

**TB ALERT**  
**(A Company Limited by Guarantee)**  
**TRUSTEES' REPORT AND ACCOUNTS**  
**FOR THE YEAR ENDED 31 MARCH 2013**

**Charity Registration No. 1071886**  
**Company Registration No. 3606528**

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**FOR THE YEAR ENDED 31 MARCH 2013**

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**REPORT OF THE TRUSTEES**

The Trustees, who are also Directors of the Charity for the purposes of the Companies Act 2006, present their report with the financial statements of the Charity for the year ended 31 March 2013. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in March 2005.

**LEGAL AND ADMINISTRATIVE INFORMATION**

Registered Company number:                    03606528 (England and Wales)

Registered Charity number:                    1071886

Trustees (who are also directors):	Paul Sommerfeld	Health Activist
	Professor Peter Davies	Medical Practitioner
	Dr Deepti Kumar	Doctor
	Edward Sadler	Solicitor
	Dr Noel Snell	Medical Practitioner (resigned 19 Sept 2012)
	Dr Ruth McNerney	University Lecturer
	Glenda Cooper	Journalist
	Vagn Hansen	Business Executive
	Dr Jayant Banavaliker	Doctor
	Dr Ebere Okereke	Doctor
	Lesley Hynes	Fundraising Consultant (appointed 1 Jul 2012)

Company Secretary:                            Professor Peter Davies

Operations Address:                            Community Base  
113 Queens Road  
Brighton  
BN1 3XG

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**REPORT OF THE TRUSTEES – continued**

**LEGAL AND ADMINISTRATIVE INFORMATION - continued**

Registered Office:                      Clark Brownscombe Limited  
8 The Drive  
Hove  
East Sussex  
BN3 3JT

Independent Auditors:                Clark Brownscombe Limited  
8 The Drive  
Hove  
East Sussex  
BN3 3JT

Bankers:                                  HSBC Bank plc  
31 Euston Road  
London  
NW1 2ST

Scottish Widows Bank plc  
PO Box 12757  
67 Morrison Street  
Edinburgh  
EH3 8YJ

CCLA Investment Management Ltd  
80 Cheapside  
London  
EC2V 6DZ

Virgin Money plc  
Jubilee House  
Gosforth  
Newcastle upon Tyne  
NE3 4PL

Solicitors:                                Laytons  
Carmelite  
50 Victoria Embankment  
Blackfriars  
London  
EC4Y 0LS

Patrons:                                  Archbishop Emeritus Desmond Tutu  
Lord Robert Kilpatrick of Kincaig

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**REPORT OF THE TRUSTEES – continued**

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Governing document**

The Charity was established as a company on the 30 July 1998 and as a charity on 8 October 1998. It exists to promote awareness of tuberculosis and to support measures to advance the care and treatment of individuals affected by the disease worldwide.

The Charity is registered with the Charity Commission under No. 1071886 in the original name of TB Alert. Its principal office is Community Base, 113 Queens Road, Brighton BN1 3XG.

The Charity is a company limited by guarantee registered in England and Wales under No. 03606528. The Charity is governed by its Memorandum and Articles of Association which require that it has a minimum of three Trustees but specify no maximum.

**Recruitment and appointment of new Trustees**

New Trustees are elected at the TB Alert Annual General Meeting at which all Ordinary Members may vote. One third of the Board are subject to re-appointment each year, thus Trustees are normally appointed for a period of three years. The Trustees may co-opt a person who is willing to act to be a Trustee during the year. These Trustees are identified by personal enquiry or through advertisement. A Trustee so appointed will hold office only until the next Annual General Meeting at which point they will be proposed for reappointment.

**Induction and training of new Trustees**

New Trustees are provided with induction materials describing the activities of the Charity and outlining their responsibilities, and they meet with relevant members of the Charity's staff.

**Organisational structure**

Day to day management of the organisation is the responsibility of the Chief Executive, Mike Mandelbaum.

The Trustees are responsible for the governance of TB Alert. The aim is to include within the trustee body a range of skills and experience appropriate to the aims and management of the Charity. Currently the trustee body includes those with relevant medical, community health, international programmes, advocacy, organisational management, financial and legal skills. The Trustees with medical and community health experience are leading practitioners in the field of tuberculosis. They also provide a link with charities, pharmaceutical companies and medical societies working in related fields.

The Charity has three advisory committees (some of which include external specialists): finance and operations; international programme, and UK advisory.

**Wider network**

TB Alert is an organisational member of the International Union against Tuberculosis and Lung Disease (IUATLD) and affiliated with the global Stop TB Partnership, the other members of which are organisations with consistent aims. These relationships do not impact on the governance of TB Alert. The Chair of Trustees has been Chair of the Stop TB Partnership Advocacy Working Group.

**Related parties**

TB Alert works closely with its sister organisation, TB Alert India, based in Hyderabad. TB Alert contributes towards the salaries of eight staff at TB Alert India. Funds raised by TB Alert for projects in India are channelled via TB Alert India; TB Alert India either implements these programmes directly or delivers them through partner NGOs, in which case TB Alert India monitors the activities and performance provides technical assistance.

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**REPORT OF THE TRUSTEES – continued**

**Risk management**

The Trustees consider the main risks to which TB Alert could be susceptible and monitor them through a risk register which assesses financial, programmatic and systematic risks to the organisation. This risk register is reviewed by the Trustees at six monthly intervals.

