

REGISTERED COMPANY NUMBER: 08290412 (England and Wales)  
REGISTERED CHARITY NUMBER: 1151105

Report of the Trustees and Financial Statements  
for the Year Ended 31 March 2020 for  
Health and Hope UK

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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 2020.

## **REFERENCE AND ADMINISTRATIVE DETAILS**

**Registered Company number** 08290412 (England and Wales)

**Registered Charity number** 1151105

### **Registered Office**

62 Heronsgate Road  
Rickmansworth  
Hertfordshire  
WD3 5NX

### **Principal Address**

62 Heronsgate Road  
Rickmansworth  
Hertfordshire  
WD3 5NX

### **Trustees**

J Boyce	Accountant
J C E Gardner	Lawyer
A Gray	Accountant
H J Greig	Lawyer
K Waterfield	Doctor
E Watson	Management consultant

### **Independent examiner**

Simon Lewcock FCCA  
Windsor Lodge  
Millfield Road  
Hounslow  
TW4 5PN

## **STRUCTURE, GOVERNANCE AND MANAGEMENT**

### **Governing document**

The charity is controlled by its governing document, a deed of trust, and constitutes a company limited by guarantee, as defined by the Companies Act 2006.

### **Risk Management**

The trustees have reviewed the risks to which the charity is exposed and have ensured that appropriate controls are in place to provide reasonable assurance against fraud and error.

## **OBJECTIVES AND ACTIVITIES**

Health and Hope UK (HHUK) was established at the end of 2012. The objectives of the charity are specifically restricted to the following:

- (1) For the public benefit of people in regions of South and South-East Asia, Health and Hope UK aims to relieve poverty and advance health, education and the Christian faith; and
- (2) Promote the efficiency and effectiveness of charities through technical support and by the provision of advice and training in good governance, structure and fundraising for our partners.
- (3) Nothing in the articles shall authorise an application of the property of the charity for purposes which are not charitable in accordance with section 7 of the charities and trustee investment (Scotland) act 2005 and/or section 2 of the charities act (Northern Ireland) 2008.

HHUK has carried out its objectives by working in partnership with Health and Hope Myanmar (HHM).

HHM is a community-based organisation whose mission is to bring health care, education, hope and development to the poorest people in remote areas of western Myanmar, through community engagement and empowerment. Its vision is to see villages that are thriving and self-developed.

The programmes that HHM delivers in Myanmar, and which HHUK supported during 2019 -20, are structured around three strategic goals - health, education and food security - with an underlying objective to see these goals contribute towards increased community cohesion and hope.

**Health:** To improve access to public health and primary medical care

**Education:** To increase the number of skilled people who are empowered and trained to take the lead in community development initiatives

**Food Security:** To increase and diversify agricultural production and reduce chronic malnutrition

In order to strengthen the effectiveness of HHM's programmes, HHUK provide support to HHM in the following areas:

- |                              |                                |
|------------------------------|--------------------------------|
| - Strategy and Governance    | - Monitoring and Evaluation    |
| - Finance and Administration | - Fundraising                  |
| - Training and Development   | - Marketing and Communications |

## **Fundraising Standards & Regulations**

Health & Hope UK is dedicated to ensuring we comply with all relevant fundraising standards and regulations. Health & Hope UK is registered with the Fundraising Regulator and is committed to both the Fundraising Promise and adhering to the Fundraising Code of Practice.

Our fundraising activities involve encouraging individual donations and gifts in wills, running small events for donors to engage with our work, as well as working with corporate and statutory funders. We do not use direct marketing techniques which could unfairly target vulnerable people or contravene their right to privacy. We do not engage with external contractors for fundraising except for research purposes, which are conducted in compliance with current Data Protection regulations. Staff are familiar with our Fundraising Procedures Policy, which includes procedures on how to protect vulnerable people.

The Health & Hope website outlines our complaints policy for the public and explains how an individual can submit a complaint. We received no complaints in the last financial year about our fundraising activities.

