Annual Report 2009/2010







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The Leprosy Mission New Zealand Incorporated

Board

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Gillian Whitley BBS, MBS – Donor Development Manager
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Welcome

It has been another great year here at the Leprosy Mission New Zealand. Thanks to the commitment and generosity of our dedicated supporters we have been able to touch the lives of thousands of leprosy-affected individuals and their families living in some of the world's poorest communities.

Over the last 12 months we have continued to partner with some truly inspiring and dedicated organisations including HANDA Rehabilitation and Welfare Association in China, ENAPAL (Ethiopian National Association of People Affected by Leprosy) in Ethiopia and IDEA (Integration, Dignity and Economic Advancement) in Brazil. We have also continued to fund a number of successful projects in India, Bangladesh, Nepal and Papua New Guinea. In every country that we work we are blessed to have the support of truly amazing people - such as our Project Manager Ruby Mirinka in Bougainville, who was recently awarded the MBE Honour in the 2010 PNG Queen's Awards for service to health education and administration.

As you will read in this report, your contributions have made a tangible difference in the lives of families living with leprosy and its consequences: in China, over a thousand leprosy-affected people have benefited from life-changing eye surgery; in Ethiopia, our Grain Mills project has continued to provide a vital income source for leprosy-affected families; in Papua New Guinea, hundreds of village health volunteers have been trained as part of the Bougainville Healthy Communities Programme. These are just a few of our many achievements in the 2009/2010 financial year. You can read more about our work in the following pages.

Looking to the year ahead, there are significant challenges. Changes to New Zealand government funding criteria will mean reduced income and more pressure on our cost to income ratios in the medium term. We are responding to this by diversifying and developing new income streams and closely managing costs.

So much has been achieved during the past century, but our journey continues towards a world without leprosy. Five million leprosy affected families around the world still desperately need our support, and we cannot truly celebrate until leprosy is completely eliminated from the face of the earth. We know this is possible, and we know we can achieve it within our lifetime, or our children's lifetime.

Thank you once again for your commitment to our mission.

With God's blessing,

Brent J. Maya

Brent Morgan Executive Director Leprosy Mission New Zealand

Ross Dillon Board Chair Leprosy Mission New Zealand

About Us

100 Years of Families Helping Families

We are a Christian development organisation that works with leprosy-affected individuals and their families living in some of the world's poorest communities. Established in 1912, we are one of the oldest and most trusted charities in New Zealand. We are part of the Leprosy Mission International, a leading Christian development organisation that has a presence in over 28 leprosy-affected countries around the world.

Thousands of New Zealanders have been supporting our vital work for close to 100 years. This commitment to the Leprosy Mission has been passed down the generations, allowing us to give hope to countless leprosy-affected families around the world.

Our Global Goal is to Eradicate the Causes and Consequences of Leprosy

The Leprosy Mission New Zealand, relying on the grace of God and motivated by Jesus Christ, exists to eradicate both the causes and consequences of leprosy. We work in mutual partnership with individuals, families, communities and organisations to share resources, experience and learning. We actively support the right to a life of dignity for all people.

720 people are diagnosed with leprosy every single day in the developing world. And for every one person who is diagnosed, an entire family is impacted. But eradicating leprosy from the face of the earth is about so much more than eradicating the disease itself. We are committed to addressing the extreme poverty that makes families and communities more vulnerable to the disease in the first place. And we aim to break down the stigma surrounding the disease that prevents far too many people from coming forward to be diagnosed and treated, leaving them susceptible to long-term leprosy-related disabilities and further discrimination.

We are so close to completing our mission. In the last 25 years more than 15 million leprosy-affected individuals and their families have been cured, received medical care and been empowered to stand up for their rights. Today, 5 million families still urgently need our support. The work we do is diverse, and our programmes and services include:

- Detection & Diagnosis of Leprosy
- Health & Disability Care
- Community Development to Combat Poverty
- Advocacy & Education to Fight Stigma
- Emergency Response & Preparedness

About Leprosy

Leprosy (or Hansen's disease) is caused by bacteria which attack nerves in the hands, feet and face leaving them numb. If left untreated, leprosy can affect the peripheral nerves and cause the fingers and toes to claw inwards. The disease can also attack the eyes, resulting in infections, cataracts and even blindness. Ulcers and infections in the hands and feet are common because bruises, cuts and burns are ignored when the skin loses sensitivity. Untreated infections can become so severe that disfigurement and amputations may result.

There is a cure, and disability can be completely avoided if leprosy is diagnosed and treated early enough. A combination of drugs, known as multi-drug therapy (or MDT), kills the bacteria and the cure success rate is approximately 99%.

Structure, Governance and Management

Structure

The Leprosy Mission was founded in 1874 in Dublin, Ireland. The Leprosy Mission New Zealand commenced fundraising activities in 1912, initially as an "Auxiliary" of the Leprosy Mission. An Unincorporated Society was formed in the 1940s, followed by an Incorporated Society (in accordance with the Incorporated Societies Act of 1908) in 2000. The Leprosy Mission New Zealand is an autonomous member of the wider network of the Leprosy Mission International which is now represented in various ways in 53 countries. Currently, the Leprosy Mission New Zealand Inc is registered with the New Zealand Charities Commission (Registered Charity No. CC37638).

The Board

The Board is elected by the membership of the Incorporated Society. It has the legal responsibility for ensuring the effective use of resources in accordance with the objectives of the Society. The Board also provides effective governance, strategic leadership and direction.

New Zealand law requires the Board to prepare financial statements that give a true and fair view of the financial position of the Society at the end of each financial year, and the operating results for the year. The Board has three Committees: Programmes, Marketing and Resources. The Resource Committee has a sub-committee known as the Audit Committee. Membership of the three Committees includes Board members, senior staff and, where appropriate, external specialists. The external auditor has access to the Audit Committee and meets with the Committee at the beginning and end of the audit.

Terms of Reference for the Committees include the following:

- To develop and review policy for recommendation to the Board.
- To ensure strategies, plans and programmes are consistent with the values and goals of the organisation.
- To debate strategic issues; review and critique medium and long-term strategy; and make recommendations and observations regarding the same to the Board.
- To advise and act as a reference point for staff in the development of ideas and proposals.
- To monitor and evaluate performance against the Corporate Strategic Plan.

Meetings take place two or three times annually, usually for a full day. The Resource Committee meets more often for shorter sessions.

Risk Review

The Resource Committee and senior management regularly undertake reviews of potential risks to the Society and have in place a formal Risk Management Plan which has the approval of the Board.

In early 2010 the New Zealand government decided to change how it funded Non Government Organisations. As a result of these changes, the New Zealand government KOHA scheme, which has been a regular source of income for the Society, was cancelled in June 2010. The KOHA scheme has been replaced by a new scheme, the Sustainable Development Fund, which has a much bigger focus on the Pacific region. This change will have a significant impact on our government funding and overall remittances for the next financial year. Management are mitigating this risk by diversifying our funding sources and developing new fundraising initiatives which will be rolled out from 2010-11.