**PUBLIC BENEFIT**

In shaping our objectives and planning our activities for the year, the Trustees have given consideration to the duties set out in section 17(5) of the Charities Act 2006 to have due regard to public benefit. In particular, the Trustees have considered how the planned activities will contribute to the overall aims and objectives that have been set out in our Memorandum of Association.

The Trustees believe that the following paragraphs, specifically on the “Objectives and Activities” and “Achievements and Performance” for the year, relate in detail the benefit that the charity provides to the public.

**OBJECTIVES AND ACTIVITIES**

**Objectives and aims**

Our objects, as defined in our Memorandum of Association, are:

- (a) to support medical, scientific, social and humanitarian activities throughout the world for the relief and rehabilitation of persons affected by Tuberculosis and related medical and social conditions and for the prevention and control of that disease.
- (b) to educate persons throughout the world regarding the effects of Tuberculosis so as to heighten awareness of the need for better detection, treatment and rehabilitation of persons affected by Tuberculosis and related medical and social conditions.

**Our vision** is the control and the ultimate eradication of TB.

**Our mission** is to increase access to effective treatment for all.

**Strategic Objectives.** The charity’s strategic plan for 2012-17, contains five strategic objectives:

1. Meet the needs of individuals and communities affected by TB for information and support, and raise awareness of TB among health practitioners.
2. Strengthen collaboration between health and social care systems and civil society, for the care of patients and the prevention and control of TB.
3. Influence resource mobilisation and policy for the care of patients and the prevention and control of TB.
4. Measure and demonstrate the impact and cost-efficiency of TB Alert’s work.
5. Secure committed, skilled and effective staff and trustees and a diversified funding base.

**Significant activities**

Our main activities, and the people we work to help, are described in the Achievements and Performance section. All of our charitable activities focus on the prevention, access to treatment and successful treatment of Tuberculosis and are undertaken to further our charitable purposes for the public benefit, so as to address the health, social, humanitarian and economic impact of people being infected with Tuberculosis and not accessing treatment and a cure at the earliest opportunity.

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**REPORT OF THE TRUSTEES – continued**

TB remains the global emergency that the World Health Organisation declared in 1993. Tuberculosis kills 1.45 million people a year (nearly three people every minute). Most deaths occur because patients don't know a cure is available or they have difficulty accessing treatment.

TB is an airborne disease that can affect anyone but is most common among people living in poverty because they are more likely to be malnourished, have poor immune systems and be living in close proximity. TB prevents people from attending education, earning a living or looking after their family, which increases poverty within families and communities.

Tuberculosis is the main killer of people living with HIV in developing countries yet TB can be cured, even if someone is HIV positive, giving them years more life.

Diagnosis of TB can be difficult, especially in children, people who are HIV positive or people with TB affecting parts of the body other than the lungs. Drugs are effective and low cost for drug-sensitive TB but treatment takes at least six months and can cause unpleasant side effects so patients need support to ensure they complete the course. Incomplete treatment risks drug resistance which is difficult and costly to treat. The only vaccine we have, BCG, gives limited protection. So the development of new vaccines, diagnostics and drugs plays a key part in the fight to eradicate TB.

Many people think TB was eradicated in the UK. It never was. The lowest number of cases was in 1987 when there were 5,745 cases. By 2012 there were 8,751.

TB Alert is the only specialist TB charity working to fight Tuberculosis both in the UK and internationally. TB Alert works to ensure that poverty and lack of awareness are not a barrier to accessing TB treatment, and to eliminate the stigma and discrimination associated with Tuberculosis.

**Volunteers**

Our office in Brighton continued to benefit from the generous time of a number of volunteers, who gave around 1,000 hours over the year, supporting fundraising, administration, international programmes and communications functions. We cannot emphasise enough their importance to our work – we simply could not do it without them.

**ACHIEVEMENTS AND PERFORMANCE**

**Introduction**

This has been another year of growth for TB Alert across the three areas of our work: tackling TB on the ground in the UK; internationally in Africa and India; and through our advocacy work to improve the health systems on which people rely when they fall ill with TB. It was the first year of our five year strategic plan which sets out an ambitious vision of how, as the UK's national TB charity, we can reach more people, preventing illness and saving lives.

**Tackling TB in the UK**

The number of cases of TB in the UK, which started rising in the late 1980s, is finally showing signs of stabilising. In 2012 there were 8,751 cases, a 2.3% fall from the previous year. This should not be considered a success but only a turning point from where we start reducing rates by thousands during the coming years. Other countries have shown what can be achieved – across Europe and in the USA the number of TB cases has fallen over 60% during the last 20 years, partly due to different demographic patterns, but crucially because they have recognised the complex social aspects of TB and tackled them more effectively.

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**REPORT OF THE TRUSTEES – continued**

So it is good to report changes that are being planned for how TB is tackled in this country, with TB Alert at the forefront of those changes. Since the 2010 announcement of the restructuring of the health service, we have worked alongside clinical and Parliamentary stakeholders to highlight the need for a national strategy to tackle TB and for it to be driven from a public health perspective. In early 2013, as Public Health England was preparing to be launched, it announced that TB would be one of its priorities and it would set up a TB Oversight Group, including TB Alert, to lead a concerted effort to reduce rates of TB. By the time of our next report we will be able to describe how the national plan has taken shape.

On the ground, our flagship programme *The Truth About TB* broke new ground this year by establishing Local TB Partnerships as a way to embed the role of communities, the voluntary sector and service users in local TB services. The first partnerships were launched in autumn 2012 in Brent, Manchester, Redbridge and the West Midlands, and have become an important part of local TB planning processes. For example, the Redbridge partnership is a sub-group of the Health and Wellbeing Board, while the West Midlands partnership is a sub-group of the TB Programme Board and has authority over the work of sub-groups on community engagement and education.