## ACHIEVEMENT AND PERFORMANCE

### Overview:

After experiencing significant growth in 2018-19, matched by an expansion of charitable activities in Myanmar, our aim for 2019-20 was to maintain income at the new level whilst investing in capacity building of our partner's staff, consolidating systems and strengthening partnerships.

The trustees are delighted to report that Health & Hope UK (HHUK) exceeded these targets, experiencing modest growth (4%), with income reaching £608,191. During the year the charity also increased the percentage of unrestricted funds raised from 29% to 38%. The number of individual donors supporting the work also increased by 29% and the number of regular donors by 34%. As we look into a more uncertain future due to the COVID-19 pandemic, the trustees are immensely thankful to God for this provision and for the generosity of supporters who remain committed to the work of the charity.

The 2019-20 financial year saw the culmination of the board's five-year plan. The trustees took the opportunity to reflect back on progress made against goals during a visit to the UK by Dr Sasa, the founder of Health & Hope Myanmar's work. Significant progress had been made across all areas of the strategic plan including:

- expanding the quality and range of health services offered to remote communities;
- delivering upon objectives to support access to education, as well as the launch of a new project to support disadvantaged Grade 10 students in the region;
- supporting opportunities to develop community infrastructure;
- promoting sustainable agricultural methodology to meet food security goals.

In addition, Dr Sasa reported to the board major changes and future opportunities related to influencing international institutions and government actions in Myanmar, which were bringing about positive changes for local communities in the region.

During the financial year, rebuilding work on the Training Centre entered its final stage. New capital projects were funded and launched, including an accommodation block to enable students from remote villages to attend the new Education for All project. Significant strides were also taken in advancing accountability across the work in Myanmar, from the introduction of new policies, to financial transparency and extensive field surveys to measure the impact of the project work.

Over the year, HHUK continued to provide capacity building opportunities for local partner staff, including in-country training workshops and one-to-one mentorship. This included the development of skills in project management, financial planning and management, donor reporting, research and monitoring impact of the work. Partnerships remain central to our approach, and the trustees would particularly like to thank Birthlink-UK, International Health Partners, Mission Aviation Fellowship, Mission East and Prospect Burma for their continued solidarity and support.

## Health

HHUK has the following development objective in health:

*Remote rural communities in western Myanmar experience a decreased incidence of disease and an improvement in health and well-being.*

The development objective is being achieved by:

1. improving access to health care services;
2. improving knowledge about health management and disease prevention;
3. creating a sustainable service through a community contribution and partnership model.

HHUK supports HHM through the running of four projects to meet these objectives:

### Maternal & Neonatal Health

Government investment in health care in Myanmar has historically been the lowest of any country monitored by the World Health Organisation. Health indicators in Chin State are low even by the standards of Myanmar, in part due to the remoteness of many villages and the paucity of good roads. These factors hinder access to medical expertise, and serious health conditions are often not treated on a timely basis.

The rural poor are most affected by the lack of investment in healthcare. Even where they do exist, clinics are understaffed and lack many basic provisions. Whilst the government is now supporting midwifery services into the rural areas, midwives are forced to spend their own money to secure transport to villages in the border regions. The villages are far away from the main roads and often require a day or more of walking in remote and scarcely populated areas. This increases risks for health professionals and with many midwives are unable to fulfil their duties in these areas. A sad paradox emerges: though essential maternal and infant healthcare can have a radically beneficial impact on community well-being, in many parts of rural Chin State it continues to represent an acute area of need.

HHUK seeks to address this need by funding work to train and equip Traditional Birth Attendants (TBAs). These are usually older women who hold status and respect within their communities. They are planted for life within local communities and have gained knowledge of the birthing process through practical experience and oral tradition, rather than formal learning. Poor traditional hygiene practices, as well as myths and superstitions surrounding childbirth, can be reversed through education, leading to a reduction in maternal and perinatal mortality and morbidity.

