,867	318,782	339,786	224,527

All amounts included above are receivable within one year of the balance sheet date.

15 CASH AT BANK AND IN HAND

	CONSOLIDATED		CHARITY	
	2015 £	2014 £	2015 £	2014 £
Deposits with banks	1,589,247	1,961,701	1,394,339	1,726,264
Cash	3,211	5,588	551	692
	1,592,458	1,967,289	1,394,890	1,726,956

16 **CREDITORS: amounts falling due within one year**

	CONSOLIDATED		CHARITY	
	2015	2014	2015	2014
	£	£	£	£
Bank loans	45,300	45,300	45,300	45,300
PAYE and other taxes	17,763	19,471	17,763	19,471
Accruals	185,293	68,769	134,372	68,769
Other creditors	93,115	109,996	76,628	48,509
Deferred income	50,302	152,580	50,302	152,580
	391,773	396,116	324,365	334,629

Included within Other Creditors is an amount of £8,569 (2014 : £8,090) relating to outstanding pension liabilities.

CREDITORS: amounts falling due after more than one year

	CONSOLIDATED		CHARITY	
	2015	2014	2015	2014
	£	£	£	£
Bank loans	528,726	563,824	528,726	563,824
	528,726	563,824	528,726	563,824

The bank loan is secured over the charity's freehold property in the UK. The loan is repayable over 25 years (from 2004) and is charged at 1.23% above Barclays Base Rate.

17 **OPERATING LEASE COMMITMENTS**

The following operating lease payments are committed to being paid within one year:

Expiring:	2015	2014
	£	£
Within one year	-	-
Between two and five years	2,500	2,500
After five years	-	-

18 UNRESTRICTED FUNDS

	2015	2014
	£	£
Consolidated		
1 April 2014	3,210,120	2,012,636
Surplus/(Deficit) for the year	(127,305)	1,257,352
Realisation of investment revaluation gains/(losses)	471	(911)
Fixed Asset revaluation	60,000	-
Gain / (Loss) on foreign currency transactions	40,965	(58,957)
31 March 2015	3,184,251	3,210,120
Charity		
1 April 2014	2,354,122	1,352,405
Surplus/(Deficit) for the year	(146,725)	1,009,696
Realisation of investment revaluation gains/(losses)	471	(911)
Fixed Asset revaluation	60,000	-
Gain / (Loss) on foreign currency transactions	272	(7,068)
31 March 2015	2,268,140	2,354,122

19 RESTRICTED FUNDS

	2015	2014
	£	£
LEPRA India Restricted Funds		
1 April 2014	194,950	198,828
Incoming Resources	1,146,123	1,247,822
	1,341,073	1,446,650
Resources Expended	(1,178,165)	(1,251,700)
31 March 2015	162,908	194,950
Charity Restricted Funds		
1 April 2014	92,485	147,821
Incoming Resources	903,759	721,187
	996,244	869,008
Resources Expended	(908,721)	(776,523)
31 March 2015	87,523	92,485
Total restricted funds	250,431	287,438

	Balance 1 April 2014	Incoming Resources	Expenditure	Balance 31 March 2015
	£	£	£	£
LEPRA Society of India	194,950	1,106,565	(1,139,205)	162,310
BLF	-	12,770	(12,770)	-
ILEP in India	-	39,558	(38,964)	594
ILEP Bangladesh	19,155	32,331	(31,626)	19,860
ILEP India Projects	-	54,689	(54,689)	-
Global Fund B'desh	45,904	196,698	(194,508)	48,094
GOAC	-	5,512	(1,814)	3,698
DFID	-	109,616	(109,616)	-
TLM Canada	23,027	301,281	(310,546)	13,762
US AID	4,402	67,258	(69,547)	2,113
ILEP Leprosy Review	-	50,641	(50,641)	-
Josephine Nunn Trust	-	58,828	(58,828)	-
Other		14,135	(14,135)	-
	287,438	2,049,882	(2,086,889)	250,431

LEPRA Society of India – this includes funds raised in India from a variety of sources for work on specific projects.