During the year we continued running our successful training workshops for local community organisations, giving them the knowledge and resources to raise awareness of TB among the communities they work with every day.

This year saw us launch a series of Local Awareness Projects, where we supported local voluntary organisations to deliver a range of awareness activities in their community. The projects serve two purposes. First, they raise awareness in the local community so that people access health services more quickly when they have TB symptoms. Second, of a more strategic nature, they allow our partners to gain practical experience of working in TB so they can start to integrate TB into their organisations' day-to-day work and becoming partners of local statutory services. The projects were launched in five locations: Birmingham (with our partner organisation Freshwinds), Liverpool (Asylum Link), London (Naz Project London), Manchester (BHA) and Redbridge (Redbridge Community and Voluntary Service).

This year also saw us launch our first major programme to raise awareness of TB among GPs and primary care nurses. This work tackles the issue of primary care staff not recognising the symptoms of TB and so not referring people for testing, resulting in patients' health worsening and risking them infecting other people. Working with the Health Protection Agency (now Public Health England) and Royal College of GPs, in November we launched an online training course for GPs. This has proven very successful, with over 1,000 people taking the course in the first five months; at the time of writing, it is the RCGP's most highly rated course based on user feedback.

Alongside this online course, we launched a teaching pack for TB nurses to use when giving face-to-face updates to primary care staff. This presentation template, which comes with teaching notes and awareness resources, is also proving very popular.

Requests to our Patient Support Fund, which provides financial support to TB patients for essentials such as food and travelling to clinic, is continuing to grow.

During the coming year we will develop our plans for 2014-17, focusing on increased partnership working between voluntary organisations and statutory services so that the social aspects of TB are tackled most effectively. We will work with health services to gather evidence to demonstrate how this can result in reduced incidence of TB, while increasing patients' choices about the services they receive and at the same time reducing costs for the NHS.



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**REPORT OF THE TRUSTEES – continued**

Our work continues to be shaped by the experiences of people personally affected by TB. The TB Action Group (TBAG), which we helped form and to which we provide a 'secretariat', is routinely consulted on policy reforms and NICE guidelines; we plan to expand our work with people affected by TB so they can advise local TB service providers around the country.

**Our international programme**

TB Alert's work in India and southern Africa is focused on reducing deaths from TB by helping people access life-saving treatment. Of the eight million people who develop TB each year, over one million die from the illness because they are not seen by a properly qualified doctor who can diagnose their TB and ensure they receive the right treatment.

TB overwhelmingly affects the poorest people because the crowded conditions where they live helps TB spreads more rapidly, and because their immune systems are less able to fight off the disease. For people who are HIV positive the threat is even greater; they are 37 times more likely to develop TB and without treatment they are likely to die within a few short months.

TB has a shattering effect on people's lives – not just on their health but on their ability to feed and care for their families. It often affects people during their most productive income-earning years and often leads to children of patients being taken out of school to try to earn enough to feed the family.

We work with local partner organisations that already help their local communities. Our projects raise awareness within communities to improve people's access to treatment, and advocate for improvements in TB services, bringing the voices of communities and patients to the attention of policy-makers and health services.

This year saw the end of the five year APCHIP project in six districts of Andhra Pradesh state in India, our first project funded by the Department for International Development (DfID). This successful project had many achievements: it identified and helped diagnose over 4,000 TB patients, 1,100 HIV patients and 800 malaria patients; it helped establish 530 community groups that continue to refer people for testing and treatment; and it increased the proportion of people who understood their health rights from 46% to 72%.

This was also the first full year of the TAP project in Andhra Pradesh, also funded by DfID. The project works in remote or under-served areas including mountainous tribal areas where literacy rates and awareness of TB and HIV are low and access to testing and treatment services is poor. The project increases people's knowledge and awareness of TB and TB-HIV co-infection and improves their access to free government health services. The project also creates and strengthens community groups who advocate for improved TB diagnostic and treatment services at project and state level. This year, over 9,000 people were tested, of whom 596 were diagnosed with TB, 195 with HIV and 45 with TB-HIV co-infection. The benefits the project brings are described by Kannappa Dora, a 65 year old tribal farmer, who explained how "the TAP outreach worker came and explained the need to get testing and then took me to health centre where I was found TB positive. I trust the TAP worker to relieve me from sickness by using free government medicines with TAP follow-up. Now I am an ambassador for TB reduction and referred my son-in-law at a very early stage for TB and I do adherence monitoring of his treatment."

Also in India, the Delhi Divine project continued to raise awareness of TB and provide testing, treatment and support to communities in densely populated slum areas of North East Delhi. During the year the project's volunteers raised awareness with TB messages through street plays, outreach meetings and information materials. Project staff, volunteers and community groups referred 9,866 people for TB testing and counselling. Of these, 2,813 people were diagnosed with TB and received treatment and support.

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**REPORT OF THE TRUSTEES – continued**

In Zambia, our COTHAZ project, funded by DfID, raised awareness of TB among over 55,000 people in their communities, as well as reaching over 3 million more people through a series of radio programmes. As a result of the project's advocacy several clinics have committed to improving their ventilation and reduce overcrowding in order to reduce the chance of infection. We are now compiling information about the impact on the number of people receiving treatment as a result of the project.