Since 2012, nine TBA training workshops have been run by expert midwives from the UK which have had a tremendous impact on the local communities, including the local under-5 orphanage being closed down in 2018, thanks to the reduction in maternal mortality in childbirth. This, along with many individual testimonies of lives saved through better birthing practices, have created significant recognition for this work across the region.

After 166 women from 58 villages had attended a basic and advanced training workshop, the first 'Train of Trainer' (ToT) workshops were run in 2017 for women who had been selected as having the potential to be a local trainer. Over the past two years, these women ran their own training workshops in remote villages, multiplying the impact of the expat trainers. As a result, a further 101 TBA's and 123 women who expressed

an interest in the work attended the workshops. This has enabled wider dissemination of knowledge to the local communities. The ToT work is reviewed annually, with the UK midwives undertaking an in-situ evaluation of their students' knowledge, including practical observations of birthing practices. It was found that all of the women trained had retained an excellent knowledge of basic healthcare practices such as handwashing and diet and there was a satisfactory to good level of knowledge in understanding the mechanisms of birth. There was also clear evidence that the training had significantly raised the status of women within the villages and enhanced their confidence and self-esteem.

#### Hope Clinic

Based in Lailenpi, Hope Clinic provides services to just under 2,000 out-patients each year. In emergencies the clinic can provide a referral service and transport patients to hospitals in Pakokku or Yangon. This service often saves families going into lifelong debt in order to reach expert clinical care in hospital. The clinic also acts as a clinical training centre for CHWs and TBAs and a base for community health education campaigns.

In 2018, two doctors from Health & Hope's Freedom to Education Project (FEP) returned to Lailenpi to run the clinic after undertaking six years study in the Philippines. They were joined in 2019 by three qualified nurses, who have also been supported by Health & Hope through six years of study in India. Their training also included a one-year internship in hospitals in Yangon and two, two-week intensive maternal and neonatal training workshops. We look forward to a further four nurses joining the team in 2020, leading to opportunities to expand the range of clinical and diagnostic services.

The growth in personnel has contributed to the creation of a dynamic team with a wide skill set and exceptional vision for the future. At the end of the financial year, plans were devised for the establishment of nurse-led clinics, regular outreach to remote communities and an emergency medical service utilising a newly purchased ambulance – thanks to the generosity of a HHUK supporter.

In 2019-20 HHUK provided funding for additional medical equipment and medication for the clinic and contributed to salary costs for the doctors, nurses and support staff.

HHUK arranged logistical and in-country support for Dr Nick Paluch, a Commissioner of Guernsey Overseas Aid, to visit the clinic and run out-patient clinics to the local community. Dr Nick also oversaw the visit of three medical students from Southampton University, providing training to clinic staff and supported a workshop for village-based Community Health Workers.

In 2020-21, HHUK expects to support the costs of four additional nurses, in addition to expanding the mobile medical outreach service to provide regular clinics in remote villages.

#### Community-Led Healthcare

Since 2008, HHM have trained 791\* Community Health Workers (CHWs) working in 448 villages in Chin and Rakhine States. CHWs are known to deliver life-saving services through simple health interventions, right at the point where they are most needed. CHWs are selected and embedded within the communities where they serve and are able to address the vast majority of sickness and ill-health through education and preventative practices such as: the use of clean water, better waste disposal, teaching the benefits of hand

washing, nutrition and combatting deadly superstitions about health. Many of these simple and effective techniques are often overlooked but have a significant impact in reducing morbidity and averting mortality.

The network of trained volunteer health workers is spread over 448\* partner villages. The project area is remote and poorly connected to the rest of the country. Villagers consist of fifteen different tribal groups, all facing chronic food insecurity, a lack of educational opportunities and poor health outcomes, with many needing to walk up to three days to reach a well-equipped and staffed health facility.