BLF – development grant for a stage 2 proposal in respect of the Restoring Lives of Forgotten People project.

ILEP India Projects & ILEP in India – funding provided by members of the International Federation of Anti-Leprosy Associations (ILEP) for projects in India.

ILEP Bangladesh Projects - funding provided by members of the International Federation of Anti-Leprosy Associations (ILEP) for projects in Bangladesh.

Global Fund Bangladesh – a TB control programme in the Pabna, Sirajgonj and Naotre districts of Rajshahi division. The overall goal of TB control is to reduce morbidity, mortality and transmission of TB until it is no longer a public health problem.

Guernsey Overseas Aid Commission – improving health outcomes in Bangladesh by empowering rural communities for TB control through community sputum collection campaigns.

Department for International Development – empowering poor and marginalised people, affected by disability, to improve their economic status in Bangladesh.

TLM Canada (effect:hope) - funding for poverty reduction through strengthened health systems in Bangladesh.

US AID – to improve quality and access to TB prevention, diagnosis and treatment, improve the co-ordination of TB/HIV activities in Bangladesh.

ILEP Leprosy Review - funding provided by members of the International Federation of Anti-Leprosy Associations (ILEP) for production of the Leprosy Review journal.

Josephine Nunn Trust - funding for the Koraput Disability Care project.

Other - this fund has been established to receive monies which donors indicate may only be spent in certain specific ways. Monies are released from the fund in those years when the specified expenditure occurs. The fund includes unexpended balances of restricted funds held on trust to be applied for specific purposes.

20 DESIGNATED FUNDS

During the year the Trustees designated unrestricted funds for specific purposes as follows:

	Balance 1 April 2014	Allocation	Expenditure	Balance 31 March 2015
	£	£	£	£
Research on LF	34,144	-	(34,144)	-
Prog staff training	2,019	-	(2,019)	-
Website	40,000	-	(19,800)	20,200
Paid internships	22,286	-	(22,286)	-
India fundraising	-	20,000	(20,000)	-
New country invest	-	20,000	-	20,000
Bihar integrated	-	500,000	-	500,000
UK fundraising 1	-	250,000	(160,000)	90,000
Mozambique	-	250,000	-	250,000
UK fundraising 2	-	380,000	-	380,000
India vehicles	-	90,000	(51,770)	38,230
	98,449	1,510,000	(310,019)	1,298,430

Action research on lymphatic filariasis – the impact on daily life / poverty / social acceptance and discrimination due to LF deformity and fevers with a focus on (but not exclusively) women and girls.

Programme staff training and development – workshops on statutory grant proposal writing for project staff in the UK, Bangladesh and India together with opportunities for sharing best practice, between programmes, in different states and countries.

Website development – grant was secured from the Nominet Trust for the first year costs of a new integrated web platform and funding is designated for years 2 and 3 of development and support for the platform.

Paid internship – to cover fundraising and advocacy research for two years and offer the opportunity to develop skills in the international development sector.

India fundraising strategy – development of a fundraising plan, during 2014/15, using external consultants in order to determine the opportunities for voluntary fundraising within India.

Investment in a new country – undertake a study during 2015/16 of the need for services, the gap in current provision and the funding opportunities for work in a new country.

Bihar integrated NTD approach – positive intervention and a demonstration of the results which can be achieved with an integrated approach to the work in Bihar or Odisha over a five year period from 2015/16.

UK fundraising development – investment in new fundraising activities during 2014/15 and 2015/16 in order to generate future income streams from different sources.

Mozambique – working in partnership for three years with Netherlands Leprosy Relief in Zambezia in order to strengthen the government implementation of their policy on neglected topical diseases.

UK fundraising and marketing strategy – additional investment in fundraising and marketing over a three year period in order to address the decline in donors and income.

India vehicle replacement – a three year plan to replace those vehicles which are critical for project implementation within India.