Our long-standing work in Zimbabwe, with Murambinda Hospital in Manicaland province, reached nearly 60,000 people with messages on TB symptoms and treatment. This was achieved through public talks, home visits and drama shows. We trained 450 community volunteers to provide directly observed treatment. At the clinical level, 722 people were newly diagnosed with TB, all of whom received counselling and treatment, and the project traced 717 people who had previously defaulted and are now back on their TB treatment; these patients are being supported to try to ensure they complete the course of antibiotics so they are fully cured and do not develop drug-resistant TB.

This year we did not work in Malawi, but we finalised plans to launch a new project in June 2013 with the NGO JournAIDS, to increase awareness of TB and TBV-HIV through the media.

Our sister organisation TB Alert India continued its work and remains a partner in the Axshya project, funded by the Global Fund to Fight AIDS, TB and Malaria.

**Policy and advocacy**

We continued our many roles within UK and international TB policy and advocacy arenas. We worked with RESULTS, the international advocacy NGO, to plan and run Advocacy Corner, the civil society hub at the annual World Conference on Lung Health, this year held in Kuala Lumpur. We play a central role in the TB Europe Coalition, an alliance working to raise awareness of tuberculosis and increase the political will to control the disease throughout Europe, and especially in the eastern European countries. The case for new tools to fight TB remains a critical issue, and we work especially closely with Aeras, the product development partnership for vaccines, to promote the case in the UK for funding and support of vaccine development. We are also on the Steering Group of Stop TB UK (formerly the UK Coalition to Stop TB) and work closely with the All Party Parliamentary Group on Global TB.

We were especially active in advocating the need for a national TB strategy in England and highlighting the benefits of it being led by Public Health England. We have been raising this issue at Ministerial level since the last election and received strong backing from Anna Soubry MP after she came into post as Minister for Public Health during the autumn. The formation of a national TB Oversight Group to take this work forward has the potential to make significant improvements in the management of TB in this country and to start reducing incidence of the disease.

**FUNDRAISING**

The past year has been notable for TB Alert, as our income has exceeded £1,000,000 for the first time since our launch in 1999. In our strategic plan for 2012-17, we have a commitment to ensure that we have the expertise, systems and diversified income in place to sustain that growth.

**Individuals**

We are very grateful to all the individuals that support our work. Not least the many people who have been inspired by their own experience of TB to donate money, or to hold or take part in a fundraising event in order to help others affected by the illness.

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**REPORT OF THE TRUSTEES – continued**

In November 2012, TB Alert launched a high profile fund to mark the 100<sup>th</sup> anniversary of Sir John Crofton's birth. The fund was launched at a fundraising dinner held at the Apothecaries' Hall. Guests at the launch, including many senior figures from the medical world, heard inspiring speeches from Dr Lucica Ditiu, the Executive Secretary of the global Stop TB Partnership and they were also treated to an entertaining after dinner speech from Barry Cryer OBE. The Sir John Crofton Fund to Fight TB has raised £148,000 in Sir John's name – demonstrating how he continues to be an inspiration to others. TB Alert is exceptionally grateful to everyone who has donated to the fund in Sir John's honour.

**Trusts and foundations**

TB Alert's income from trusts and foundations has increased significantly in the last few years, culminating in our highest ever income from this source in 2012-13 at £145,000. This total included by a generous grant of £25,000 from the Freemasons' Grand Charity.

We would like to thank all the trusts and foundations, too numerous to mention here, that have contributed to our work in the UK and overseas.

**Community and events**

As ever, we are impressed by the lengths our supporters will go to fundraise for TB Alert. Simon Richardson covered the equivalent distance of the English Channel on a rowing machine in his local gym while still recovering from TB. Our thanks go out to Simon for performing such an amazing feat and for raising close to £4,000 towards our work. We would also like to thank participants in the Great North Run and Brighton Half Marathon for their effort and contributions; and Barts Choir for their annual fundraising carol concert in Trafalgar Square.

**Corporate support**

We are most grateful to our friends at Genus Pharmaceuticals for their continued support throughout the year, and to Genus and Oxford Immunotec for covering the costs of producing our Christmas cards.

**FINANCIAL REVIEW**

The year 2012-13 saw our income total £1,055,831. Grants from the Department of Health totalled £208,414 and grants from the Department for International Development totalled £306,988.

Resources expended were £959,944. Of this amount, £818,559 (85%) was spent directly on charitable activities, £106,537 of which was from unrestricted funds.

**Reserves policy**

The Trustees have established a policy, reviewed annually, that free reserves held by the charity should be between 3 and 6 months total unrestricted expenditure, which based on the 2013-14 budget equates to between £74,790 and £149,580 in general funds. As a result of an unanticipated philanthropic donation, at the end of the year the reserves stood at £259,300.

TB Alert is committed to increasing the scale of its work in order to reach and help more people and we have an objective of diversifying our funding base to become less reliant on statutory grants. In the year 2013-14, we are budgeting for £157,000 of our work in the UK – some 40% of the programme's income – to be raised from trusts and foundations. We also plan to expand our international programme. Our reserves provide some security for these challenging ambitions.

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**REPORT OF THE TRUSTEES – continued**

**STATEMENT OF TRUSTEES' RESPONSIBILITIES**

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

Company law requires 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 of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

**STATEMENT AS TO DISCLOSURE OF INFORMATION TO AUDITORS**

So far as the Trustees are aware, there is no relevant audit information (as identified by section 418 of the Companies Act 2006) of which the charity's auditors are unaware. Each Trustee has taken all the steps that he or she ought to have taken as a Trustee in order to make himself or herself aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

**AUDITORS**

A resolution to reappoint Clark Brownscombe Limited as auditors to the charitable company will be proposed at the forthcoming Annual General Meeting.