Following on from the launch of the Community-led Healthcare project in Rakhine and southern Chin States in 2018-19, work continued in 2019/20 to :

1. increase access to health care services through equipping 32 Area Coordinators, ensuring the network of trained CHWs are regularly supported and are able to respond to the changing health needs of their local community;
2. build capacity of the network of health workers through health education initiatives in order to increase the knowledge and capability of local communities to respond to their own health needs;
3. address the sustainability of HHM's rural health care provision through models of community-led social enterprise which return value back into the health network;
4. encourage the government's participation with and recognition of HHM's capability in delivering a model of community-led healthcare; and
5. build HHM's capacity at a key point of growth to sustain operations into future years by developing its health expertise and operational delivery.

Between October 2019 and March 2020, 32 Area Coordinators took part in two training workshops led by HHM staff and specialist expat medics, covering a range of topics in maternal and infant care, essential primary health care and emergency first-aid. HHUK's partnership with International Health Partners (IHP) saw a shipment of medicines delivering over 53,000 treatments reach Lailenpi. Area Coordinators acted as the distribution network for these basic medicines to CHWs, including providing training on the safe use of medications.

*\*The numbers of CHWs trained and villages supported by Health & Hope has dropped slightly from last year's report. We are pleased to have undertaken a detailed audit over the last year which has accurately plotted villages across the region into sophisticated 3D mapping software. Combined with a bespoke health database that HHUK delivered, we were able to support our local partner to identify discrepancies in prior reporting. This was due to complex characteristics of the local geography, including nomadic villages and multiple languages used in translation of village names which had over-reported the number of health workers and villages. These technological developments have led to advancements in logistical planning and impact reporting, including the use of mobile phone survey tools to provide key insights into healthcare delivery in the region, and have recently been extended to deliver socio-economic insights into the impact of the COVID-19 lockdown on livelihoods in the region.*



Challenges for the project this year included not only COVID-19 outbreak, but also an escalating conflict in the south of Chin State between the Arakan Army and the Myanmar Armed forces. For the time being this has significantly reduced the project area that the local team are able to safely work in.

As part of the Community-Led Healthcare project, and thanks to very supportive donors, the local team were able to rapidly adapt health programming during the year to develop a three-stage strategy: PREVENT, DETECT, RESPOND for COVID-19. This included outreach to 135 villages and four IDP (Internally Displaced People) camps, with support for travel and preventative activities throughout the lockdown gained from the Chief Minister of Chin State. The team undertook intensive travel across the region setting up village-level COVID-19 prevention committees, providing training for CHWs, establishing handwashing stations and delivering key health education materials as well as PPE equipment and diagnostic tools for health workers. It has been tremendous to see the ingenuity of the team working in partnership alongside the Chin State government in delivering this vital work to villagers in the region.

#### Community Health Financing Initiative

The Community Health Financing Initiative (CHFI) aims to equip Village Health Committees (VHCs), with the ideas, skills and investment required towards developing a local source of income for meeting the cost of the Community-Led Healthcare project in the long-term.

In order to move towards local financial sustainability, each village will need to contribute an average of USD \$290 towards the ongoing work of the Community-Led Healthcare project to sustain operations at the current level. The CHFI has been developed to help villages achieve this.

In 2019-20, the CHFI invested in two community-owned business initiatives in ten villages where a CHW and trained TBA are working. The initiatives chosen were livestock rearing and the planting of Elephant Yam as a cash crop. The project fosters community ownership and aims to develop a model of best practice for scaling up the initiative across the region in following years. We were delighted that all of the projects saw a profit from the first year of activities in addition to the loans being paid back in full. Fifty percent of the profits from each project were invested into village healthcare – providing a stipend for the CHW and purchasing medications for the village – and fifty percent were reinvested in furthering the business idea for a second year. The team reissued loans to the original villages, as well as selected a further ten villages for the 2020-21 financial year.

