BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

England & Wales · Charity number 1190381

Details

Status	Registered
Legal form	CIO
Registered	2020-07-13
Register	View on the Charity Commission register

Contact

Address	29 Sandalwood Close London E1 4SR
Phone	07930666665
Email	info@brphi.org
Website	www.brphi.org

Activities

Objects: IMPROVING THE HEALTH OF PEOPLE IN RURAL BANGLADESH BY THE PROVIDING FREE HEALTH CARE. THIS IS IN PARTICULAR BUT NOT EXCLUSIVELY BY PROVIDING BASIC PRIMARY CARE IN RURAL CLINICS BASED ON THE UK GENERAL PRACTICE MODEL. IT WILL FOCUS ON PROVIDING ONGOING PRIMARY CARE WITH AN EMPHASIS ON PREVENTION AND DETECTION OF DISEASE AND TREATMENT OF PEOPLEÆS HEALTH CONCERNS THROUGH REGULAR CLINICS AND WHEN POSSIBLE, SPECIAL AND OCCASIONAL PROJECTS AND PROGRAMMES.IT ALSO AIMS TO ENGAGE UK COMMUNITIES WITH THE CONCERNS OF HEALTH OF THE BANGLADESHI POPULATION THROUGH MEANINGFUL INTERVENTIONS AND HEALTH RELATED PROJECTS. TO PROVIDE A PLATFORM FOR THE GENERAL PUBLIC, DONORS AND INTERESTED PARTIES IN THE UK TO SUPPORT THE HEALTH NEEDS AND HEALTH DEVELOPMENT OF POOR PEOPLE IN BANGLADESH THROUGH SETTING UP OF HEALTH CLINICS AND OTHER HEALTH PROJECTS.TO IMPROVE THE LONG TERM HEALTH OF PEOPLE IN BANGLADESH AND THEREFORE REDUCE POVERTY THROUGH INABILITY TO WORK THROUGH:1. SETTING UP RURAL CLINICS 2. PROVIDING FREE CLINICAL CONSULTATIONS, NECESSARY MEDICATION AND POSSIBLY BASIC DIAGNOSTIC TESTS3. HEALTH SCREENING4. SPECIAL FOCUSED HEALTH PROJECTS 5. HEALTH CHECKS6. MAKE CLINICIANS AVAILABLE FOR PEOPLE TO CONSULT FOR FREE WHEN CLINIC NEED ARISES

Activities: Our plan is To create sustainable primary health care clinics in rural Bangladesh and touch as many hearts as we can by providing free care for the poor and needy. Currently BRPHI are setting up

permanent GP surgeries in villages in Bangladesh.

Classification

- **How:** Provides Services
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People, Elderly/old People, People With Disabilities, The General Public/mankind

Geography

- Bangladesh
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-05-20	£27,606	£23,542	-	-
2024-05-20	£28,124	£27,879	-	-
2023-05-20	£3,311	£8,366	-	-
2022-05-20	£22,071	£16,860	-	-
2021-05-20	£16,278	£12,935	-	-

Trustees

Name	Role	Appointed
Dr Abdul Wadud Kamali	Chair	2020-07-13
Ahmed Rejaul Karim		2024-07-13
Oliur Ahmed		2020-07-13

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

England & Wales - Charity number 1190381

Accounts

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

CHARITY REGISTERED NO: 1190381

101 Netherfield Gardens
Barking
London
IG11 9TN
United Kingdom

REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 20 MAY 2025

MHC ACCOUNTANTS LTD
Chartered Accountants
22 Cavell Street, London E1 2HP
Tel: 020 7790 0416, Fax: 020 7790 7845
email: mhussain@mhcgroup.co.uk

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

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BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

LEGAL AND ADMINISTRATIVE INFORMATION

Chairperson	Dr Abdul Wadud Kamali
Trustees	Dr Abdul Wadud Kamali Oliur Ahmed Ahmed Rajaul Karim
Address	101 Netherfield Gardens Barking London IG11 9TN
Independent Examiner	MHC Accountants Ltd Chartered Accountants 22 Cavell Street London E1 2HP
Bankers	Barclays Bank PLC

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

TRUSTEE`S ANNUAL REPORT TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2025

CHARITY DETAILS:

Bangladesh Rural Primary Health Initiative with a registration number 1190381 was registered in July 2020.