The Trustees have prepared this report in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by the Trustees on

and signed on their behalf by:

P J Sommerfeld  
Trustee

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**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF TB ALERT**

We have audited the financial statements of TB Alert for the year ended 31 March 2013 which comprise the Statement of Financial Activities, the Balance Sheet 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 charity's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members 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, 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.

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 trustees and the overall presentation of the financial statements.

***Opinion on financial statements***

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2013 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and
- have been prepared in accordance with the requirements of the Companies Act 2006.

***Opinion on other matter prescribed by the Companies Act 2006***

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

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**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF TB ALERT**

*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 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us;
- the financial statements are not in agreement with the accounting records and returns;
- 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.

J Thacker FCA DChA  
Senior Statutory Auditor

For and on behalf of Clark Brownscombe Limited  
Statutory Auditor  
8 The Drive  
Hove  
East Sussex  
BN3 3JT

Date:

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**STATEMENT OF FINANCIAL ACTIVITIES**  
(INCORPORATING INCOME AND EXPENDITURE ACCOUNT)  
FOR THE YEAR ENDED 31 MARCH 2013

	Notes	Unrestricted Funds £	Restricted Funds £	Total Funds 2013 £	Total funds 2012 £
<b>INCOMING RESOURCES</b>					
<b>Incoming resources from generated funds:</b>					
Voluntary income	2	314,795	133,323	448,118	186,407
Activities for generating funds	2	2,301	-	2,301	10,693
Investment income	2	6,735	-	6,735	7,188
<b>Incoming resources from charitable activities:</b>					
UK Programmes	2	16,749	271,899	288,648	316,372
International Programmes	2	-	306,988	306,988	398,321
Advocacy Programmes	2	<u>3,041</u>	-	<u>3,041</u>	<u>39,287</u>
<b>TOTAL INCOMING RESOURCES</b>		<b><u>343,621</u></b>	<b><u>712,210</u></b>	<b><u>1,055,831</u></b>	<b><u>958,268</u></b>
<b>RESOURCES EXPENDED</b>					
<b>Costs of generating funds</b>					
Costs of generating voluntary income	3	131,832	-	131,832	114,669
Fundraising trading: cost of goods sold and other costs	3	2,544	-	2,544	1,158
<b>Charitable activities</b>					
UK Programmes	3	14,985	343,418	358,403	375,060
International Programmes	3	74,121	361,142	435,263	506,546
Advocacy Programmes	3	17,431	7,462	24,893	73,263
<b>Governance costs</b>	3	<u>5,346</u>	<u>1,663</u>	<u>7,009</u>	<u>15,036</u>
<b>TOTAL RESOURCES EXPENDED</b>		<b><u>246,259</u></b>	<b><u>713,685</u></b>	<b><u>959,944</u></b>	<b><u>1,085,732</u></b>
<b>NET INCOMING / (OUTGOING) RESOURCES</b>		<b>97,362</b>	<b>(1,475)</b>	<b>95,887</b>	<b>(127,464)</b>
<b>TOTAL FUNDS START FINANCIAL YEAR</b>		<b><u>161,938</u></b>	<b><u>28,166</u></b>	<b><u>190,104</u></b>	<b><u>317,568</u></b>
<b>TOTAL FUNDS END FINANCIAL YEAR</b>	17	<b><u>259,300</u></b>	<b><u>26,691</u></b>	<b><u>285,991</u></b>	<b><u>190,104</u></b>

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

There have been no recognised gains or losses other than the results for the financial year and all surpluses or deficits have been accounted for on a historical cost basis.

The notes set out on pages 15 to 24 form part of these financial statements.

**TB ALERT**  
(A Company Limited by Guarantee)

Charity Registration No. 1071886      Company Registration No. 3606528

**BALANCE SHEET**

**AS AT 31 MARCH 2013**

	Notes	2013 £	2012 £
<b>FIXED ASSETS</b>			
IT Equipment	10	4,221	-
<b>CURRENT ASSETS</b>			
Stocks		4,570	5,573
Debtors	11	18,607	14,908
Cash at bank and in hand		<u>397,244</u>	418,674
		<b>420,421</b>	439,155
<b>CREDITORS</b>			
Amounts falling due within one year	12	<u>138,651</u>	<u>249,051</u>
<b>NET CURRENT ASSETS</b>		<b><u>281,770</u></b>	<b><u>190,104</u></b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b><u>285,991</u></b>	<b><u>190,104</u></b>
<b>FUNDS</b>	17		
Unrestricted Funds		259,300	161,938
Restricted Funds		<u>26,691</u>	<u>28,166</u>
<b>TOTAL FUNDS</b>		<b><u>285,991</u></b>	<b><u>190,104</u></b>

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

The accounts were approved by the Board on

and signed on its behalf by:

P J Sommerfeld  
Trustee

V Hansen  
Trustee

The notes set out on pages 15 to 24 form part of these financial statements.



**TB ALERT**  
**(A Company Limited by Guarantee)**

**Charity Registration No. 1071886      Company Registration No. 3606528**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2013**

**1. ACCOUNTING POLICIES**

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the financial statements.

*1.1 Basis of Preparation*

The financial statements have been prepared under the historical cost convention and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008), the Companies Act 2006 and the requirements of the Statement of Recommended Practice, Accounting and Reporting by Charities, issued in March 2009.

*1.2 Incoming Resources*

All incoming resources are included on the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Grants and donations receivable in respect of specific restricted expenditures are recognised as income in the period in which the relevant expenditure occurs or as specified by the donor.

