

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

Report of the Trustees and
Financial Statements for the Year Ended 31 March 2022
for
Health and Hope UK

Health and Hope UK
Year Ended 31 March 2022

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Health and Hope UK
Year Ended 31 March 2022

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 2022.

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

Janet Boyce	Accountant	(Resigned February 2022)
James C E Gardner	Lawyer	
Alan Gray (Treasurer)	Accountant & INGO professional	
Henry J Greig	Lawyer	(Resigned December 2021)
Emma Watson	Management consultant	
Timothy Creber (Chair)	Business professional	
Edmund Ong	Doctor	
Alexa Murray	Business professional	
Peter 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 supported by HHUK during 2021-2022 reflected the significant change in operational context due to the military coup in Myanmar on 1st February 2021. For the security of our longstanding in-country partner, Health & Hope Myanmar, all normal operations were closed over the weeks following the coup. Despite this significant challenge to our work, we were able to commence a new humanitarian relief programme working with a new partner in addition to Health & Hope Myanmar (HHM). Our programmes in 2021-22 focused on the following areas:

- **Humanitarian relief:** To deliver humanitarian aid through local partners including food relief, shelter and non-food item provision, health and medical care, and livelihood initiatives.
- **Health:** To improve maternal health outcomes through mobile health surveillance.
- **Education:** To increase the number of skilled people who are empowered and trained to take the lead in community development initiatives.

In order to strengthen the effectiveness of field-based work, HHUK provides support to partners in the following areas:

- Strategy and governance
- Finance and administration
- Training and development
- Monitoring and evaluation
- Fundraising
- 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.

ACHIEVEMENT AND PERFORMANCE

Overview:

Our activity in 2021-22 has been dominated by the impact of the military coup that took place in Myanmar on February 1st, 2021. At that time our longstanding in-country partner, Health & Hope Myanmar (HHM), was forced to shut down in-country operations. For their own safety, HHM staff went into hiding with local assets being moved to a place of safety. Our planned activity was changed to a focus on humanitarian relief given the sudden change in operational context and level of need.

Since the military coup, over 1,924 people have been directly and intentionally killed by the military in Myanmar¹, including more than 100 children², as a direct result of the coup. It is estimated that a further 3,128 people have been killed as a result of the subsequent war, resistance and violence perpetrated by the military. The UN refugee agency UNHCR estimate that there are 700,000 internally displaced people (IDPs) in Myanmar, having been forced to flee their homes. This is in addition to the 346,000 IDPs prior to the coup on the 1st February 2021. As a result, the total number of IDPs in Myanmar now stands at over 1 million³.

Many have fled due to active fighting, risk of torture, murder, arbitrary arrest, forced labour and rape. Tens of thousands have fled to the Thai-Burma border and there are an estimated 40,000 refugees who have crossed the western border into India according to UNHCR latest figures at the time of writing⁴. Local sources on the ground report this is closer to 50,000. Costs of basic goods and services have escalated over the last 12 months, and it is estimated by the United Nations Development Programme (UNDP) that poverty levels will return to those not seen since 2005, effectively erasing 15 years of pre-pandemic economic growth⁵.

It is in this deteriorating context that Health & Hope needed to urgently pivot from longer term development programmes in health, education and food security, to providing humanitarian relief at the border of Myanmar and India. This required negotiation with an institutional donor and urgent fundraising with Trusts and individual donors. Our programmes and achievements are outlined in more detail below.

As noted below, our income for the year reflected the change in operational priorities and fundraising for the emergency relief work undertaken. We received income from institutional donors, Trusts, churches and individuals to resource this work.

Given the operational uncertainty and change in programmes, HHUK were holding a significantly higher level of both unrestricted and restricted funds at the financial year-end than had been planned. This situation will

¹ [Assistance Association for Political Prisoners 9.6.2022](#)

² [UNICEF 31.1.2022](#)

³ [UNHCR 6.6.2022](#)

⁴ Ibid.