## Education

HHUK has the following development objective in education:

*Young people from remote rural communities in western Myanmar experience improved educational prospects, long-term socio-economic wellbeing and are proactively contributing towards the development of their local community.*

The development objective is being achieved through:

1. improving access to primary, secondary and higher education opportunities;
2. improving the quality of education services;
3. creating opportunities for young people to apply their learning for the benefit of their local community.

This work is being undertaken through the following projects:

### Freedom to Education Project (FEP)

The Freedom to Education Project, run by HHM and supported by HHUK, aims to identify young people who carry a vision for the long-term benefit of their people. Those selected for the project are offered the opportunity to pursue higher education. In addition to tuition fees, HHUK issues a scholarship grant to cover accommodation costs, whilst practically providing study guidance and ongoing pastoral care, for the majority of students.

At the end of the 2019-20 financial year, ten students were due to graduate with seven taking up roles in Health & Hope Myanmar in the Clinic and Education for All project. Three doctors have chosen to continue their studies and gain further hospital-based experience after completing their internships. In 2020-21 fifteen students will continue in their studies, ranging from Year 11 to final year degree students.

This creates a virtuous circle, to the benefit of the students and Health & Hope. The returning graduates are an inspiration for younger generations of students from the rural villages in Chin State, taking on leadership roles, fluent in English and able to interact with foreign visitors. Graduates will continue to play a critical role in HHM's future, in both its operational capability as well as building up the organisation's professionalism and reputation across all areas of its work.

### Education for All

During the financial year, HHUK supported HHM to launch a new Education for All project. The project ran as a pilot during 2018-19, providing part-time tuition to 202 students, who were studying in two schools in Lailenpi town. At the end of 2018-2019, 24% of students passed their grade 10 exams compared to 16% the previous year.

In 2019-20, the 'Education for All' project took on full-time responsibility for 96 students in the newly constructed Health & Hope Training Centre. The project supported 'repeater students' – those who had previously failed their grade 10 exams - with high quality tuition, a library of educational resources, enhanced nutrition and a safe place to study. This long sought-after education initiative aimed to improve exam results of rural children, with a target to match the pass-rate of the urban schools in Myanmar.

Despite it being the first year of full-time teaching, the project was a real success, achieving a pass-rate three times higher than the local government school, and almost equalling the pass-rate of schools in Yangon. The project will run for a second year in the same format, having been oversubscribed within four days of applications opening. However, at the end of the financial year, it is unclear when this project will be able to re-launch following the closure of all schools in Myanmar due to the COVID-19 pandemic.

### **Food Security**

HHUK's development objective in relation to food security is that:

*Remote rural communities in western Myanmar adopt sustainable agricultural methodologies and experience an improvement in food security and nutritional health.*

The development objective is being achieved through:

1. increasing the quantity and diversity of household food production through crop diversification;
2. increasing nutrition and healthy food production knowledge and skills, particularly through shared learning;
3. increasing the uptake of environmentally sustainable agricultural techniques and water management practices;
4. ensuring there are accessible resources and networks in place to provide rapid food relief to needy areas during natural disasters.

### Sustainable Agriculture

Working with Together for Sustainable Development (TSD, a local NGO) and Mission East, HHM received funding from the Danish government for a sustainable farming project: 'New Ways to Grow'. The project started in July 2017 and finished in November 2019, focusing on bringing new farming techniques and crop diversification to local Family Farmer Groups (FFGs). The primary purpose of the project was to demonstrate that an increased agricultural yield with higher nutritional gains can be achieved using sustainable farming methods which reduce exposure to natural disasters and divert activity from traditional destructive slash and burn methodology. Secondary health outcomes will also be achieved through enhanced nutrition as a result of changes to diet.

The evaluation found that significant progress had been made in a short time frame towards, achieving the four pillars of food security: availability, access, utilisation and stability. Participating households had improved the availability and variety of crops, mostly year-round, and had also reported additional benefits in health, income generation, social development and gender equality. The question remains, however, as to whether these changes can be made more sustainable and replicable for other communities in the region. As a result of the evaluation, funding was successfully secured for a second phase, extending the project to a greater number of FFGs across a wider area.