Where grants are received during the year under review but relate to a later period the amount is deferred under Grants in Advance in the Balance Sheet.

All other donations and gifts are accounted for when they are received. Tax recoverable on gift aid donations received is provided in full in the period in which the donation is received.

*1.3 Resources Expended*

Expenditure is accounted for on an accruals basis, including irrecoverable VAT, and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources. Grants offered subject to conditions which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

*Cost of generating funds*

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of charitable activities.

*Charitable activities*

Project grant expenditure is charged to the Statement of Financial Activities when a constructive obligation exists, notwithstanding that they may be paid in future periods. All other expenditure is recognised in the period in which it is incurred.

*Governance costs*

Governance costs are costs associated with the governance arrangements for the charity as opposed to costs associated with charitable or fundraising activities.

*Allocation and apportionment of costs*

Expenditure is allocated to five areas of activity where the cost relates directly to that area, with salaries allocated based on time spent. The five areas of activity are: UK programmes, international programmes, advocacy programmes, fundraising, and governance.

*1.4 Stocks*

Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow moving items.

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**Charity Registration No. 1071886      Company Registration No. 3606528**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2013 – continued**

**ACCOUNTING POLICIES - continued**

*1.5 Taxation*

The Charity is exempt from Corporation Tax on its charitable activities under Section 505(1) of the Income and Corporation Taxes Act 1988.

*1.6 Fund accounting*

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the Trustees.

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

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

*1.7 Hire purchase and leasing commitments*

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

*1.8 Pension costs and other post-retirement benefits*

The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

These contributions are invested separately from the Charity's assets.

*1.9 Tangible Fixed Assets*

All assets costing more than £1,000 are capitalised. Depreciation is calculated so as to write off the cost of an asset over the useful economic life of that asset as follows:

Computer equipment – straight line over 3 years

**TB ALERT**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2013 - continued**

**2. INCOMING RESOURCES**

<b>INCOMING RESOURCES FROM GENERATED FUNDS</b>	<b>Unrestricted Funds £</b>	<b>Restricted Funds £</b>	<b>Total 2013 £</b>	<b>Total 2012 £</b>
<b>Voluntary Income</b>				
Donations	189,497	9	189,506	42,011
Gift Aid	10,800	-	10,800	6,613
Legacies	-	-	-	5,000
Corporate	52,107	50,590	102,697	84,833
Trusts and foundations	62,391	82,724	145,115	47,735
Community groups	-	-	-	215
	<u>314,795</u>	<u>133,323</u>	<u>448,118</u>	<u>186,407</u>
<b>Activities for generating funds</b>				
Fundraising events	-	-	-	7,528
Fundraising trading	<u>2,301</u>	-	<u>2,301</u>	<u>3,165</u>
	<u>2,301</u>	-	<u>2,301</u>	<u>10,693</u>
<b>Investment Income</b>	<u>6,735</u>	-	<u>6,735</u>	<u>7,188</u>
<b>INCOMING RESOURCES FROM CHARITABLE ACTIVITIES</b>				
UK Programmes	16,749	271,899	288,648	305,872
International Programmes	-	306,988	306,988	398,321
Advocacy Programmes	<u>3,041</u>	-	<u>3,041</u>	<u>49,787</u>
	<u>19,790</u>	<u>578,887</u>	<u>598,677</u>	<u>753,980</u>
<b>TOTAL INCOMING RESOURCES</b>	<u>343,621</u>	<u>712,210</u>	<u>1,055,831</u>	<u>958,268</u>

**TB ALERT**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2013 – continued**

**3. RESOURCES EXPENDED**

	Unrestricted Funds £	Restricted Funds £	Total 2013 £	Total 2012 £
<b>CHARITABLE ACTIVITIES</b>				
<b>UK Programmes</b>				
Programme activities, including staff and associated costs	13,318	314,715	328,033	321,399
Organisational costs	<u>1,667</u>	<u>28,703</u>	<u>30,370</u>	<u>53,661</u>
	<u>14,985</u>	<u>343,418</u>	<u>358,403</u>	<u>375,060</u>
<b>International Programmes</b>				
Programme activities	5,987	324,135	330,122	427,893
UK based staff and associated costs	60,441	34,254	94,695	71,420
Organisational costs	<u>7,693</u>	<u>2,753</u>	<u>10,446</u>	<u>7,233</u>
	<u>74,121</u>	<u>361,142</u>	<u>435,263</u>	<u>506,546</u>
<b>Advocacy Programmes</b>				
Programme activities, including staff and associated costs	15,434	7,345	22,779	53,777
Organisational costs	<u>1,997</u>	<u>117</u>	<u>2,114</u>	<u>19,486</u>
	<u>17,431</u>	<u>7,462</u>	<u>24,893</u>	<u>73,263</u>
<b>TOTAL CHARITABLE ACTIVITIES</b>	<b><u>106,537</u></b>	<b><u>712,022</u></b>	<b><u>818,559</u></b>	<b><u>954,869</u></b>
<b>GOVERNANCE COSTS</b>				
Meeting costs	2,740	-	2,740	1,515
Audit fees	2,516	1,663	4,179	3,687
Organisational costs	<u>90</u>	<u>-</u>	<u>90</u>	<u>9,834</u>
	<u>5,346</u>	<u>1,663</u>	<u>7,009</u>	<u>15,036</u>
<b>FUNDRAISING COSTS</b>				
<b>Cost of generating voluntary income</b>				
Fundraising costs	36,345	-	36,345	17,786
Staff and associated costs	<u>95,487</u>	<u>-</u>	<u>95,487</u>	<u>96,883</u>
	<u>131,832</u>	<u>-</u>	<u>131,832</u>	<u>114,669</u>
<b>Fundraising trading: cost of goods</b>				
Christmas card costs	2,222	-	2,222	1,120
Postage and packaging	<u>322</u>	<u>-</u>	<u>322</u>	<u>38</u>
	<u>2,544</u>	<u>-</u>	<u>2,544</u>	<u>1,158</u>
<b>TOTAL RESOURCES EXPENDED</b>	<b><u>246,259</u></b>	<b><u>713,685</u></b>	<b><u>959,944</u></b>	<b><u>1,085,732</u></b>

