

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

Report of the Trustees and Financial Statements
for the Year Ended 31 March 2021 for
Health and Hope UK

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Health and Hope UK
Year Ended 31 March 2021
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 2021.

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 & INGO professional	
H J Greig	Lawyer	
K Waterfield	Doctor	(Resigned January 2021)
E Watson	Management consultant	
T Creber	Business professional	
E Ong	Doctor	
A Murray	Business professional	
P Harlock	Business & INGO professional	

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.

OBJECTS AND ACTIVITIES

Health and Hope UK (HHUK) was established at the end of 2012. The objects of the charity are:

- (1) For the public benefit of people in the 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 objects by working through local partners to bring health care, education, hope and development to the poorest people in remote areas of western Myanmar, through community engagement and empowerment. Our vision is to see communities thriving and self-developed.

The programmes that HHUK supported during 2020-21 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 field-based work, HHUK provides support to partners in the following areas:

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

Fundraising Standards & Regulations

HHUK is dedicated to ensuring we comply with all relevant fundraising standards and regulations. HHUK 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:

The 2020-21 financial year has been marked by two major events in Myanmar. Firstly, the COVID-19 pandemic, and secondly, a military coup. Lockdowns imposed by the former led to significant adaptations being required to field-based programming, a reduction of planned activities and the heightened vulnerability of local communities. The impact of the latter has been catastrophic, with thousands killed in the protest movement and an estimated quarter of a million people displaced. Arising from the coup has been a nationwide civil uprising, a collapse of the health and education sectors, escalating prices for basic commodities and economic isolation. At the end of the year (February and March 2021), this required a change in our planned programme activities to a more focused humanitarian response. While this is covered in our charitable objects, the Trustees will be working to review our long term activities in 2021-2022.

Throughout the year, HHUK's supporters have remained committed to communities in Myanmar and through their generous giving and prayer have enabled us to walk closely alongside those going through immense hardship. As a result, and despite significant adaptations necessitated by the impact of Covid-19, we were able to deliver most of our planned activities up to the military coup, apart from the Education for All project. This project was put on hold due to country-wide COVID-19 restrictions which saw the closure of all educational institutions in the 2020 academic year. Most have failed to reopen following the coup throwing children's lives into further chaos.

Income to HHUK reached £554k for the financial year. This represented a 10% dip compared to the prior year, reflecting the reduced expenditure required for education during the pandemic. At the same time, significant efforts were taken to control expenditure during the COVID-19 outbreak, resulting in a 16% reduction in HHUK's operating costs.

Dr Sasa (Health & Hope Myanmar's founder), tendered his resignation in order to take up an appointment as Special Envoy to the United Nations. As a result of subsequent military persecution, Health & Hope Myanmar (HHM) were forced to shut down in-country operations. Staff were forced into hiding with local assets being moved to a place of safety. This led to HHUK putting a temporary halt on all fund transfers in the last two months of the financial year. As a result, HHUK were holding a significantly higher level of both unrestricted and restricted funds at the year-end than had been planned. This situation has been resolved as operations have shifted to a humanitarian-led response with alternative partners, whilst also expanding our focus on the Freedom to Education Project which provides scholarship grants for impoverished students.

Our team in the UK continued to give support and capacity building opportunities for the team in Myanmar despite restrictions imposed by Covid-19, with an emphasis on project, HR and finance management. Using videoconferencing facilities we engaged supporters through online events, providing key updates regarding our work and gave opportunity to interact directly with the Myanmar team.

Despite the escalating and ongoing crisis, we remain as committed as ever to our cause of serving the most vulnerable people of Myanmar.

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 support in this area was directed through HHM in 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 has been 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.

Due to COVID-19, local trainers were unable to travel freely during the first six-months of the financial year, with local villages having locked down with government restrictions. However, when these were lifted, the HHM team were able to conduct a number of training workshops and outreach visits with remote support from HHUK. In December, a group of 12 Trainer of Trainers (ToTs) who are now responsible for running local workshops and supporting TBAs in remote communities, attended a workshop at HHM's newly finished training centre. After receiving key equipment, including bespoke Birthing Bags, they delivered training into 12 remote villages. Two TBAs were supported with training at each village along with an additional 72 local women. The training covers a range of topics from health in pregnancy and complications in birth, to breast feeding and postnatal care. The HHM team then carried out an independent survey and found that 90% of

women in the villages had received antenatal care visits during their last pregnancy. This was also reflected by the fact that 87% of births were attended by a Health & Hope trained TBA. The HHM team made further in-situ visits using a newly developed TBA competency assessment tool, whilst also delivering materials for the ToTs next outreach visit. Following the military coup and the collapse of the healthcare sector, ToTs and TBAs remain the sole source of support to pregnant women in these remote villages.