Additional funding has been secured over two years to also research alternative livelihood options in the region, including Non-Timber Forest Products (NTFP), such as beekeeping.

During the financial year HHUK continued to support HHM through providing operational and staffing resources to complement the main grant, oversight in the development of a local financial handbook, and staff training in-country to enable the team to meet international standards of accounting and reporting.

## **Building for the future**

### *Rebuilding the Training Centre*

On 30th May 2017, Cyclone Mora made landfall in Bangladesh before moving northwards through western Myanmar. Torrential rain and high winds destroyed homes and triggered landslides in rural villages with thirty-seven families made homeless in the village of Lailenpi where HHM's work is based.

In addition, seven buildings of HHM's training centre were destroyed including the main training hall, kitchen and dining area and four dormitory buildings.

Work started on the rebuilding of the 100'x 60' training centre in December 2017. During 2019-20 an additional floor was built into the roof space enabling staff and visitor accommodation as well as an office environment for the HHM team. The main hall and classrooms were rendered and painted, and flooring completed across the vast majority of the centre. Thanks to the generosity of individual supporters and partners, HHUK were able to source all of the financial resources required to complete the building, with only the plumbing and electrics requiring completion at the end of the financial year.

During 2019-20 the training centre hosted 96 students for nine months as part of the Education for All project as well as accommodated multiple health workshops for Area Coordinators, CHWs, TBAs and government midwives. Funding was also secured during the financial year for an accommodation block to complement the Training Centre. Work started in February 2020. Building work has continued apace and is due for completion in July 2020.

### *Lailenpi airstrip*

HHUK have continued to work closely with Mission Aviation Fellowship (MAF) and eMI during the financial year to support the construction of Lailenpi airstrip. The airstrip will reduce travel time from Yangon, from a minimum of three days of often hazardous driving to around 2 hours of flying time via Mandalay. At the end of March 2020, the airstrip was approaching 70% completion with the COVID-19 lockdown threatening to delay the opening date due to limited access to raw materials.

## **FUTURE DEVELOPMENTS**

The year ahead will see the outlining of a new five year plan for the partnership, building on the foundational achievements of the last period, with a particular focus on increasing the capacity of HHM to source and secure funding through local and regional partners, as well as to continue to develop its governance and operational capabilities.

HHUK launched a new website during the 2019-20 financial year and will continue to build upon the marketing and communications plan for the charity whilst navigating the COVID-19 crises.

Capacity building, mentoring and training for the local team will continue, but will be moved online due to limitations imposed on travel to Myanmar, with face to face medical training being postponed until lockdown restrictions are lifted.

With the return of high calibre graduates taking on key leadership roles, we hope to support the expansion of clinical services in the region, including nurse-led clinics and new diagnostic services. There will be a continued emphasis on community-based care through the network of CHWs, focusing on transforming knowledge through health education as well as integrating a COVID-19 response into all areas of the charity's programming. We expect the Education for All project to go from strength to strength, taking on an additional 50 students as soon as restrictions are lifted, with many coming from conflict-torn regions in southern Chin State.

Approved by order of the board of trustees on 24<sup>th</sup> September 2020 and signed on its behalf by:

A handwritten signature in black ink, appearing to be 'J C E Gardner', with a stylized flourish at the end.

J C E Gardner - Trustee

I report on the accounts for the year ended 31 March 2020 set out on pages 12 to 16.

**Respective responsibilities of trustees and examiner**

The charity's trustees (who are also directors for the purposes of company law) are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year (under Section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is required. Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Association of Chartered Certified Accountants (ACCA), which is one of the listed bodies.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- examine the accounts under Section 145 of the 2011 Act
- to follow the procedures laid down in the General Directions given by the Charity Commission (under Section 145(5)(b) of the 2011 Act); and
- to state whether particular matters have come to my attention.