Structure, Governance and Management

Management

Responsibility for strategy, planning and the daily management of operations is delegated to the senior management team led by the Executive Director. The Executive Director reports to the Board at each Board meeting.

The Leprosy Mission New Zealand is led by Brent Morgan – Executive Director. The senior management team consists of Lisa McLaren – Marketing Manager; Gillian Whitley – Donor Development Manager; and Martin Malkaney – Finance Manager.

Systems of internal control are designed to provide reasonable, but not absolute, assurance against misstatement or loss. These controls include:

- A Strategic Plan approved by the Board for the period 2010-12.
- An Annual Budget, including a Capital Expenditure Budget, approved by the Board.
- Regular consideration by the Board of financial results, variance from budget and non financial indicators.
- Quality assurance relating to best practice for all programmes and projects supported by the Leprosy Mission New Zealand.
- Delegation of authority and segregation of duties.
- Identification and management of risk.



Achievements in 2009/2010

With your support, we are doing everything in our power to eliminate leprosy from the face of the earth.

It has been a challenging but extremely rewarding year at the Leprosy Mission New Zealand. Our loyal supporters have continued to be phenomenally generous and we have been able to remit \$2,549,182 to our projects around the world. We cannot thank you enough for joining us on our vital mission and making this life-changing work possible.

Over the last 12 months our projects have continued to provide essential services and support to leprosy-affected individuals, their families and their communities. We are extremely grateful to our partners in the field for their dedication and perseverance. In the following pages you will find a summary of some of our achievements for 2009/2010.



Bangladesh

Partner: Leprosy Mission Bangladesh Total Remittances: \$503,000 Chittagong Sustainable Development Project Chittagong Hill Tracts Well-Being Project Chittagong Integrated Leprosy Service and Stigma Reduction Project

Chittagong Sustainable Development Project

Project Goal: Improved quality of life for people affected by leprosy and physical disability in the project area.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: Establish self-managed and independent self-help groups and ensure they are fully functional by 2013 with their own association formed.	 Form 20 new self-help groups. Help 120 groups develop the skills they need to run themselves effectively. Run 10 leadership training sessions for 120 group members. Run 20 business development training sessions for 240 group members. 	 23 groups were formed. 123 groups received training. 10 leadership training sessions held – 102 people attended. 20 business development training sessions held - 210 people attended.
Objective Two: Increase awareness of human rights within self-help groups; help group members exercise their rights.	 Arrange training on human rights for 220 group and federation members. Run 8 advocacy skills training sessions for 100 group leaders. 	 193 leaders reached through 18 human rights training sessions. 8 advocacy skills training sessions held – 86 leaders attended.
Objective Three: Increase the income generating and self-management capacity of individual group members by 2013.	 Help 300 group members select an appropriate income-generating activity. Educate 1000 group members about self-care including looking after wounds, reaction and neuritis. 	 311 members received small business training. 956 group members educated about self-care.

Bangladesh

Chittagong Hill Tracts Well-Being Project

Project Goal: Improve the well-being of leprosy-affected, physically disabled and other marginalised people in the Chittagong Hill Tracts of Bangladesh through improved health status, increased productivity, and social inclusion.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: To improve the health of people affected by leprosy, the physically disabled, and the marginalised, in the Chittagong Hill Tracts, through improved use of health services, and improved knowledge of health related issues and self-care practices, by 2013.	 Conduct a survey in target villages to identify cases of leprosy - reach 19,000 people. Run clinics where people affected by leprosy can access multi-drug therapy - goal of 825 clinic days. Reach 238 people with ulcer care management in their homes and at clinics. Distribute protective devices to 363 people with leprosy-related disabilities. Undertake awareness-raising activities with a goal of reaching 50,000 people. 	 19,032 people reached through the survey. Achieved 845 clinic days. 352 people received ulcer-care. 395 people received protective devices. 483 awareness-raising activities held and approximately 36,000 people reached (hard to measure exact number).
Objective Two: To improve the economic situation of people affected by leprosy, the physically disabled and the marginalised (and their families) in the Chittagong Hill Tracts, through increasing skills and confidence to self-organise and carry out small income generating activities, by 2013.	 Form 50 new self-help groups with 350 members. Run skills development training for 78 self-help group members and 41 individuals (119 people in total). Assist 50 children from leprosyaffected families so they can continue their education. 	 50 groups set up with a total of 379 members. 109 people received skills development training. 50 children assisted and able to continue their education.
Objective Three: To improve the ability of people affected by leprosy, the physically disabled and the marginalised in the Chittagong Hill Tracts, to know and voice their rights, and to experience inclusion and acceptance in their community by 2013.	 Educate 500 community leaders and tribal/religious leaders about human rights so they can disseminate messages in their communities. Form partnerships and networks with 3 rights-based organisations who are also working to promote the rights of underprivileged people. 	 654 leaders educated about human rights. 3 organisations contacted and relationships established. 331 self-help group members educated about their rights.

Bangladesh

Chittagong Integrated Leprosy Service and Stigma Reduction Project

Project Goal: A positive environment exists where there is no stigma attached to leprosy in the communities of Chittagong and Cox's Bazaar so that people who are experiencing leprosy feel confident to come forward and get treatment from the government health system.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: The Government of Bangladesh is committed and prepared to takeover and run the leprosy programme in the Chittagong City Corporation by 2013.	 Develop and sign Comprehensive Integration Guidelines with the Government of Bangladesh Provide 40 training sessions for 1205 government doctors and health staff so they can identify and treat leprosy. Form 3 Watch Committees to monitor the leprosy programme. 	 The Comprehensive Integration Guidelines are currently being developed. 38 training sessions were held for 820 doctors and health staff. 3 Watch Committees were formed in three wards. These Committees will monitor government leprosy services.
Objective Two: Behaviour of the people of Chittagong City Corporation towards leprosy-affected people positively changed by 2013.	 Develop effective mass communication tools to inform the public about leprosy. Conduct a survey to assess the impact of awareness-raising programmes. Train volunteers to identify leprosy and spread positive messages. 	 Photo exhibitions were held in a number of different institutions including the Chittagong Medical College Hospital and the Agrabad American Hospital to raise awareness about leprosy. Street plays were held in the slums of Chittagong to raise awareness about leprosy. 880 people were surveyed in a community where awareness-raising activities had taken place – 94% were aware that there is a cure for leprosy. 514 religious leaders received training and learnt about leprosy. 13,224 garment workers in 31 factories took part in awareness-raising activities.
Objective Three: People affected by leprosy in Chittagong and Cox's Bazaar have access to sufficient and timely treatment (MDT and simple ulcer care) and facilities at the government hospital by 2013.	 Ensure leprosy-affected people receive treatment at the government hospital. Provide counselling and health education to leprosy-affected individuals and their families. 	 267 new cases of leprosy were detected. 236 people with leprosy received treatment. 337 patients at the government hospital received health education.