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. By 2020, seven qualified nurses, who have also been supported by Health & Hope through six years of study in India, had returned to take up positions serving the local communities.

The HHM medical team provide clinics to the local community on weekdays for outpatients and a 24/7 emergency service. At the start of the pandemic, they provided an incredible service to local communities, translating COVID-19 information into local languages and leading health education work across the region. Whilst there was no widespread outbreak in Chin State during the 2020 calendar year, COVID has spread like wildfire across the nation in 2021, particularly in the larger towns and cities. Sixty-four Chin pastors had lost their lives to COVID by June 2021, with communities suffering from a complex set of challenges exacerbated by the coup.

In 2020-21 HHUK provided funding for medical equipment, medication and salary costs for the doctors and nurses, enabling ongoing support for out-patient clinics, home visits and health education campaigns.

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 2020/21 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.

Two workshops formed the centre-piece of our model to train Area Coordinators (ACs), surrounded by outreach clinics and support visits to 143 Community Health Workers (CHWs) actively working in 121 villages.

CHWs equipped by the project served a population of 40,535 over the year, each seeing an average of seven patients per week. Projected across the region, CHWs provided healthcare advice to 51,600 patient visits over the course of the year, of whom 13% required onward referral. With CHWs able to deal with 87% of healthcare enquiries at source, this both reduces unnecessary risk and costs for patients to travel to distant hospitals, whilst also supporting the timely referral of unwell patients.

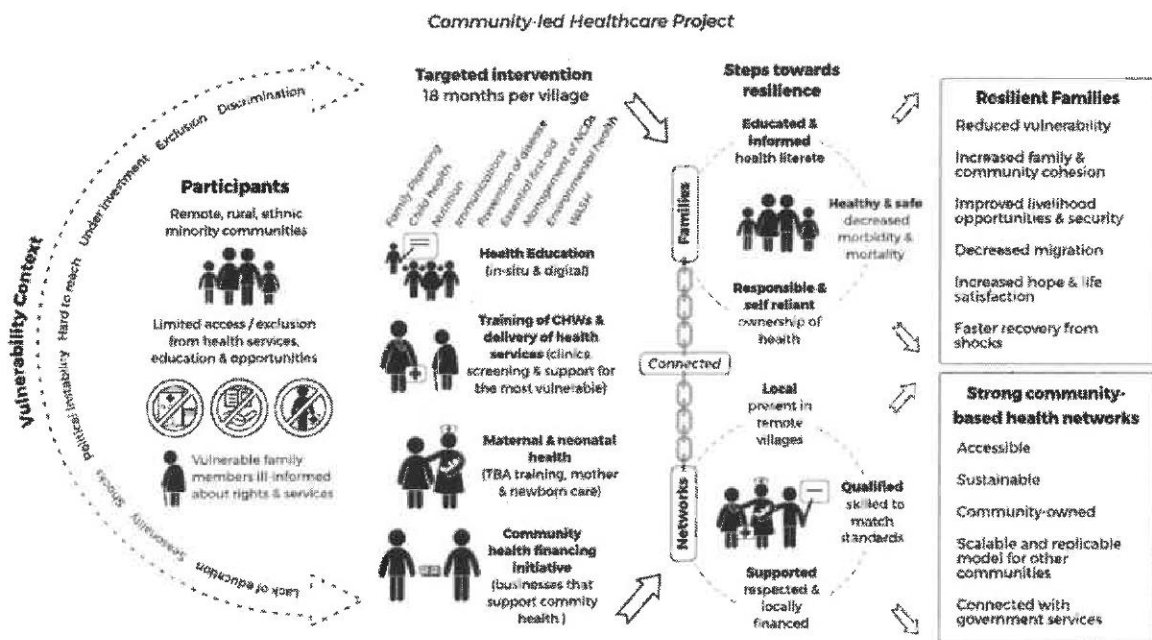
The roll out of our new monitoring tools saw 519 interviews carried out across 49 villages. Results from the survey found that the project had significantly increased the density of active health workers to 3.5 per 1,000 (Myanmar average: 1.33 vs WHO recommended: 4.45). Fifty-eight percent of CHWs trained up to a decade ago were still active in their villages. Ninety-one percent of villages supported under the project had access to a Health & Hope trained CHW compared to 9% that could access a government health outpost. Fifty-nine percent of villagers supported under the project had accessed a CHW in the last 12 months and 93% of villagers reported the CHWs had the medications they needed. This was thanks to a key donor of HHUK, financing a shipment of 53,722 treatments through a partnership with International Health Partners (IHP), which started to reach families across the region in early 2020. *Villagers had also seen the impact of health education with 87% of interviewees knowing to exclusively breastfeed to at least five-months compared to 48% at baseline.*

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 to COVID-19: PREVENT, DETECT, RESPOND. 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 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.