**Basis of the independent examiner's report**

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statements below.

**Independent examiner's statement**

In connection with my examination, no matter has come to my attention:

- (1) which gives me reasonable cause to believe that, in any material respect, the requirements
- to keep accounting records in accordance with Section 386 and 387 of the Companies Act 2006; and
  - to prepare accounts which accord with the accounting records, comply with Sections 394 and 395 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities have not been met; or

- (2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.



S A Lewcock FCCA  
Windsor Lodge  
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Hounslow  
TW4 5PN

12th September 2020

Health and Hope UK  
Year ended 31 March 2020

Statement of Financial Activities

		Unrestricted fund	Restricted funds	31.3.20 Total funds	31.3.19 Total funds
	Notes				
<b>INCOME AND ENDOWMENTS</b>					
<b>Income from generated funds</b>					
Voluntary income		225,284	381,985	607,269	581,879
Investment income	3	922	0	922	887
<b>Total income and endowments</b>		<b>226,206</b>	<b>381,985</b>	<b>608,191</b>	<b>582,766</b>
<b>EXPENDITURE</b>					
<b>Cost of generating funds</b>					
Costs of generating voluntary income	4	62,605	0	62,605	31,666
<b>Charitable activities</b>					
Health		51,335	240,386	291,721	156,390
Education		25,699	133,010	158,709	115,212
Rebuilding project		10,794	28,731	39,525	159,886
Capacity building & training		20,920	24,613	45,533	34,405
<b>Other expenditure</b>		<b>25,239</b>	<b>1,434</b>	<b>26,673</b>	<b>28,991</b>
<b>Total expenditure</b>		<b>196,592</b>	<b>428,174</b>	<b>624,766</b>	<b>526,550</b>
<b>NET INCOME/(EXPENDITURE) BEFORE TRANSFERS</b>					
		29,614	(46,189)	(16,575)	56,216
<b>Gross transfers between funds</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET MOVEMENT IN FUNDS</b>		<b>29,614</b>	<b>(46,189)</b>	<b>(16,575)</b>	<b>56,216</b>
<b>RECONCILIATION OF FUNDS</b>					
<b>Total funds brought forward</b>		<b>83,820</b>	<b>95,115</b>	<b>178,935</b>	<b>122,719</b>
<b>TOTAL FUNDS CARRIED FORWARD</b>		<b>113,434</b>	<b>48,926</b>	<b>162,360</b>	<b>178,935</b>

The notes form part of these financial statements

Health and Hope UK  
Year ended 31 March 2020

Balance Sheet as at 31 March 2020

		Unrestricted fund	Restricted funds	31.3.20 Total funds	31.3.19 Total funds
	Notes				
<b>CURRENT ASSETS</b>					
Debtors	7	7,349	0	7,349	0
Cash at bank and in hand		116,484	71,403	187,887	187,956
		<u>123,833</u>	<u>71,403</u>	<u>195,236</u>	<u>187,956</u>
<b>CREDITORS</b>					
Amounts falling due within one year	8	(10,399)	(22,477)	(32,876)	(9,021)
		<u>113,434</u>	<u>48,926</u>	<u>162,360</u>	<u>178,935</u>
<b>NET CURRENT ASSETS</b>					
		<u>113,434</u>	<u>48,926</u>	<u>162,360</u>	<u>178,935</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>					
		<u>113,434</u>	<u>48,926</u>	<u>162,360</u>	<u>178,935</u>
<b>NET ASSETS</b>					
		<u>113,434</u>	<u>48,926</u>	<u>162,360</u>	<u>178,935</u>
<b>FUNDS</b>					
Unrestricted funds: General fund	9	113,434	0	113,434	83,820
Restricted funds	9	0	48,926	48,926	95,115
		<u>113,434</u>	<u>48,926</u>	<u>162,360</u>	<u>178,935</u>
<b>TOTAL FUNDS</b>					
		<u>113,434</u>	<u>48,926</u>	<u>162,360</u>	<u>178,935</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2020.