Papua New Guinea – Bougainville

Partner: Autonomous Bougainville Government Total Remittances: \$397,044

Bougainville Healthy Communities Programme (BHCP)

Project Goal: The Bougainville Healthy Communities Programme (BHCP) aims to improve the health of communities in Bougainville through development of a sustainable village-based community health programme linking with Bougainville's formal health structure at the District level.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: To ensure prevention of disease and access to basic health care at all levels of the community.	 Village chiefs and volunteers have the skills and knowledge they need to educate their own communities about health related issues. Increase in reporting of diseases. Increased uptake of immunisation. Clean, beautified and safe village environments. Reduction in preventable diseases. 	 73 village chiefs trained. 210 village health volunteers trained. 83% of identified leprosy cases, 66% of identified TB cases and 63% of identified malaria cases were referred for treatment. Immunisation promoted & 2645 children immunised. 90% of villages have set up village health improvement programmes that focus on personal hygiene and basic village beautification. There has been an observed reduction in malaria and diarrhoea.
Objective Two: To implement a model of community based health care that links clearly into the district and national level health care programmes.	 Integration Implementation Plan put in to action. Bi-monthly meetings between BHCP and the Department of Health for planning and information sharing. 	 Integration process has been slow but good relationships have been formed with the government. These meetings are not currently being held but the BHCP Programme Manager maintains a strong working relationship with staff at the Department of Health and provides monthly updates on project progress.
Objective Three: To ensure that the community is able to identify and meet its own health needs.	 Village committees established and providing leadership. Common fund established so community members can access health services. 	 Village governance committees continue to be set up and are providing strong leadership. Community funds have been established in over 20 villages - the essential health needs of community members can now be paid for from these funds.

Partner: HANDA Rehabilitation and Welfare Association Total Remittances: \$566,546 HANDA Eye Sight Saving Project HANDA Capacity Building Project Socio - Psychological Empowerment Projects x 2

HANDA Eye Sight Saving Project

The HANDA Eye Sight Saving Project targets leprosy-affected people living in remote leprosy villages. A Mobile Eye Unit (a 17-passenger van that was converted into an operating unit where sterile surgery can be conducted) allows a team of doctors and nurses to carry out eye examinations, distribute medicines and undertake eye surgery. Local health care workers are trained to provide follow up care.

In 2009, HANDA's Mobile Eye Surgery team spent 132 days travelling to 46 remote leprosy-affected villages in 6 provinces where they:

- Examined and treated 1171 leprosy-affected people.
- Performed 282 cataract surgeries.
- Performed 279 lens implants.
- Performed 82 eyelid plastic surgeries.
- Distributed 199 pairs of reading glasses and 326 pairs of protective glasses.
- Provided 419 people with much-needed prescription drugs.
- Trained 11 health care workers in basic eye care, and provided them with the necessary medicine and tools.

HANDA Capacity Building Project

Project Goal: HANDA will have high accountability and sustainability so that it can meet the needs of people affected by leprosy, stigma and discrimination.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: HANDA has a strong and effective governance body consisting of diverse members.	 Hold a HANDA members congress. Revise and improve the roles and duties of committee members. Regularly evaluate the performance of committee members. Train committee members in NGO governance. 	 Congress held in October - 37 members attended. A 'Working Manual of the Committee Members' was written (covers roles and responsibilities). Evaluation criteria for HANDA committee and Board members were developed and adopted. 22 members received NGO governance training.
Objective Two: HANDA staff members have good capability in project development & management so as to meet the needs of the targeted population.	 Project management training for 10 staff. Participatory and Community Development training for 20 participants from 4 provinces. Community Development Officer recruited. 	 25 staff received training in problem tree analysis and project logic frameworks. 22 staff attended Participatory and Community Development training. A Community Development Officer has been recruited.
Objective Three : HANDA is able to mobilise local resources and has diversified funding resources.	 Fundraising staff appointed and trained every year. Fundraising strategy and a series of fundraising schemes developed. Flagship fundraising activity developed. 	 Fundraising staff have been appointed and attended training in Hong Kong. A fundraising strategy has been developed. A large fundraising function was held at China Hotel.
Objective Four: HANDA has an effective management and communication system within the organisation to ensure effective operation and stable development.	 Clear job descriptions developed for staff. Staff development and training systems improved. Regular staff meetings held. Annual meeting held once every three years with staff from all 4 provinces. 	 All staff members have job descriptions. Staff can now apply to attend internal or external training. 90% of staff attended monthly staff meetings. Annual meeting was held.
Objective Five: HANDA has an effective information management system and will be able to collect and distribute information in a timely and effective manner.	 2 training sessions a year held for information management staff. Website updated regularly. HANDA newsletter published quarterly. Annual Report published. 	 Training was held for information management staff. The website has been updated regularly. The newsletters and Annual Report have been published.

Socio-Psychological Empowerment Project in Guangdong & Guangxi Provinces

Project Goal: Promote dignity and respect of people affected by leprosy so that they can reintegrate into the general society.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: People affected by leprosy are accepted and included in general society by the end of the project.	 Increase the general public's understanding of leprosy and people affected by leprosy. People living in the communities surrounding the leprosy villages engage in normal social activities with people affected by leprosy and are willing to engage in business activities with them. Change in attitude of members of the public towards people affected by leprosy, especially the mass media and volunteers. 	 10,000 copies of a range of printed materials about leprosy were distributed. Public education events were held at local colleges. A public photo exhibition by people affected by leprosy was held. 5 public awareness-raising activities were held in towns surrounding the leprosy villages. 5 groups of volunteers visited the leprosy villages. Relationships between HANDA and the media have continued to develop.
Objective Two : Enhanced community connectedness, self confidence and mutual support among people affected by leprosy by the end of the project.	 People affected by leprosy identify their own needs and take responsibility for supporting each other. People affected by leprosy have improved self confidence, mutually support each other and engage in normal social activities. Harmonious atmosphere and mutual self-help spirit built up in leprosy villages. 	 HANDA social workers made 135 village visits to help villagers identify their needs and challenges, provide one-on-one counselling and set up interest/hobby groups. Social events were held in villages and 117 villagers took part in visits to nearby cities. 608 villagers received self- care training and 22 general health education activities were held. A book of stories about people affected by leprosy was published and distributed in villages.
Objective Three: People affected by leprosy have improved access to social services through local level government recognition and practice of Central Government Health and Welfare Policy by the end of the project.	 Dermatology Institutes and government departments identify/ respond to needs of leprosy-affected people. Dermatology Institutes & government departments support HANDA's work in the leprosy villages. 	 Activities have focussed on improving government official's understanding of leprosy treatment and care. Villagers have been informed of their rights and encouraged to take up their concerns with government.