Following this outreach, HHM won an award with the Foreign & Commonwealth Office to deliver handwashing stations to 100 communities across Chin State. This was completed by December 2020.

As a result of the mid-term review in September 2020 a new centralised model of CHW support was devised which targeted whole community changes to health knowledge, attitude and practice. This model was approved for funding, however, was in its infancy when the military seized power and work came to a halt.



The work has since been drawn together and will be ready for use when the situation inside the country allows for its ongoing development.

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 2020-21, the CHFI invested in five community-owned business initiatives in twenty-two villages where a CHW and trained TBA were working. The initiatives covered livestock rearing, cash crop planting and small business ownership. The project fosters a community approach and aims to develop models of best practice for scaling up 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.

Loans had been issued in full to villagers prior to the coup and is continuing to receive local support.

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.

We are delighted that over the last financial years, there has been a 100% graduation rate. Eighteen students graduated in 2020-21 despite challenges of COVID-19 delaying graduation by up to 6 months. Due to the military coup and the closure of the Education for All project, an additional twenty students have been selected to receive scholarships in the 2021-22 academic year.

This project has created a virtuous circle, to the benefit of the students, local communities, and Health & Hope. The returning graduates who come back to work in the villages are an inspiration for younger generations of students as they take on leadership roles whilst also being able to speak fluent English. They return with a real desire to serve their communities and will continue to play a critical role in the country's future.

Education for All

During the financial year, over 200 students applied to take part in the second year of the Education for All project after it achieved record pass rates for students in the prior financial year. Unfortunately, due to the COVID-19 crisis followed by the military coup, we have been unable to reopen the project in this current financial year.

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). It was then extended for a further two years until December 2021 expanding the work to another 100 farmers. The primary purpose of the project is 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 were also aiming to 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. Additional funding was also secured to research alternative livelihood options, including Non-Timber Forest Products, such as beekeeping.

During the financial year HHUK continued to support HHM through providing operational and staffing resources to complement the main grant. This project continues to bring benefit to local communities despite the challenges of the pandemic and the coup.

Building for the future

Rebuilding the Training Centre

We were delighted that the training centre was completed during the financial year with installation of plumbing and electricity. During the year, the Training Centre hosted numerous health workshops and became the logistical centre for COVID-19 activities across the region. It opened its doors to 200+ students registering for the education programme and enabled the HHM medical team to set up a more permanent

base for Hope Clinic whilst it underwent essential building work. Unfortunately, the Training Centre had to close its doors in March 2021 following the coup, however we hope one day for it to resume active use.

Dormitory Building

HHUK was able to secure funding for a new permanent dormitory which was designed, planned and built within eight months. The building is situated alongside the Training Centre and is able to accommodate up to 150 youth. Along with the Training Centre, the dormitory building had to be closed in March 2021.

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 Mandalay from two days of often hazardous driving to around 2 hours of flying. The airstrip was 6-8 weeks from completion when the military took power. Construction workers were sent to their homes by the military and the project was put on hold.

FUTURE DEVELOPMENTS

As described, HHUK will continue in its mandate to serve the poor and vulnerable despite the operational challenges faced on the ground. Working through a number of partners, we will be focusing on a humanitarian response, enabling them to deliver health services, food and shelter to those in need. We will expand our educational scholarships programme to support youth who are unable to otherwise receive an education this year, whilst continuing to walk alongside local communities and churches, supporting them as faithfully as we can throughout this time of crisis.

Approved by order of the board of trustees on 25th October 2021 and signed on its behalf by:



J C E Gardner - Trustee

Independent Examiners Report to the Trustees of Health and Hope UK

I report on the accounts for the year ended 31 March 2021 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
Millfield Road
Hounslow

26th September 2021

Health and Hope UK
Year Ended 31 March 2021

Statement of Financial Activities

	Notes	Unrestricted fund	Restricted funds	31.3.21 Total funds	31.3.20 Total funds
INCOME AND ENDOWMENTS					
Income from generated funds					
Voluntary income		202,520	351,492	554,012	607,269
Investment income	3	<u>181</u>	<u></u>	<u>181</u>	<u>922</u>
Total income and endowments		202,701	351,492	554,193	608,191
EXPENDITURE					
Cost of generating funds					
Costs of generating voluntary income	4	54,638	0	54,638	62,605
Charitable activities					
Health		26,265	116,387	142,652	291,721
Education		4,410	63,142	67,552	158,709
Food security		4,209	19,180	23,389	0
Rebuilding project		8,957	35,691	44,648	39,525
Capacity building & training		10,305	28,821	39,126	45,533
Other expenditure		18,947	1,455	20,402	26,673
Provision for bad debt	7	<u>59,315</u>	<u>0</u>	<u>59,315</u>	<u>0</u>
Total expenditure		187,046	264,676	451,722	624,766
NET INCOME/(EXPENDITURE) BEFORE TRANSFERS					
		15,655	86,816	102,471	(16,575)
Gross transfers between funds		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
NET MOVEMENT IN FUNDS		15,655	86,816	102,471	(16,575)
RECONCILIATION OF FUNDS					
Total funds brought forward		113,434	48,926	162,360	178,935
TOTAL FUNDS CARRIED FORWARD		129,089	135,742	264,831	162,360