⁵ [UNDP 1.12.2021](#)

be resolving 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 students from poor rural areas of Chin State.

Through the change in programmes and geographical location we have been introduced to and developed a fruitful new partnership with the Ferrando Integrated Women Development Centre (FIWDC).

In January 2021 the Board of Trustees appointed a sub-committee, including the Executive Director, to review our strategic priorities. This enabled the Trustees to systematically review the vision, mission and priorities of Health & Hope UK in the post-coup context. These priorities were identified as:

1. Supporting the delivery of humanitarian aid to Chin nationals
2. Pursuing new opportunities with partners to deliver appropriate programmes in Chin State amongst IDPs (Internally Displaced Persons) and conflict affected areas
3. Aiming to transition from short term relief to longer term development programmes as soon as practically possible in the areas of health, education, food security and livelihood support
4. Building the organisational, technical and leadership capacity of our implementing partners
5. Developing and diversifying our partnerships and resource base

It is recognised that this is a short-term strategy and periodic review (6 monthly) is planned by the Trustees. The operational plan for 2022-23 was developed from the strategic priorities.

Through the challenges of the year the HHUK team continued to give support and capacity building opportunities for our partners in-country with an emphasis on technical (health) training, project, and HR management. Using videoconferencing facilities we engaged supporters through online events, providing key updates regarding our work and gave opportunity to interact directly with the Health & Hope Myanmar team.

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

Programme reports

Humanitarian relief work

The New Dawn project was established to meet the desperate need of Myanmar nationals fleeing the violence perpetrated by the military, particularly in Chin State. This was a new project for Health & Hope UK and was designed with input from in-country partners HHM and our new partner FIWDC. Given the dynamic nature of the situation, the project was designed to be flexible in approach while maintaining a robust reporting mechanism to ensure all reporting and regulatory requirements were met.

Target areas were selected based on level of need, primarily working in locations close to the India/Myanmar border where many displaced people had temporarily located. Most of the communities in which we have worked had already been providing limited support to vulnerable and marginalized people. Our support has been focused on equipping and empowering the local host communities to extend their existing support to these people in a structured way, through the formation of local committees, and providing a series of essential grants aimed to both relieve immediate pressure, as well as integrate them within the local communities.

In order to effectively deliver this project across multiple locations in challenging geographical locations, the FIWDC and HHM teams established a Welcoming Committee (WC) in each of the 11 target villages. The WCs are made up of between 5-12 members of the local authority and local church leadership. Welcoming Committees are responsible for record keeping, delivery of grant materials, and working alongside HHM and FIWDC project co-ordinators to implement the activities and participate in monitoring of the project. Grants were issued based on the presentation of need, given that some people had fled their homes with little or no possessions. An individualised response was therefore facilitated by the grant model utilised.

The project was launched in July 2021, providing the following support:

- **Shelter and essential household grants** including mosquito nets, bedding and cooking equipment. Shelter provision ranged from developing large scale dwellings to house 100 people, smaller grants to build accommodation for a household (typically about 6 people), or grants to host families to extend their homes.
- **Food, health and hygiene grants** to support vulnerable and marginalized groups, and to relieve the short-term burden on local communities. The food grants typically provided a food parcel with enough for one month including rice, daal, oil, salt and sugar. Health and hygiene grants included items such as soap, washing powder, sanitary products, toothbrushes and toothpaste.
- **Medical assistance** to those suffering from sickness or injury. This ranged from simple medication for common illnesses and injury through to the treatment of complex conditions requiring hospital admission.
- **Promoting independent living**, self-sufficiency, and contributions to the local economy through livelihood grants. This is part of the 'early recovery' model of humanitarian relief. These grants enabled the purchase of small livestock (e.g., chickens, pigs), provision of tools or equipment to help skilled workers (e.g., sewing machine, carpentry tools) or seeds and other inputs to enable small scale farming (e.g., ginger or chillies).