Socio-Psychological Empowerment Project in Yunnan

Project Goal: To eliminate the discrimination that too often accompanies leprosy and promote the dignity and respect of people affected by leprosy so they can reintegrate into society.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: Improved public awareness about leprosy and people affected by it.	 General public have a better understanding about leprosy and people affected by leprosy. Acceptance of people living in leprosy villages from neighbouring communities. Government departments have a better understanding of and accept HANDA's work. 	 Publicity and awareness- raising activities included a talent show, leaflet distribution, awareness-raising events in universities and leprosy villages, blog posts and distribution of newsletters.
Objective Two: The self-confidence and mutual help among people affected by leprosy is uplifted and strengthened.	 People affected by leprosy actively take part in social activities and contribute their ideas and thoughts. Mutual help among people affected by leprosy is promoted. People affected by leprosy have increased self-confidence and are able to voice their needs. 	 Leprosy-affected people from the leprosy villages went on trips to the city to learn about the outside world and participated in awareness-raising activities in neighbouring communities and universities. Village exchange activities were held to encourage mutual help among people affected by leprosy. Village level management groups were set up to encourage villagers to participate in social activities and express their needs to others.
Objective Three: HANDA volunteers participate in anti-discrimination activities and actively take more responsibility.	 Volunteers visit villages and get involved in HANDA activities. The capability of volunteers is improved, and they can organise activities independently. 	 A team of HANDA volunteers was established. 47 of the volunteers took part in village activities organised by HANDA. 10 training sessions were held for volunteers and they now have the capacity to organise activities in the villages independently.

Nepal

Partners:Leprosy Mission Nepal, Kopila and WATCH (Women Acting Together for Change)Total Remittances:\$397,278Community Active Participation (CAP) ProjectKopila Community Psychological Well-being ProjectWATCH Organising for Accessing Rights and Resources Project

Community Active Participation (CAP) Project

Project Goal: To enable leprosy-affected people, people with physical disabilities and people who are marginalised and/or are Dalits in the selected 10 Village Development Committees (VDCs) to empower themselves and have a significantly improved social and economic environment.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: The economic well-being of the intended beneficiaries will be increased by 50% by promoting access to resources by June 2010.	 Empower members of the self-help groups and cooperatives through skills training. Support the establishment of income- generating activities. 	 2 leadership training sessions were held for 68 people. 1 advanced management training session was held for 19 people. 236 people received training in trades such as candle making, soap making, sewing, tailoring, farming, and small business enterprise. 2 three-day training sessions in enterprise development were held.
Objective Two: The social participation of the intended beneficiaries will be increased by 50% to ensure they are accepted within their family and wider community by June 2010.	 Provide formal education support for girls and disabled children. Organise community based programmes to address stigma and social discrimination. 	 72 students received formal education support. A workshop was held on human rights and violence against women. Street theatre was used to educate 1375 people about leprosy, stigma and discrimination.
Objective Three: To decrease the incidences of waterborne diseases in the target groups by 75% by June 2010 and to increase the level of awareness about common infectious diseases.	 Ensure target communities have access to safe drinking water, waste management and toilet facilities. Organise health education programmes to address health problems facing the target group. 	 17 water/hand pumps were provided – enough for 1021 people. 3 education programmes (reaching 93 people) were held on waterborne diseases, HIV/AIDS and maternal health. A 3 day training workshop on health and natural disasters was held (30 participants).

Nepal

Kopila Community Psychological Well-being Project

Project Goal: The people, especially women and children, of the 10 Village Development Committees (VDCs) of Syangja district of Western Nepal have increased psycho-socio-economic well-being through access to professional community based psychological support.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One : Community capacity is strengthened by the creation of a trained network of community members in 10 VDC's who understand the causes and consequences of psychological trauma and actively promote a professional, psycho-socio-economic support programme.	 Training for 200 school teachers - 40 sessions Training for 600 children - 40 sessions Training for 480 parents - 40 sessions Training for 20 Health Workers - 1 session Training for 120 community leaders - 10 sessions 	 295 school teachers trained – 44 training sessions held. 770 children trained – 40 training sessions held. 651 parents trained – 40 training sessions held. 10 Health Workers trained – 1 training session. 93 community leaders trained – 9 training sessions.
Objective Two: A psychologically healthy society exists because community members, including children, understand psychological well-being and are advocates and active participants in the promotion of socially inclusive, affirming behaviour.	 10 self-help groups will be formed and mobilised. Leadership Development Training will be provided to 250 members from 10 self-help groups. 250 community members will receive training on leprosy and disability. 	 5 self-help groups formed. 273 community members have been trained on legal issues and gender equity. 82 self-help group members received leadership training. 262 community members received training on leprosy and disability.
Objective Three: Community members, including children, who are most in need of psychological and psychiatric treatment have been diagnosed, provided with counselling support and referred to the most appropriate services available.	 20 people with psychological problems will receive counselling services and 15 of them will have recovered within a year. 40 people will be referred for further treatment and will get regular follow-ups. Village level committee consisting of health workers, school teachers, children and parents will carry out referrals and support activities in 10 VDCs. 	 27 people with psychological problems are receiving regular counselling and three of them have recovered. 17 people with psychological trauma are receiving treatment at the regional hospital. 5 child protection committees have been formed in 5 different VDCs and formation in other VDCs is in process.
Objective Four: Community members who have experienced, recently recovered from, or are at risk of psychological trauma can provide an income for themselves and their families and keep their children, both boys and girls, in school.	 80 families will receive income generation support. 200 children will receive educational support and will continue their education. 30 parents groups will receive seed money support. 	 60 families received support and another 20 are in the pipeline. 250 children have been identified for support and the materials have been distributed. 30 parents groups have received seed money.

Nepal

WATCH Organising for Accessing Rights and Resources Project

Project Goal: Rights and equal access to resources by women and other marginalised groups including people with leprosy, disabilities and HIV will be ensured.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One : To improve the social and economic status of 90 of the poorest and most disadvantaged people at the family level by supporting them to develop a holistic integrated development action plan.	 Organise team building workshop for 12 people. Organise and hold annual team building and planning meeting. Visit 1000 leprosy-affected people in their homes. Visit 600 people living with disability in their homes. 	 Team building workshop was held for 22 people. Meeting held with 22 participants. 1487 leprosy-affected people were visited. 1006 people living with disabilities were visited in their homes.
Objective Two: Form groups of people affected by leprosy, disability and poverty. Encourage them to work together and support each other to raise their voices, undertake collective actions, and manage local resources.	 Form 25 new groups. Reactivate 10 inactive groups. Conduct Poverty to Prosperity training for 90 families and 176 rural women. Organise Action Camps for 12 people. Publish and distribute 5000 awareness-raising posters. 	 20 new groups formed. 10 groups reactivated. Poverty to Prosperity training held for 77 families and 176 rural women living in poverty. Action Camps held for 10 people. 5200 posters published and distributed.
Objective Three: Form and strengthen two district level organisations of people affected by leprosy, and support and strengthen 6 existing district level organisations of women, people with disabilities, HIV and sex workers. Empower groups to access resources and speak up for their rights.	 Form 2 district level organisations of people affected by leprosy. Recruit and mobilise 6 Social Mobilisers to strengthen the district level organisations. Conduct Poverty to Prosperity training for 12 members. 	 4 groups were formed at the district level. 6 Social Mobilisers were recruited and mobilised. Poverty to Prosperity training held for 17 members.
Objective Four: To involve target groups and federations in local level community development and action.	 Organise and run leadership training for 60 people. Engage 90 families and 98 rural women in income generating activities. Run mobile clinics for basic primary health care – reach 2000 people. 	 Leadership training held for 57 people. 63 families and 98 rural women engaged in income generating activities. Mobile clinics reached a total of 982 people.