The members have not required the charitable company to obtain an audit of its financial statements for the year ended 31 March 2020 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

- (a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006
- (b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable companies and with the Financial Reporting Standard 102 SORP 2015.

The financial statements were approved by the board of trustees on 16th July 2020 and signed on its behalf by:

Mrs J Boyce - Trustee

J C E Gardner - Trustee

The notes form part of these financial statements



## 1 ACCOUNTING POLICIES

### Accounting convention

The financial statements have been prepared under the historical cost convention and in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard 102, the Charities Act 2011 and the Companies Act 2006.

### Income and Endowments

All income and endowments 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.

### Expenditure

Expenditure is accounted for on an accruals basis and have been classified under heading 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.

### Taxation

The charity is exempt from corporation tax on its charitable activities

### 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.

## 2 FINANCIAL RESERVES POLICY

The trustees seek to hold an amount in reserve equal to or greater than six months running costs. This policy is reviewed on an annual basis.

## 3 INVESTMENT INCOME

	Year ended 31.3.20 £	Year ended 31.3.19 £
Deposit account interest	<u>922</u>	<u>887</u>

Notes to the Financial Statements - continued

**4 COSTS OF GENERATING VOLUNTARY INCOME**

	Year ended 31.3.20	Year ended 31.3.19
	£	£
Events	1,106	3,004
Resources, Postage and stationery	596	88
Promotional materials, film and media	2,655	4,262
Staff costs including consultancy	48,569	21,129
Website redesign	4,065	0
Travel	5,614	3,183
	<u>62,605</u>	<u>31,666</u>

**5 TRUSTEES' REMUNERATION AND BENEFITS**

**Trustees' expenses**

There were no trustees' expenses paid for the year ended 31 March 2020.

**6 STAFF COSTS**

	Year ended 31.3.20	Year ended 31.3.19
	£	£
Wages and salaries	99,101	69,356
Pension and Social security costs	9,972	5,945
	<u>109,073</u>	<u>75,301</u>

The average monthly number of employees (2.5 full time equivalent) during the year was:

Administrative	3	3
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No employees received emoluments in excess of £60,000

**7 DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	31.3.20	31.3.19
	£	£
Donations and Gift Aid	6,342	0
Other Debtors	1,007	0
	<u>7,349</u>	<u>0</u>

**8 CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	31.3.20	31.3.19
	£	£
Charitable remittances	28,968	0
Other creditors	3,908	9,021
	<u>32,876</u>	<u>9,021</u>

Notes to the Financial Statements - continued

**9 MOVEMENT IN FUNDS**

	<b>1.4.19</b>	Income & Endowments	Expenditure	<b>31.3.20</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>Unrestricted funds: General fund</b>	83,820	226,206	196,592	113,434
<b>Restricted funds</b>				
Community-led Healthcare	51,820	132,068	158,708	25,180
Traditional Birth Attendants training	15,595	18,422	31,427	2,590
Clinic	0	22,646	22,646	0
Mobile clinic	15,000	0	15,000	0
Relief fund	0	71	0	71
Community Health Financing Initiative	8,778	20,266	10,738	18,306
Further Education project	0	91,279	91,279	0
Education for All	23,369	20,441	41,209	2,601
Rebuilding of training centre	(19,486)	23,657	4,171	0
Building dormitories	0	24,485	24,307	178
Airstrip	0	222	222	0
Peace building	39	0	39	0
HH Myanmar Operational costs	0	2,380	2,380	0
Capacity Building	0	24,614	24,614	0
UK overheads	0	1,434	1,434	0
<b>TOTAL FUNDS</b>	<b>178,935</b>	<b>608,191</b>	<b>624,766</b>	<b>162,360</b>