The project has been delivered through our two implementing partners, HHM and FIWDC. A monitoring framework was established to measure activity and outputs. From project launch to March 2021 the following numbers of grants had been issued to individuals:

• Shelter grants	1,962
• Household items	1,986
• Food grants	12,493
• Health and hygiene grants	6,448
• Medical grants	2,251
• Livelihood grants	134

To date, 6,497 individuals have been registered to receive support under the New Dawn project.

Reporting of project activity has mainly focused on monitoring activity, with a more robust MEAL framework developed for the New Dawn activity planned for 2022-23. Feedback has been encouraged by the beneficiaries and local committees to enable adaptation of how the grants could be used (e.g., it was more appropriate to combine grants to build larger scale shelters in some locations). This adaptive approach has further enabled the support provided to be individualised to person, household and location.

The protracted nature of the conflict in Myanmar has meant that while the numbers of displaced people crossing the border has slowed, there is likely to be a long period before there is sufficient confidence for people to return home permanently. The New Dawn project will continue as a priority through the coming financial year (2022-23), with the intention of increasing both scale and scope to provide for those in greatest need (see also Future Developments below).

Education

The outcomes for our education projects are for young people from remote rural communities in western Myanmar to experience improved educational prospects, long-term socio-economic wellbeing and to proactively contribute towards the development of their local community.

Prior to the military coup two projects were in operation to achieve these outcomes (Freedom to Education Programme, and Education For All). Sadly, insecurity forced the closure of the latter project.

Freedom to Education Project (FEP)

The Freedom to Education Project aims to:

- Improve access to higher education opportunities
- Enable students to attend a quality institution (compared to local availability)
- Create opportunities for young people to apply their learning for the benefit of their local community

FEP is run by HHM and supported by HHUK. It 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, at pre-university or undergraduate level. In addition to tuition fees, HHUK issues a scholarship grant to cover accommodation costs, whilst practically providing study guidance, ongoing pastoral care, and additional language tuition where required. Over 60 students have graduated the FEP scheme to date.

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.

A formal process application process for entry to FEP has been implemented by HHM including assessment criteria and interview. Successful students study in different locations, selected according to availability of appropriate education institutions and course of study. Seven students graduated from their undergraduate studies in 2021, in a range of subjects including engineering, business administration and medical imaging.

Further education provision had been impacted significantly by school closures due to Covid-19, and many institutions had not re-opened. The military coup has been an additional challenge for education provision given the scale of the passive Civil Disobedience Movement strikes undertaken by Myanmar public sector workers.

The need for a cohort of Myanmar nationals with higher education with a heart and vision for their communities is particularly acute given these dual challenges. Young people are also particularly vulnerable

to recruitment to resistance militia groups. Therefore, the decision was made to provide scholarships to twenty students to commence Year 11 studies (pre-university study) in the 2021-22 academic year. At their most recent examinations, three of the FEP Arts students occupied the top three places in their school, a great achievement considering all the challenges that they have had to overcome.

In addition to the academic input at college, students also receive mentoring, pastoral support and language tuition provided by HHM staff. Further, students are encouraged by HHM support staff to engage in sport and community activities. Given the increased need driven by lack of available facilities and insecurity, HHUK are working to raise funds for additional students to be recruited for a second intake in June 2022.

Health

The outcome for HHUK health programmes is for remote rural communities in western Myanmar to experience a decreased incidence of disease and an improvement in health and well-being. In previous years, health programmes had been a very significant part of our work. As noted above, most of our health programmes were closed due to insecurity.

This meant a significant change in activity and subsequent use of restricted funds from an institutional donor, Jersey Overseas Aid (JOA) to resource our humanitarian work (see above). This change of use was successfully negotiated, and we are very grateful to JOA for their continued support through so many challenges.

Mobile health and maternal ultrasound

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.

To improve maternal health outcomes, HHUK has been partnering with a research team from Cornell University, New York, to establish mobile health surveillance and implement the use of mobile ultrasound. This work was meant to be implemented in Chin State in 2021 but has relocated to Mizoram State in India due to the insecurity caused by the military coup. Similar issues of health care accessibility and a physically challenging geographical environment are faced in Mizoram, meaning that the overall project aims remain valid.