Ethiopia

Partner: ENAPAL (Ethiopian National Association of People Affected by Leprosy) **Total Remittances**: \$275,084

Addis Ababa Regional Association Empowerment Project

Project Goal: To empower local groups to voice their rights and stand up against stigma and discrimination through the promotion of their own development initiatives.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: To consolidate the newly- developing grain mill operations and start one additional livelihoods and business activity from the grain mills, with the aim of empowering women in the Regional Association.	 Set up Injera Bread Baking Business which empowers at least 18 women in the Association. Enhance the Grain Mills Business through strong management and supervision. 	 Employed a Small Business Management Accountant, responsible for putting in place all guidelines for management systems at the Association. Appointed a Business Accountant and associated Business Mentor. Fifth grain milling machine purchased and installed. New Implementation Committee (involving empowered women) to supervise the development of an Injera Bread Baking Business (including construction) was established. Injera baking house and shop were built. A trainer was identified to train 10 women members in baking and selling the injera bread. 18 participants received training in grain mill machine operation and maintenance. 18 participants received finance and management training.

Brazil

Partner: IDEA - Integration Dignity and Economic Advancement **Total Remittances**: \$84,343

IDEA Brazil Scoping Study Phase Two

Project Goal: Clear direction for and definition of IDEA's future engagement in Brazil, and for its partnerships with IDEA in other Latin American countries.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: Define what activities are currently being carried out for IDEA in Brazil, other Latin American countries and for IDEA International by Zilda Borges who is based in Campo Grande, Brazil.	 Review documentation - project management records, funding documents, financial statements. Discuss and understand the history and essence of IDEA with Zilda and appropriate IDEA members to clarify issues that remain relevant. Research the extent of the current activities being carried out in all areas by Zilda and her team. 	 A consultant was hired but the reporting standard was unsatisfactory. Funds were instead spent on creating reports internally. IDEA Brazil reviewed all of its activities and for financial reasons decided to reduce the size of the Counselling Centre, and focus energies on getting legally certified to fundraise within Brazil.
Objective Two: Redefine and prioritise activities into key areas and issues that a new programme proposal can address.	 Develop a profile for staff persons needed and draft position descriptions. Explore how the redefined organisation will maintain a participatory and inclusive modus operandi. Identify key needs regarding office space, computer systems etc. Identify financial resources currently available and future requirements. Document findings in reports. 	 IDEA Brazil now has a better idea of the staff they will need. There were discussions about hierarchy and colonialism, and how they want to operate in circles, with all members equal. Office space was rented – fundraising will cover costs. IDEA Brazil applied for a tax status certificate so that donations made by Brazilians are tax deductible. Reports were written.
Objective Three: Reflect on and review the process to date in a workshop with key stakeholders involved.	 Provide reports from Objective Two to all stakeholders. Run workshop of key stakeholders to review findings. Discuss and agree on objectives for the three-year project proposal. 	• IDEA Brazil wrote reports on history/ aims of IDEA and these provided baseline info for the workshop. 26 stakeholders discussed and agreed on a goal, objectives and some activities for a three-year project proposal.
Objective Four: Facilitate the preparation of a three-year project proposal which includes a work plan & budget.	 Consultant to work with Zilda and LMNZ to complete project proposal. Discussions about funding from LMNZ to take place. 	 LMNZ and IDEA worked on a project document. IDEA Brazil will focus on fundraising within Brazil to support their work.

India

Partner: Leprosy Mission India Total Remittances: \$271,898 Empowerment of Women in Andhra Pradesh and Rural Uttar Pradesh Community Leprosy Hospital in Muzaffarpur Vocational Training Centre in Faizabad

Empowerment of Women in Andhra Pradesh and Rural Uttar Pradesh

Project Goal: Socio-economic and political empowerment of rural women living in Andhra Pradesh and Uttar Pradesh who are affected by leprosy and disability.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: Advocacy – the targeted communities become aware of critical issues including leprosy and disability and gain organisational strength with efficient and effective local leadership by 2014.	 By mid-2011, 120 women will be aware of the issues related to leprosy and disability and will have the skills they need to set up self-help groups. A federation of self-help groups will be set up. 	 30 volunteers were selected by their communities and have been trained in capacity building and leadership skills. 53 self-help groups have been formed. The Federation is in the process of being set up.
Objective Two: Women's Empowerment - the women in the targeted communities will gain the legal and political awareness and the organisational strength they need to deal with gender and other critical issues in their community.	• By the end of Q2 of 2011, 120 women and teenage leaders will have gained legal and political awareness and be able to deal with gender and other critical issues affecting their lives.	 Potential leaders are being identified from the self-help groups. Leadership training has begun and will continue throughout 2011, covering topics related to gender, disability and development.
Objective Three: Health & Education – the people in the targeted community are more knowledgeable about health issues and are able to seek better health care and education services. This will enable them to improve their overall health and education outcomes by 2013.	 Women in the communities will have access to formal education. By mid 2011, community members will be more knowledgeable about health issues. 	 Literacy classes have been held for women who cannot read and write. Health volunteers have been trained in reproductive and child health. They are holding meetings with the self- help groups to share information and will start making house visits over the coming months.
Objective Four: Income Generation – the people in the targeted villages effectively make use of local resources, public services and opportunities for creating assets and improving their livelihoods by 2013.	 Self-help groups will be established. By mid 2011, 15-20 potential entrepreneurs will be identified and exposed to the financial aspects of business and trained in business planning. 	 Volunteers are being trained on how to set up and run self-help groups. Self-help groups are being set up and this will continue over the coming months. Training in basic business skills has begun.

India

Community Leprosy Hospital in Muzaffarpur

Project Goal: Enhanced comprehensive quality health care for people affected by leprosy. Hospital services include:

- Diagnosis of new leprosy cases
- Leprosy treatment
- Admission of leprosy-affected people with complications
- Reconstructive surgery and prevention of disability
- Ulcer management
- Physiotherapy services
- Eye surgeries
- Dermatology services
- Counselling services
- Pre and post test counselling for HIV/AIDS
- · Community camps for marginalised people and families

OBJECTIVES	ACHIEVEMENTS
Objective One: Provide high quality, comprehensive specialised leprosy services.	 589 people were newly diagnosed with leprosy. 497 people received multi-drug therapy.
Objective Two: Provide secondary care services in Dermatology and primary care in Ophthalmology.	 51 leprosy-affected people had reconstructive surgery. 39 leprosy-affected people had cataract surgery. 387 leprosy-affected people received ulcer care. 43 leprosy-affected people were treated for reaction and Neuritis. Protective footwear was provided on an ongoing basis to leprosy-affected people.
Objective Three: Increase health awareness (especially about leprosy) in the target community.	• Community camps were held for leprosy-affected people and their families.