It is registered at 101 Netherfield Gardens, Barking, IG11 9TN and has three trustees:

- Dr Abdul Wadud Kamali
- Rokeya Hussain
- Oliur Ahmed

STRUCTURE AND MANAGEMENT:

It has a management team of 8 volunteers. We have monthly management meetings and quarterly trustee meetings with a yearly AGM. The management team manage the activities of the charity. The Trustees have a term documented in the constitution which is due for review and renewal in the next AGM. New trustees are then discussed and recruited. Recruitment is based on a potential trustees ideally already working for the charity, their understanding of the charity ethos, aims and objectives. Once discussed in the AGM between all trustees and voted on and agreed new trustees are then admitted into the charity and given a 1 hour induction on their roles and responsibilities as a trustee.

AIMS:

Improving the health of people in rural Bangladesh by the providing free health care. This is in particular but not exclusively by providing basic primary care in rural clinics based on the UK General practice model. It will focus on providing ongoing primary care with an emphasis on prevention and detection of disease and treatment of people's health concerns through regular clinics and when possible, special and occasional projects and programmes.

It also aims to engage UK communities with the concerns of health of the Bangladeshi population through meaningful interventions and health related projects.

OBJECTIVES:

To provide a platform for the general public, donors and interested parties in the UK to support the health needs and health development of poor people in Bangladesh through setting up of health clinics and other health projects.

To improve the long term health of people in Bangladesh and therefore reduce poverty through inability to work through:

- Setting up rural clinics
- Providing free clinical consultations, necessary medication and possibly basic diagnostic tests
- Health screening
- Special focused health projects
- Health checks
- Make clinicians available for people to consult for free when clinic needs arises

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

TRUSTEE`S ANNUAL REPORT TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2025

ACHIEVEMENTS AND PERFORMENCES:

Between the period May 2024 to May 2025, we established 4 more clinics, but 5 clinics decided to leave us. This gave us a total of 8 clinics:

1. A Rob and Azizun Medical Centre:
Total Clinic Session Held: 43 Days
Total Patient: 806
Total Male: 557
Total Female: 223
Total Children: 26

2. Al Shifa Medical Centre:
Total Clinic Session Held: 43 Days
Total Patient: 974
Total Male: 348
Total Female: 45
Total Children: 176

3. Khan Family Medical Clinic:
Total Clinic Session Held: 51 Days
Total Patient: 1344
Total Male: 412
Total Female: 763
Total Children: 169

4. Rejaur A Rahman Health Clinic
Total Clinic Session Held: 52 Days
Total Patient: 188
Total Male: 413
Total Female: 573
Total Children: 12

5. Kutub Ali Medical Clinic
Total Clinic Session Held: 46 Days
Total Patient: 1535
Total Male: 489
Total Female: 715
Total Children: 331

6. Rafia Khatun Health Clinic
Total Clinic Session Held: 17 Days
Total Patient: 474
Total Male: 181
Total Female: 193
Total Children: 10

7. Hashampur Medical Centre
Total Clinic Session Held: 23 Days
Total Patient: 862
Total Male: 314
Total Female: 348
Total Children: 200

8. Abdul Hadi Medical Centre
Total Clinic Session Held: 8 Days
Total Patient: 66
Total Male: 35
Total Female: 27
Total Children: 4

The public in Bangladesh receive ongoing health care which they would not otherwise receive. We aim to continue providing this care and also expand on the number of clinics we have.

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

TRUSTEE`S ANNUAL REPORT TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2025

FINANCIAL REVIEW:

Income and Expenditure
During the fiscal year, our charity received a total income of £27,606from various sources, including donations, grants, and fundraising events. Our expenditure primarily focused on programme delivery, administrative costs and fundraising efforts.

Reserves and Financial Stability
Our charity maintains a prudent reserve policy to ensure financial stability. As of the end of the reporting period, our reserves stand at £7,809, equivalent to 4 months of operating expenses. This reserve provides a safety net for unforeseen challenges and allows us to continue our vital work.

Fundraising Efficiency
We closely monitor our fundraising efforts to maximize efficiency. Our cost-to-income ratio remains low, with administrative costs accounting for only 19% of total income. This demonstrates our commitment to using resources effectively.