21 **GROSS CASH FLOWS**

	2015	2014
	£	£
Returns on investments and servicing of finance		
Interest received	36,923	37,525
UK Dividends received	7,576	7,540
Interest paid	(10,202)	-
	34,297	45,065
Capital expenditure and financial investment		
Payments to acquire tangible fixed assets	(231,349)	(206,086)
Receipts from sales of tangible fixed assets	25,632	30,588
Purchase of fixed asset investments	(26,886)	(3,001)
Sale of fixed asset investments	-	22,188
	(232,603)	(156,311)
Financing		
Cash repayment of short term borrowings	-	(45,300)
Cash repayment of long term borrowings	(35,098)	(34,500)
	(35,098)	(79,800)

22 ANALYSIS OF CHANGES IN NET DEBT

	1 April 2014	Non-cash Changes	Cashflows	31 March 2015
	£	£	£	£
Cash in hand and at bank at 1 April 2014	1,967,289	-	(374,831)	1,592,458
Debt due < 1 year	(45,300)	(45,300)	45,300	(45,300)
Debt due > 1 year	(563,824)	-	35,098	(528,726)
Balance at 31 March 2015	1,358,165	(45,300)	(294,433)	1,018,432

23 ANALYSIS OF THE BALANCES OF CASH AND CASH EQUIVALENTS

	2015	2014	Change
	£	£	£
Deposits with banks	1,589,247	1,961,701	(372,454)
Cash	3,211	5,588	(2,377)
	1,592,458	1,967,289	(374,831)

24 EMPLOYEES

The average monthly number of employees (FTE) during the period was as follows:

	2015	2014
Head Office	18	17
Regional	12	12
Overseas	495	476
	525	505

The above totals exclude voluntary staff who provide their services free of charge.

Staff costs in respect of employees include	2015	2014
	£	£
Wages and salaries	1,950,027	1,605,924
Social security costs	75,967	66,263
Pension costs	57,425	50,669
	2,083,419	1,722,856

The number of employees who received total emoluments in the following ranges was:

	2015	2014
£70,001 - £80,000	1	1

The employers pension contribution in respect of the above employee was £5,904 (2014: £5,760).

25 TRUSTEES

The Trustees received no remuneration for their services to the Organisation during the period (2014: nil). During the period four (2014: five) Trustees incurred expenses totalling £4,115 (2014 : £6,050) in respect of overseas travel and subsistence.

26 PENSION COMMITMENTS

Lepra provides pension benefits for staff making contributions to a Group Personal Pension Plan. The employee is required to pay a minimum of 3% of their gross salary with the charity contributing 8%. The scheme complies with the Stakeholder Pension legislation. As at 31 March 2015 there were 35 staff members of this scheme. The cost of contributions are calculated annually and charged to the income and expenditure account as they arise. The costs for 2015 were £57,425 (2014 £50,669).

27 COST OF AUDIT AND OTHER FINANCIAL SERVICES

Amounts payable in respect of Audit and other financial services were:

	2015 £	2014 £
Auditors remuneration : current year	14,000	12,500
Auditors remuneration : prior years	2,276	3,531
Auditors remuneration : programme grant audit	-	13,556
	16,276	29,587

28 RELATED PARTIES

FRS 8 exemption has been taken with respect to non-disclosure of any related party transactions with Lepra Society (India) and Lepra Ireland.

There were no other related party transactions during the year ended 31 March 2015.

29 CONNECTED PARTIES

There were connected party transactions with the International Federation of Anti-Leprosy Associations (ILEP) of which Sarah Nancollas (Lepra Chief Executive) is a Trustee. Lepra incurred expenditure on behalf of ILEP following their relocation to Geneva. The balance due to Lepra at 31 March 2015 was £18,156 and this has since been repaid. This arrangement continued into 2015/16.

30 FINANCIAL COMMITMENTS

Lepra has a commitment for a fixed sterling amount with Ebury UK to purchase Indian Rupee during the period April 2015 – March 2016 for which a deposit has been paid.

	2015	2014
	£	£
Amount committed at 31 March	648,000	648,000

The fair value of these forward foreign exchange contracts at the balance sheet date is a gain of £37,474 (2014 : loss of £37,104).