HHUK has supported the implementation of this project with HHM, assisting with survey design and technical issues (e.g., in use of the mobile application used). Much of the work during the year has been on project set up and design, including the development of health surveys which will gather data using mobile technology.

This work was further augmented in late 2021 when the FIWDC team agreed to participate in the project. This will increase the scale and scope of the project and has enabled the HHM team to work with a partner who have more local knowledge and connections. These local connections have enabled permission from the State government to implement the project. The use of mobile ultrasound may be more difficult in India given the more stringent legal framework surrounding the use of mobile ultrasound, and this is being investigated further. Alternative interventions to improve maternal health outcomes will be designed if the use of mobile ultrasound is prohibited.

Community Led Health Care

An objective of the Community Led Health Care programme, currently closed due to the coup, was to produce a training manual for Community Health Workers. Despite the challenges of working remotely, the HHUK Programme Officer continued to work with one of the HHM medical team to develop this training manual. This has been difficult given many conflicting priorities, but is an important product to complete, with the long-term aspiration to return to Myanmar and re-institute the health programmes, including training of Community Health Workers.

Capacity building

The outcome of our capacity building work is for local partners to be self-sustaining with leadership, strategy, finance and operations. The operational challenges in the first half of the year did not afford much opportunity for partner capacity building, but included remote training sessions for HHM medical and health staff:

- Medical training/CPD (continued professional development) workshops for the HHM doctors with NHS doctors/practitioners in Bristol
- Regular training opportunities for the HHM nurses with the Royal College of Paediatrics and Child Health and The Tropical Health Education Trust

The HHUK Executive Director has worked with the HHM CEO to develop a more equitable and consistent pay scale for the HHM team given the re-location of the team. This was not in place previously and gives a framework for appointing new staff in the future. As noted above, capacity building was identified in our strategic review as a short-term priority and will feature more in our activity in 2022-23.

Partnerships

Our longstanding implementing partner, Health & Hope Myanmar was forced to close in-country at the time of the military coup. The majority of the team have been able to continue working on our projects as outlined above. HHM are intending to establish a formal organisational structure in 2022-23 which will be necessary for our long-term partnership.

We were pleased to develop a new implementing partnership with the Ferrando Integrated Women Development Centre (FIWDC) in Aizawl. This partnership was facilitated by an NGO colleague with a mutual understanding of both HHUK and FIWDC.

We have continued to partner with a number of similar minded NGOs including Humanitarian Aid and Relief Trust UK & US (HART-UK and HART-US), Prospect Burma, and Mission East. We are currently investigating funding opportunities with a number of institutional donors, including UNOPS, to support our humanitarian work. This will potentially lead to further capacity building opportunities for HHM and FIWDC.

Patronage

We have continued to enjoy the patronage of His Royal Highness the Prince of Wales who provided, along with his office, a variety of support through the financial year. This included facilitating connections with organisations such as UNHCR which has helped understand the wider context and enabled our HHM partners to collaborate with other NGOs in the region.

Fundraising and communications

Continued engagement of our supporters through a year of change was vital. The rise of the resistance government (National Unity Government) and links with the HHM founder Dr Sasa meant that the HHUK website, social media channels and other public communications were significantly redacted or temporarily closed. This meant that communicating intentionally with our regular supporters was a key area of focus. Our annual Impact report was circulated to over 200 households in November 2022.

Quarterly supporter events were held by videoconference to keep supporters updated and to enable interaction with the HHUK and HHM teams. These had good engagement from our regular supporters with approximately 40-50 delegates at each event.

Fundraising has continued across our range of donors including individual supporters, churches, Trusts, and institutional donors. A Christmas appeal for the humanitarian work yielded £18,191.

Trustee Board

A new Chair of Trustees was appointed in September 2021 and two Trustees resigned after many years of service in December and February. The Trustees will continue to review the Board membership and seek to recruit appropriately skilled and experienced individuals to govern our work.