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2013 – continued**

**4. BREAKDOWN OF PROGRAMME COSTS**

	Unrestricted Funds £	Restricted Funds £	Total 2013 £	Total 2012 £
<b>UK Programmes</b>				
UK Awareness and Partnerships Programmes	14,985	298,294	313,279	338,622
Primary Care Awareness	-	16,067	16,067	14,349
Patient Support Fund	-	22,551	22,551	15,746
TB Action Group	-	8,169	8,169	6,343
	<u>14,985</u>	<u>345,081</u>	<u>360,066</u>	<u>375,060</u>
<b>International Programmes</b>				
India – APCHIP	-	31,873	31,873	142,095
India – TAP	-	116,314	116,314	92,166
India – Delhi Divine Project	-	2,914	2,914	-
India – TB Alert India costs	-	32,388	32,388	44,013
Zambia – COTHAZ	-	158,801	158,801	164,061
Zambia – Chichetekelo	-	-	-	921
Zimbabwe – Murambinda Hospital	-	18,852	18,852	15,648
International Project Management	<u>74,121</u>	<u>-</u>	<u>74,121</u>	<u>47,642</u>
	<u>74,121</u>	<u>361,142</u>	<u>435,263</u>	<u>506,546</u>
<b>Advocacy Programmes</b>				
Advocacy for Global Health	-	-	-	44,841
TB Europe Coalition	-	7,462	7,462	6,139
TB Survival Prize	-	-	-	1,903
Other advocacy programmes	<u>17,431</u>	<u>-</u>	<u>17,431</u>	<u>20,380</u>
	<u>17,431</u>	<u>7,462</u>	<u>24,893</u>	<u>73,263</u>
<b>Total Programme Costs</b>	<u>106,537</u>	<u>713,685</u>	<u>820,222</u>	<u>954,869</u>

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2013 – continued**

**5. GRANTS PAYABLE**

	2013	2012
	£	£
The total grants paid during the year was as follows:		
UK - Patient Support Fund	22,451	15,745
UK - Awareness and Partnership Programmes	14,000	-
Advocacy Programmes	-	3,692
India - APCHIP	27,351	131,895
India - TAP	104,560	80,969
India - Delhi Divine Project	2,914	-
India - TB Alert India costs	32,388	52,441
Zambia - COTHAZ	141,534	148,569
Zambia - Chichetekelo	-	921
Zimbabwe - Murambinda Hospital	15,387	13,044
International Project Management	4,956	-
	<u>365,541</u>	<u>447,276</u>

**6. SUPPORT COSTS**

	UK Programmes	International Programmes	Advocacy Programmes	Fundraising	Governance	Total 2013
Management	22,533	7,062	1,761	10,993	2,770	45,119
Finance	7,706	2,899	1,438	2,205	4,179	18,427
Administration	11,987	4,293	309	10,878	60	27,527
	<u>42,226</u>	<u>14,254</u>	<u>3,508</u>	<u>24,076</u>	<u>7,009</u>	<u>91,073</u>

A new method of calculating support costs has been implemented for 2013 using full cost recovery.

**7. NET INCOMING / (OUTGOING) RESOURCES**

	2013	2012
	£	£
Net resources are stated after charging/(crediting)		
Auditors' remuneration	4,179	3,687
Depreciation	384	-
	<u>4,563</u>	<u>3,687</u>

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2013 - continued**

**8. TRUSTEES' REMUNERATION AND BENEFITS**

There were no Trustees' remuneration or other benefits for the year ended 31 March 2013 nor for the year ended 31 March 2012.

Trustees' Expenses - Payments were made to three Trustees (2012: two Trustees) during the year totalling £5,209 (2012: £3,666). These consisted of reimbursement of expenses (mainly travel and subsistence). The amount of expenses incurred relating to governance was £1,152 and the amount of expenses incurred directly in the course of TB Alert's charitable activities was £4,057.

**9. STAFF COSTS**

	2013	2012
	£	£
Wages and Salaries	342,433	347,379
Social Security Costs	34,399	33,553
Pension Cost	<u>12,656</u>	<u>14,215</u>
	<u><b>389,488</b></u>	<u><b>395,147</b></u>

The average monthly number of employees the year was 13 (2012: 12)

No employee received emoluments in excess of £60,000 in the year.

**10. TANGIBLE FIXED ASSETS**

	<b>Computer Equipment</b>
	£
<b>Cost</b>	
At 1 April 2012	-
Additions	4,605
Disposals	<u>-</u>
At 31 March 2013	<u><b>4,605</b></u>
<b>Depreciation</b>	
At 1 April 2012	-
Additions	384
Disposals	<u>-</u>
At 31 March 2013	<u><b>384</b></u>
<b>Net book value</b>	
At 31 March 2013	<u><b>4,221</b></u>
At 31 March 2012	<u><b>-</b></u>

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2013 – continued**

**11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2013	2012
	£	£
Trade Debtors	3,530	6,194
Other Debtors	<u>15,077</u>	<u>8,714</u>
	<u>18,607</u>	<u>14,908</u>

**12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2013	2012
	£	£
Trade Creditors	17,706	16,552
Taxation and Social Security	8,265	6,318
Deferred Income	92,552	202,959
Other Creditors	<u>20,128</u>	<u>23,222</u>
	<u>138,651</u>	<u>249,051</u>

The Charity has made no firm commitments in respect of its grant-making activity that are not reflected in these accounts.