India

Vocational Training Centre in Faizabad

Project Goal: Families affected by leprosy and disability achieve enhanced earning capacity on a sustainable basis and are in the main stream of society.

OBJECTIVES	PLANNED ACTIVITIES	ACHIEVEMENTS
Objective One: Impart marketable vocational skills to people affected by leprosy and disability.	 Offer a wide range of courses including computing, electronics, car mechanics and sewing. Select students from leprosy-affected families in Leprosy Mission projects across India. 	 130 students enrolled in courses, up from 110 in the previous year. To date, 120 students have completed their training, and scored 70% or more in their exams. A third of the students were female – up from one fifth in the previous year. A further 130 students began their training in August 2010.
Objective Two: Enhance the socio- economic status of people affected by leprosy and disability through skills training and employment.	• Appoint Placement Officers to help graduates secure jobs that utilise their new skills.	• 110 of the 120 students secured jobs within 3 months of graduating.
Objective Three: Enrich the lives of people affected by leprosy and disability through provision of additional activities such as counselling and life-skills training.	 Encourage students to participate in extra-curricular activities such as sport and music. Offer counselling, self-care training and life-skills training to people affected by leprosy and disability. Raise awareness about leprosy in the community to reduce stigma and discrimination. 	 2 awareness-raising rallies were held in Faizabad town in October and December 2009. An awareness-raising campaign was held in 6 schools. A student and staff retreat was held in October 2009. 8 leprosy-affected people were referred to the VTC for counselling. Training classes were held on health issues including HIV/AIDS, swine flu, leprosy, hygiene, self-care.
Objective Four: Encourage people affected by leprosy and disability to be self-sufficient.	 Run a loan scheme to help graduates set up their own businesses. Establish an Alumni Association to provide ongoing support to graduates. 	 3 students who completed the sewing course received small business loans. A function for graduates was held. A Regional Alumni Association meeting was held for members.

Financial Statements

Statement on Corporate Governance

The Board is responsible for preparing financial statements that give a true and fair view of the financial position of the Leprosy Mission New Zealand at the end of a financial year, and the operating results for that year. The external auditor is responsible for expressing an opinion on the financial report, based on a review and assessment of the conclusions drawn from evidence obtained in the course of the audit.

The financial statements set out in this report have been prepared by management in accordance with generally accepted accounting practices. They are based on appropriate accounting policies which have been consistently applied and which are supported by reasonable judgements and estimates.

The Board

The Board retains full and effective control over the Society, monitors executive management and ensures that decisions on material matters are in the hands of the Board.

Audit Committee

The Audit Committee is composed of members of the Resource Committee. The external auditor has access to this Committee and met with it following completion of the audit for the 12 months ended 30 June 2010. Matters considered included a review of the financial statements and accounting policies, the effectiveness of management information and other systems of internal control and the auditor's findings. The auditor will be appointed each year based on recommendations of the audit committee.

Internal Control

To fulfil its responsibilities, management maintains adequate accounting records and has developed and continues to maintain a system of internal controls. No breakdowns were identified in the systems of internal control for the 12 months ended 30 June 2010. After reviewing internal financial reports and budgets, the Board believe that the Leprosy Mission New Zealand will continue to be a going concern in the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements.

Statement of Financial Performance

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2010

THE LEPROSY MISSION NEW ZEALAND INCORPORATED

Incoming Resources	Notes	12 months 2010 \$	12 months 2009 \$
Donations Income	10a	1,509,198	1,450,491
Trusts/Corporates	14	55,640	78,639
NZ Government Grants - KOHA	10b, 15	1,566,000	1,651,375
NZ Government Grants – Other	10b, 15	575,080	401,621
Bequests	10c	902,233	512,213
Interest and Other Income	10a	55,873	92,736
TOTAL INCOMING RESOURCES		\$4,664,024	\$ 4,187,075

Resources Expended			
Field Remittances	15	2,474,284	2,592,431
TLM International Remittances	15	74,898	91,214
Project and Field Work	15	130,070	198,511
Education		209,742	251,043
Marketing and Promotion		763,799	852,007
Customer Services and Administration		258,583	289,373
Depreciation	4c	71,400	74,027
TOTAL RESOURCES EXPENDED		\$ 3,982,776	\$ 4,348,606
Surplus/(Deficit) for the year		\$681,248	(\$ 161,531)

Statement of Changes in Equity

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2010

THE LEPROSY MISSION NEW ZEALAND INCORPORATED

	Notes	2010 \$	2009 \$
Balance at beginning of year		680,991	847,462
Lend n Mend	17c	(310)	(19,940)
Leprosy Social Research Fund	17d	(28,689)	10,000
Reserves		48,331	0
Ethiopian Building Fund	17e	(5,000)	5,000
(Deficit)/Surplus for the year		681,248	(161,531)
BALANCE AT END OF YEAR		\$1,376,571	\$ 680,991

Statement of Financial Position

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2010

THE LEPROSY MISSION NEW ZEALAND INCORPORATED

	Notes	2010 \$	2009 \$
CURRENT ASSETS			
Bank Accounts, Cash and Deposits	7	883,332	204,810
Accounts Receivable & Prepayments	6	83,971	66,467
		\$967,303	\$271,277
CURRENT LIABILITIES			
Less Current Liabilities – Accounts Payable	8,9	118,130	170,644
WORKING CAPITAL		\$ 849,173	\$100,633
NON CURRENT ASSETS			
Investments	5	15,470	15,473
Advances (Share of Partnership)	4a, 16	441,037	441,037
Equipment, Furniture & Fixtures, Motor Vehicles	4a, 4c	70,890	123,848
TOTAL NON CURRENT ASSETS		\$ 527,398	\$580,358
TOTAL ASSETS		\$ 1,376,571	\$680,991
EQUITY			
Restricted Capital Fund	17a	314,335	314,335
General Funds	17b	955,749	274,501
Lend n Mend Fund (Restricted)	17c	53,845	54,155
Leprosy Social Research Fund	17d	4,311	33,000
Capital Project – Ethiopian Building	17e	0	5,000
Reserves	17f	48,331	0
TOTAL EQUITY		\$680,991	\$680,991