HHUK staffing

A new Executive Director and Senior Partnerships & Communications Manager were appointed in October and March respectively to replace outgoing staff.

Finances

Our income exceeded both budgeted and previous year income (£609,126 vs £480,000 and £554,193 respectively). This represents significant unanticipated donations from individual supporters and Trusts in response to the humanitarian crisis. HHUK has historically enjoyed a relatively small number of very committed individual supporters which has been maintained through this turbulent year.

Our unrestricted expenditure in 2021-22 was 75% against budget, primarily due to staffing not being at usual levels. This has left unrestricted funding at £225,021 going into the new financial year which reflects the need to remain flexible at this time of operational uncertainty.

The Trustees review the levels of unrestricted funding regularly and have designated a proportion of these unrestricted funds to both relief and education work in the coming financial year given the increase in project activity, while maintaining an appropriate level of operational reserves.

Future developments

HHUK will continue in its mandate to serve the poor and vulnerable despite the operational challenges faced on the ground. Our humanitarian response to the crisis created by the coup will be scaled up to reach more target locations in great need and where possible, cross-border to those who remain in IDP camps and conflict affected villages. This is likely to include an education component given the hundreds of school age children who have been left unable to access education facilities. An issue that will be further investigated is the mental health and psychosocial support of those who have been displaced; this has been raised recently as an area of concern by our in-country partners.

Our longer-term development projects in health and education will continue through the coming financial year. It is intended that we will support fifteen additional students for the FEP programme.

The long-term strategic direction of HHUK will remain under regular review in 2022-23, recognising that we have gone through a significant time of change in programmes, staff and location. Through all the challenges we will continue to pursue our vision to see lives transformed and communities that are thriving and self-developed in the poorest rural areas of Myanmar.

Approved by order of the board of trustees on 16th September 2022 and signed on its behalf by:



Tim Creber – Chair of Trustees

Independent Examiners Report to the Trustees of Health and Hope UK

I report on the accounts for the year ended 31 March 2022 set out on pages 14-18.

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
TW4 5PN

18th August 2022

Health and Hope UK
Year Ended 31 March 2022

Statement of Financial Activities

	Notes	Unrestricted fund	Restricted funds	31.3.22 Total funds	31.3.21 Total funds
INCOME AND ENDOWMENTS					
Income from generated funds					
Voluntary income		214,937	394,189	609,126	554,012
Investment income	3	<u>16</u>	<u></u>	<u>16</u>	<u>181</u>
Total income and endowments		214,953	394,189	609,142	554,193
EXPENDITURE					
Cost of generating funds					
Costs of generating voluntary income	4	29,820	0	29,820	54,638
Charitable activities					
Health		886	12,297	13,183	142,652
Education		6,311	87,602	93,913	67,552
Food security		21,524	298,768	320,292	23,389
Rebuilding project		0	0	0	44,648
Capacity building & training		44,135	37	44,172	39,126
Other expenditure		12,893	2,545	15,437	20,402
Provision for bad debt		<u>0</u>	<u>0</u>	<u>0</u>	<u>59,315</u>
Total expenditure		<u>115,568</u>	<u>401,249</u>	<u>516,817</u>	<u>451,722</u>
NET INCOME/(EXPENDITURE) BEFORE TRANSFERS					
		99,384	(7,059)	92,325	102,471
Gross transfers between funds		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
NET MOVEMENT IN FUNDS		99,384	(7,059)	92,325	102,471
RECONCILIATION OF FUNDS					
Total funds brought forward		129,089	135,742	264,831	162,360
TOTAL FUNDS CARRIED FORWARD		<u>228,473</u>	<u>128,683</u>	<u>357,156</u>	<u>264,831</u>