**13. ANALYSIS OF NET ASSETS BETWEEN FUNDS**

	Unrestricted Funds	Restricted Funds	2013 Total Funds	2012 Total Funds
	£	£	£	£
Fixed Assets	4,221	-	4,221	-
Current Assets	304,179	116,242	420,421	439,155
Current Liabilities	<u>49,100</u>	<u>89,551</u>	<u>138,651</u>	<u>249,051</u>
	<u>259,300</u>	<u>26,691</u>	<u>285,991</u>	<u>190,104</u>

**14. CONTINGENT LIABILITIES**

The balances on the restricted funds will be used to continue to fund the project to which they relate. In the unlikely event that the project is terminated, the balance will be repayable to the original funder where applicable. It is not possible to evaluate the potential liability that may arise in this situation.

**15. RELATED PARTY DISCLOSURES**

TB Alert India is considered to be a related party by virtue of being a sister organisation based in Hyderabad involved in the monitoring of the activities and performance of projects based in India.

During the current year, TB Alert contributed £32,388 towards TB Alert India's core costs.

**16. SHARE CAPITAL**

The company is limited by guarantee with no issued share capital. Each member has undertaken to contribute a maximum of £10 in the event of the Charity being wound up.



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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2013 - continued**

**17. MOVEMENT IN FUNDS**

	Balance as at 1 April 2012	Income	Expenditure	Balance as at 31 March 2013
<b>UK Programmes</b>				
Third Sector Investment Programme (Dept. of Health)	-	192,347	(192,347)	-
Other UK Awareness and Partnership Programmes	-	107,133	(105,947)	1,186
Primary Care Awareness Project (Dept. of Health)	-	16,067	(16,067)	-
Patient Support Fund – UK General Fund	1,063	4,232	(3,789)	1,506
Patient Support Fund – Bedfordshire Fund	1,870	-	230	2,100
Patient Support Fund – Bradford/Leeds Fund	160	-	(160)	-
Patient Support Fund – Women’s Fund	2,169	3,000	(2,976)	2,193
Patient Support Fund – Scotland Fund	500	-	-	500
Patient Support Fund – Mercers Fund	-	3,750	(2,480)	1,270
Patient Support Fund – Benenden Fund	-	7,375	(7,375)	-
Patient Support Fund – Maitland Fund	-	6,400	(6,001)	399
TB Action Group	6,000	2,169	(8,169)	-
<b>International Programmes</b>				
India – APCHIP (DfID CSCF 455)	-	31,873	(31,873)	-
India – TAP (DfID CSCF 550)	-	116,314	(116,314)	-
India – Delhi Divine Project	-	3,500	(2,914)	586
India – TB Alert India costs	-	32,388	(32,388)	-
Malawi – JournAIDS	8,541	8,009	-	16,550
Zambia – COTHAZ (DfID CSCF 520)	-	158,801	(158,801)	-
Zimbabwe – Murambinda Hospital	-	18,852	(18,852)	-
<b>Advocacy Programmes</b>				
TB Europe Coalition	<u>7,863</u>	<u>-</u>	<u>( 7,462)</u>	<u>401</u>
<b>Total Restricted Reserves</b>	<b>28,166</b>	<b>712,210</b>	<b>(713,685)</b>	<b>26,691</b>
<b>Unrestricted Funds</b>	<b>161,938</b>	<b>343,621</b>	<b>(246,259)</b>	<b>259,300</b>
<b>Total Funds</b>	<b><u>190,104</u></b>	<b><u>1,055,831</u></b>	<b><u>(959,944)</u></b>	<b><u>285,991</u></b>

**TB ALERT**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2013 - continued**

**18. DEPARTMENT OF HEALTH GRANT**

**Project Title: Building Partnership between the Public Sector and Service Users to Increase Awareness of Tuberculosis and Improve TB services.**  
**Reference Number: 2011/045**

**INCOME**

Department of Health grant awarded for current year	<u>192,347</u>
<b>TOTAL FUND</b>	<u><u>192,347</u></u>

**EXPENDITURES**

**CAPITAL EXPENDITURES**

Office Equipment	-
Software/programmes	-

**REVENUE EXPENDITURES**

Salary	131,379
On cost on salary (NI and Pension)	16,662
Travel & subsistence (staff)	8,997
Recruitment	700
Volunteers training	-
Staff training	887
Volunteers cost (travel & subsistence)	632
Rent	11,659
Rates	-
Telephone	1,574
Postage	1,983
Stationery/disks/CDs	1,764
Events (conferences & seminars)	10,090
Marketing/promotion/publicity	980
Printing	-
Research	-
Consultancy	-
Database cost	-
Website design cost	-
Website maintenance cost	-
Evaluation and dissemination	-
Accountant fees	1,663
Professional fees	960
Steering group (travel & subsistence)	-
Governance costs (Trustees)	<u>2,417</u>

<b>TOTAL EXPENDITURES</b>	<u><u>192,347</u></u>
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Underspend / (overspend)	
Balance carried forward (underspend to be carried into following year)	<u><u>-</u></u>