Grant Pollock cA

ROSS DIIION LLB (Hons), MCom Law (Hons) **CHAIRMAN**

Cash Flow Statement

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2010

THE LEPROSY MISSION NEW ZEALAND INCORPORATED

	2010 \$	2009 \$
Net Cash outflow from operating activities	682,630	(58,351)
Net Cash outflow from/(used in) investing activities	(4,108)	40,882
Net Cash outflow from financing activities	0	0
NET CASH INCREASE/DECREASE IN CASH AND CASH EQUIVALENTS	\$ 678,522	(\$ 17,469)
Cash and cash equivalents at the beginning of the year	204,810	222,279
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	\$883,332	\$ 204,810
RECONCILIATION WITH REPORTED OPERATING SURPLUS		
Reported surplus	681,248	(161,531)
Add non-cash items		
Depreciation	71,400	74,027
Add (less) movements in other working capital items:		
Increase in Accounts Receivables	(17,504)	19,944
Increase in Accounts Payable	(52,514)	9,209
NET CASH OUTFLOW FROM OPERATING ACTIVITIES	\$ 682,630	(\$ 58,351)

Notes to the Financial Statements

For the period ended 30 June 2010

1. Reporting Entity

The Leprosy Mission New Zealand Incorporated is a charitable organisation, based in Auckland, which is incorporated under the Charitable Trusts Act 1957 and registered under the Charities Act 2005 with Charities Registration No. CC37638. The organisation provides essential services and support to people experiencing the causes and consequences of leprosy. The Leprosy Mission New Zealand is represented on the Leprosy Mission International Board based in Brentford, UK.

TLMNZ physical address: The Leprosy Mission New Zealand Incorporated 591 Dominion Road, Balmoral, AUCKLAND 1041

2. Date of Authorisation

The financial statements of the Leprosy Mission New Zealand are for the year ended 30 June 2010. The financial statements will be circulated before the Board meeting on 13 November 2010.

3. Statement of Compliance and Basis of Preparation

The financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand (NZ GAAP). They comply with New Zealand equivalents to IFRSs (NZ IFRSs) and other applicable Financial Reporting Standards, as appropriate for public benefit entities that qualify for, and apply, differential reporting concessions.

The Leprosy Mission New Zealand is a public benefit entity that raises funds together with New Zealand government grants for leprosy related work undertaken overseas. The Leprosy Mission New Zealand is required by its constitution to prepare general purpose financial statements.

The Leprosy Mission New Zealand qualifies for differential reporting concessions as it does not have public accountability and it is not large. All available differential reporting exemptions allowed under the Framework for Differential Reporting for Entities Applying New Zealand Equivalents to IFRSs Reporting Regime have been applied, except for:

- NZ IAS12.NZ5.3: the Leprosy Mission New Zealand has not used the rates of depreciation permitted for income tax purposes because we are a tax exempt entity.
- NZ IAS 18.NZ6.1: the Leprosy Mission New Zealand's financial statements are prepared on a GST exclusive basis.
- NZ IAS 18.35(b): the Leprosy Mission New Zealand has disclosed each significant category of revenue.

The financial statements are presented in New Zealand Dollars (NZD) rounded to the nearest dollar.

The financial statements are prepared on the historical cost basis.

These are the Leprosy Mission New Zealand's third financial statements prepared in accordance with NZ IFRSs and NZ IFRS 1 has been applied.

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

4. Equipment, Furniture & Fixtures and Motor Vehicles

(a) Owned Assets

Assets are comprised of furniture and fixtures, office equipment and vehicles in addition to an interest in the Missions Centre Partnership of which the Leprosy Mission New Zealand owns a 50% share at 591 Dominion Road. Except for interest in the Missions Centre Partnership, all assets have been recorded at cost less accumulated depreciation value.

- A valuation of the building for insurance purposes stated that the reinstatement value was \$1,220,000 as at 14 September 2010.
- A valuation from Auckland City dated 30 June 2010 from their web site established the following values:

Land Value	\$1,170,000
Value of Improvements	\$710,000
Capital Value	\$1,880,000

(b) Depreciation

Depreciation is calculated so as to write off the cost of furniture and fixtures, office equipment and vehicles, on a straight-line basis over the expected useful economic lives of the assets concerned.

The estimated useful lives of assets are as follows:

- Computers and software 3 years
- Furniture and fixtures 5 years
- Motor vehicles 5 years

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each reporting date.

(c) Equipment, Furniture and Motor Vehicles

11,334	Cost \$	Current Depreciation for Year \$	Accumulated \$	Written Off \$	Carrying Amount \$
2010 Consolidated					
Equipment	312,606	53,993	210,048	2,351	46,214
Furniture	64,617	11,033	37,441		16,143
Motor Vehicles	53,458	6,374	29,112	9,439	8,533
	\$ 430,681	\$71,400	\$ 276,601	\$ 11,790	\$70,890
2009 Consolidated					
Equipment	298,824	54,226	160,325		84,273
Furniture	63,335	11,334	26,106		25,895
Motor Vehicles	42,792	8,467	20,645		13,680
	\$404,951	\$74,027	\$207,076	\$0	\$123,848

5. Investments

- (a) The policy of the Leprosy Mission New Zealand is to make available all possible funds for immediate leprosy work. Specific funds are invested pending utilisation.
- (b) Investments are shown in the Balance Sheet at the lower of acquisition cost or market value.

- (c) The Leprosy Mission New Zealand's investments comprise cash together with 300 shares in Pacific Gas & Electric Company which were bequeathed to the Leprosy Mission New Zealand by a supporter. The fair value of quoted securities is determined based on bid prices at the balance sheet date. The book value of this investment remains unchanged from 2003. However as at 30 June 2010 the last sale listed on the New York Stock Exchange was USD 39.87 per share. An average of US .42 cents per share dividend was paid out in 4 instalments for the year 2009-2010 totalling up to NZ\$ 502.24.
- (d) The Leprosy Mission New Zealand has a third share of a five share interest in freehold land in the Maori Freehold Land known as Anakiwi No. 10 Block.

6. Receivables

Receivables are recognised at the original invoice amount less impairment losses. This balance is made up of prepayments, GST refund and expenses incurred on behalf of The Leprosy Mission International (TLMI).

7. Cash and Cash Balances

Cash comprises deposits with The Bank of New Zealand. A gift of \$5000 has been invested with a financial company on the instructions of the donor.

8. Employee Benefit Liabilities

A provision for employee entitlements is recognised for benefits earned by employees but not paid at reporting date. Employee benefits include salaries, wages, annual leave, and sick leave.

Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, annual leave and sick leave, which will be settled after one year, have been measured at their nominal amount.

9. Payables

Trade and other payables represent liabilities for goods and services provided to the Leprosy Mission New Zealand and which have not been paid at the end of the financial year. These amounts are usually settled in 30 days. Given their short term nature, the carrying values of trade and other payables are considered a reasonable approximation of their fair values.

10. Income

(a) Grants and Donations

Grant and donation income is recognised as income when it becomes receivable unless the Leprosy Mission New Zealand has a liability to repay the grant if the requirements of the grant or donation are not fulfilled. A liability is recognised to the extent that such conditions are unfulfilled at the end of the reporting period.

(b) Finance Income (Interest and Dividend Income)

Interest is recognised in the statement of financial performance as it accrues, using the effective interest method. Dividend income is recognised in the statement of financial performance when the right to receive payments is established.