The notes form part of these financial statements

Health and Hope UK
Year Ended 31 March 2022

Balance Sheet

	Notes	Unrestricted fund	Restricted funds	31.3.22 Total funds	31.3.21 Total funds
CURRENT ASSETS					
Debtors	7	5,401	0	5,401	30,438
Cash at bank and in hand		<u>260,146</u>	<u>128,683</u>	<u>388,829</u>	<u>239,940</u>
		265,547	128,683	394,229	270,378
CREDITORS					
Amounts falling due within one year	8	(37,074)	0	(37,074)	(5,547)
NET CURRENT ASSETS		<u>228,473</u>	<u>128,683</u>	<u>357,156</u>	<u>264,831</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		228,473	128,683	357,156	264,831
NET ASSETS		<u>228,473</u>	<u>128,683</u>	<u>357,156</u>	<u>264,831</u>
FUNDS					
Unrestricted funds: General fund	9	148,473	0	148,473	129,089
Unrestricted funds: Designated funds	10	80,000	0	80,000	0
Restricted funds	9	0	128,683	128,683	135,742
TOTAL FUNDS		<u>228,473</u>	<u>128,683</u>	<u>357,156</u>	<u>264,831</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2022.

The members have not required the charitable company to obtain an audit of its financial statements for the year ended 31 March 2022 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 September and signed on its behalf by:



T R Creber- Chair



A D Gray - Treasurer

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.

Designated funds

Unrestricted funds that the Trustees have set aside for a particular purpose.

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 31.3.22 £	Year ended 31.3.21 £
Deposit account interest	<u>16</u>	<u>181</u>

Notes to the Financial Statements - continued

4 COSTS OF GENERATING VOLUNTARY INCOME

	Year ended 31.3.22 £	Year ended 31.3.21 £
Events		222
Resources, Postage and stationery	8	309
Promotional materials, film and media	198	1,352
Staff costs including consultancy	29,434	52,545
Website redesign	180	210
Travel		0
	<u>29,820</u>	<u>54,638</u>

5 TRUSTEES' REMUNERATION AND BENEFITS

Trustees' expenses

There were no trustees' expenses paid for the year ended 31 March 2022

6 STAFF COSTS

	Year ended 31.3.22 £	Year ended 31.3.21 £
Wages and salaries	71,917	91,652
Pension and Social security costs	<u>5,444</u>	<u>8,453</u>
	<u>77,361</u>	<u>100,105</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

	31.3.22 £	31.3.21 £
Donations and Gift Aid	5,401	30,438
Other Debtors	59,315	59,315
Bad debt provision	<u>-59,315</u>	<u>-59,315</u>
	<u>5,401</u>	<u>30,438</u>

8 CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31.3.22 £	31.3.21 £
Charitable remittances	35,724	0
Other creditors	<u>1,349</u>	<u>5,547</u>
	<u>37,074</u>	<u>5,547</u>

Notes to the Financial Statements - continued

9 MOVEMENT IN FUNDS

	1.4.21	Income & Endowments	Expenditure	31.3.22
	£	£	£	£
Unrestricted funds: General fund	129,089	214,953	115,568	228,473
Restricted funds				
Community-led Healthcare	85,120	(73,495)	11,565	60
Traditional Birth Attendants training	4,260	574	48	4,786
Clinic	8,411	0	0	8,411
Mobile clinic				0
Relief fund	2,440	347,490	282,140	67,790
Covid Relief		0	0	0
MUMM		4,574	0	4,574
Community Health Financing Initiative	0	0	0	0
Further Education project	7,245	89,337	82,706	13,876
Education for All	28,266	940	21	29,185
Rebuilding of training centre		0	0	0
Building dormitories	0	0	0	0
Airstrip		0	0	0
Peace building				0
HH Myanmar Operational costs		22,188	22,188	0
Capacity Building		37	37	0
UK overheads		2,545	2,545	0
TOTAL FUNDS	<u>264,831</u>	<u>609,142</u>	<u>516,817</u>	<u>357,156</u>

10 Designated funds

Allocated to the following programmes to enable increased scope and scale of activity in the forthcoming financial year:

Education	30,000
Relief	50,000
TOTAL	<u>80,000</u>