The notes form part of these financial statements

Health and Hope UK
Year Ended 31 March 2021

Balance Sheet

	Notes	Unrestricted fund	Restricted funds	31.3.21 Total funds	31.3.20 Total funds
CURRENT ASSETS					
Debtors	7	10,138	20,300	30,438	7,349
Cash at bank and in hand		<u>124,498</u>	<u>115,442</u>	<u>239,940</u>	<u>187,887</u>
		134,636	135,742	270,378	195,236
CREDITORS					
Amounts falling due within one year	8	(5,547)	0	(5,547)	(32,876)
NET CURRENT ASSETS		<u>129,089</u>	<u>135,742</u>	<u>264,831</u>	<u>162,360</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		129,089	135,742	264,831	162,360
NET ASSETS		<u>129,089</u>	<u>135,742</u>	<u>264,831</u>	<u>162,360</u>
FUNDS					
Unrestricted funds: General fund	9	129,089	0	129,089	113,434
Restricted funds	9	0	135,742	135,742	48,926
TOTAL FUNDS		<u>129,089</u>	<u>135,742</u>	<u>264,831</u>	<u>162,360</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2021.

The members have not required the charitable company to obtain an audit of its financial statements for the year ended 31 March 2021 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 25 October 2021 and signed on its behalf by:



Mrs J Boyce - Trustee



J C E Gardner - Trustee

The notes form part of these financial statements

Notes to the 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 31.3.21 £	Year ended 31.3.20 £
Deposit account interest	<u>181</u>	<u>922</u>

Notes to the Financial Statements - continued

4 COSTS OF GENERATING VOLUNTARY INCOME

	Year ended 31.3.21	Year ended 31.3.20
	£	£
Events	222	1,106
Resources, Postage and stationery	309	596
Promotional materials, film and media	1,352	2,655
Staff costs including consultancy	52,545	48,569
Website redesign	210	4,065
Travel	0	5,614
	<u>54,638</u>	<u>62,605</u>

5 TRUSTEES' REMUNERATION AND BENEFITS

Trustees' expenses

There were no trustees' expenses paid for the year ended 31 March 2021

6 STAFF COSTS

	Year ended 31.3.21	Year ended 31.3.20
	£	£
Wages and salaries	91,652	99,101
Pension and Social security costs	8,453	9,972
	<u>100,105</u>	<u>109,073</u>

The average monthly number of employees (2.5 FTE) during the year was: 3 3

No employees received emoluments in excess of £60,000

7 DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31.3.21	31.3.20
	£	£
Donations and Gift Aid	30,438	6,342
Other Debtors	59,315	1,007
Bad debt provision*	(59,315)	0
	<u>30,438</u>	<u>7,349</u>

*Since the military coup in Myanmar on 01/02/2021 there remains a great deal of uncertainty. Banks have remained closed and our partner has been unable to access some of the funds transferred and held in the bank prior to the coup. The Directors feel it is prudent to provide for the balance held, although remain hopeful the funds will be accessible in the near future.

8 CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31.3.21	31.3.20
	£	£
Charitable remittances	0	28,968
Other creditors	5,547	3,908
	<u>5,547</u>	<u>32,876</u>

Notes to the Financial Statements - continued

9 MOVEMENT IN FUNDS

	1.4.20	Income & Endowments	Expenditure	31.3.21
	£	£	£	£
Unrestricted funds: General fund	113,434	202,701	187,046	129,089
Restricted funds				
Health: Community-led Healthcare	25,180	114,668	54,728	85,120
Health: Traditional Birth Attendants training	2,590	19,972	18,302	4,260
Health: Clinic	0	18,842	10,431	8,411
Health: Covid Relief	0	21,476	21,476	0
Health: Community Health Financing Initiative	18,306	(11,174)	7,132	0
Food Security: Relief	71	20,840	18,471	2,440
Education: Freedom to Education Project	0	64,643	57,398	7,245
Education: Education for All	2,601	30,667	5,002	28,266
Rebuilding: Rebuilding of training centre	0	9,397	9,397	0
Rebuilding: Building dormitories	178	24,485	24,663	0
Reallocation of project costs: Airstrip	0	280	280	0
Reallocation of project costs: HHM Operations	0	7,121	7,121	0
Capacity Building	0	28,821	28,821	0
UK support costs	0	1,455	1,455	0
TOTAL FUNDS	162,360	554,193	451,722	264,831