(c) Bequests

Bequests are recognised in the statement of financial performance when received.

11. Emergency Grants

Grants made for emergency purposes are recognised as expenses when approved and the recipient has met all necessary conditions to be entitled to the payment. No grants have been made this financial year.

12.Income Tax

The Leprosy Mission New Zealand is wholly exempt from New Zealand income tax and gift duty having fully complied with all statutory conditions for these exemptions.

13. Goods and Services Tax

The statement of financial performance has been prepared so that all components are stated exclusive of GST. All items in the statement of financial position are stated net of GST, with the exception of receivables and payables, which are stated inclusive of GST.

14. Donation Income

This income is made up of the following

	2010 12 months \$	2009 12 months \$
Appeal Donations	966,287	1,009,055
Partner's Programme	261,270	234,125
Money Boxes	95,568	101,356
General Donations	186,073	105,955
Trust/Corporate	55,440	78,639
Other Income (including interest)	55,873	92,736
TOTAL	\$1,620,511	\$ 1,621,866

15. Remittances & KOHA Grants

Remittances made during the 12 months ending 30 June 2010 to the international budget amounted to \$2,549,182. This consisted of \$1,566,000 of KOHA grant and \$393,775 from other government sources with the balance made up of donation income of \$589,407. These are shown as separate items in the accounts. A further amount of \$181,305 for the project in Papua New Guinea was received but will be remitted after balance date but before December 2010. This amount is shown in the general funds.

In this report under the heading 'Achievements in 2009/2010' details of all remittances made from the Block Grant during the year from 1 July 2009 to 30 June 2010 have been listed. MFAT (Ministry of Foreign Affairs and Trade) has a policy that all funds received have to be remitted within the MFAT financial year.

It is LMNZ's policy to advise the Leprosy Mission International office of donations received for specified purposes.

16. Advances – Share of Partnership

There is no change in the balance of the advances over the year.

	\$
LMNZ share of original purchase price	220,000
The cost of subsequent improvements	72,500
Balance as per Restricted Capital	\$292,500
Add Other Advances:	
Capital purchases	19,670
Advance towards windows replacement	32,639
Advance towards roof consultancy and signage	9,245
Advance of 50% cost of roof	86,983
TOTAL Advances	\$441,037

These advances are repayable in the event of the Leprosy Mission New Zealand withdrawing from the partnership.

17. Equity

The equity of LMNZ comprises the following:

(a)	
The Restricted Capital Fund is comprised of	\$
Short term deposits	21,835
50% share of premises & improvements at 591 Dominion Rd, as advanced to the Missions Centre Partnership	292,500
	\$314,335

(b)

General Funds	\$
Balance at beginning of year	274,501
Add surplus for the year	681,248
Balance at end of year	\$ 955,749

(c)

The Lend n Mend Fund is invested in medium term deposits	\$
and represents cash advanced to the Leprosy Mission New Zealand at no interest, and may be repayable to the lender on demand.	54,155
Less Monies paid back or transferred to bequests	(310)
Balance at end of year	\$ 53,845

(d)

The Leprosy Social Research Fund	\$
The fund was established to provide funds for research into leprosy related issues. In July 2009, this money was invested at current interest rates with the banks.	33,000
Less funds distributed for research undertaken	(28,689)
Balance at end of year	\$4,311

(e)

Ethiopian Building Fund	\$
In July 2009, this amount was invested at current interest rates with the banks.	5,000
Less funds remitted for the same	(5,000)
Balance at end of year	\$-

Auditor's Report

To the readers of the Financial Report of The Leprosy Mission New Zealand Incorporated

I have audited the Financial Report on pages (24 to 28). The Financial Report provides information about the past financial performance of The Leprosy Mission New Zealand Incorporated and its financial position as at 30 June 2010. This information is stated in accordance with the accounting policies set out on pages (29 to 33).

Governing Body Responsibilities

The Board, as the governing body, is responsible for the preparation of a financial report which fairly reflects the financial position of the Leprosy Mission New Zealand Incorporated as at 30 June 2010.

Auditor's Responsibilities

It is my responsibility to express an independent opinion on the financial report presented by the Leprosy Mission New Zealand Incorporated and report my opinion to you.

Basis of Opinion

An audit includes examining, on test basis evidence relevant to the amounts and disclosures in the financial report. It also includes assessing:

- The significant estimates and judgements made by the Leprosy Mission New Zealand Incorporated in the preparation of the financial report, and
- Whether the accounting policies are appropriate to the Leprosy Mission New Zealand Incorporated's circumstances, consistently applied and adequately disclosed.

I conducted my audit in accordance with generally accepted auditing standards in New Zealand except that my work was limited as explained below. I planned and performed my audit so as to obtain all the information and explanations which I considered necessary. I obtained sufficient evidence to give reasonable assurance that the financial report is free from material misstatements, whether caused by fraud or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial report. Other than in my capacity as auditor I have no relationship with or interest in the Leprosy Mission New Zealand Incorporated.

Qualified Opinion

The Leprosy Mission New Zealand Incorporated's income included donations from moneyboxes. Owing to the nature of this source of income there were no satisfactory procedures which I could adopt to confirm independently that all amounts to the Leprosy Mission New Zealand Incorporated were properly received.

In My Opinion

- Proper accounting records have been kept by the Leprosy Mission New Zealand Incorporated as appears from my examination of their records.
- Except for the inability of being able to independently confirm the moneybox donations received, the financial report in pages (24 to 28) complies with generally accepted accounting practice and gives a true and fair view of the financial position of the Leprosy Mission New Zealand Incorporated as at 30 June 2010 and the results of its operations for the 12 month period ended on that date.

My audit was completed on 14 October 2010 and my qualified opinion is expressed at that date.

Jelun K

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Robert J Gilmour, MMS, B Com, CA, MIIA

Thank You

On behalf of people and families affected by leprosy we would like to thank every single one of you who have supported us on our mission.

We would like to acknowledge all of our financial supporters including individual donors, those who have passed away and so thoughtfully remembered us in their Will, the International Development Group of MFAT (formally known as NZAID), businesses and suppliers, and the following trusts: The David Ellison Charitable Trust, Danesmead Charitable Trust, Zelda Roberts Charitable Trust, PC and HPW Green Charitable Trust.

Over the last 12 months our volunteers have donated a staggering 15,000 hours of their time, and we cannot begin to express just how much of a difference this has made to our work. We would also like to thank our Prayer Partners for continuing to remember our work in their prayers.

We are very thankful for the ongoing commitment of our Christchurch Committee, our Society members and our dedicated Board members who give their time and support so willingly.

Finally we would like to thank our field partners and the global Leprosy Mission Network for all of their hard work and support.



"In everything I did, I showed you that by this kind of hard work we must help the weak, remembering the words the Lord Jesus himself said: 'It is more blessed to give than to receive.'" Acts 20:35







Leprosy Mission New Zealand

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