Impact Measurement
We assess our impact through specific metrics, such as the number of beneficiaries served, successful projects, and positive outcomes. Our charity strives to create lasting change and improve the lives of those we support.

Future Plans
Looking ahead, we aim to diversify income streams, enhance transparency, and strengthen governance. Our trustees remain dedicated to fulfilling our mission and serving our community.

Abdul Kamali
Abdul Kamali (Mar 19, 2026 13:01:24 GMT)

Dr Abdul Wadud Kamali
Chairman

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

REPORT OF THE INDEPENDENT EXAMINERS TO EXECUTIVE COMMITTEE

The charity's Trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 (the Charities Act), and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145(1) of the Charities Act 2011,
- 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.

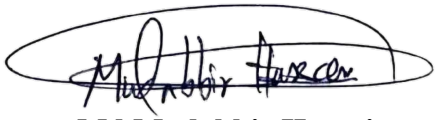
Basis of independent examiner's report

My examination was carried out in accordance with 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 the 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 statement below.

Independent examiner's statement

In connection with my examination, no material 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 130 of the Charities Act
   - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the Charities Act 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.



Md Mudabbir Hussain
MHC Accountants Ltd
Chartered Accountants
22 Cavell Street
London
E1 2HP

Date: 18/03/2026

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR 21 MAY 2024 TO 20 MAY 2025

	Notes	2024 £
INCOME		
Donations	2	27,606
Total Income		**27,606**
LESS: EXPENDITURE		
Accountancy fees		300
Advertising and PR		595
Bank charges		100
Charity activities		16,969
Clinic operation costs		5,577
Total Expenditure		**23,542**
Excess of Income over Expenditure		**4,064**

We hereby approve the above accounts and confirm that we have supplied all the Information and explanations required for the preparation of these accounts.

Approved by

Abdul Kamali

Abdul Kamali (Mar 19, 2026 13:01:24 GMT)

Dr Abdul Wadud Kamali
Chairman

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

BALANCE SHEET AS AT 20 MAY 2025

	Notes	2024 £
FIXED ASSETS		
Tangible Assets	3	-
CURRENT ASSETS		
Cash at Bank		8,409
Cash in Hand		-
		8,409
LESS: CURRENT LIABILITIES		
Creditors	4	(600)
NET CURRENT ASSETS		7,809
TOTAL NET ASSETS		**7,809**
REPRESENTED BY:		
Funds		
Opening Balance		3,745
Add: Excess of Expenditure over Income		4,064
Balance carried forward		**7,809**

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2025

1. ACCOUNTING POLICIES

(a) Basis of Accounting

The accounts have been prepared on the historic cost convention. The accounts are in accordance with applicable accounting standards, the Charities SORP (FRS 102) (Accounting and Reporting by Charities) and comply with the Charities (Accounts and Reports) Regulations 2008 issued under the Charities Act 1993

(b) Donation and Grants

Income from donations and grants including capital grants is included in incoming resources when these are receivable, except as follows.

- When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until those periods.

- When donors impose conditions, which must be fulfilled before the charity becomes entitled to use such income, the income is deferred and not included in incoming resources until the pre-conditions for use have been met.

When donors specify that donations and grants, including capital grants, are for restricted purposes, which do not amount to pre-conditions regarding entitlement, this income is included in incoming resources of restricted funds when receivable.

(c) Expenditure

All expenditure is included on an accrual basis and is recognised when there is a legal or constructive obligation to pay for expenditure. All costs have been directly attributed to one of the functional categories of resources expended. The charity is not registered for VAT and accordingly expenditure is shown gross of irrecoverable VAT.

(d) Depreciation

Depreciation has been charged 20% based on straight line during this year.

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2025

2. DONATION:

During the year the following donations amount have been received and credited in the Income as per the above-mentioned policy.

Particulars	£
Donations	27,606
	25,270

3. FIXED ASSETS:

There are no fixed assets register of Bangladesh Rural Primary Health Initiative. The Executive Committee should maintain a fixed asset register to control the amount off Fixed Assets.

4. CREDITORS:

Particulars	£
MHC Accountants Ltd	600
	600

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

England & Wales - Charity number 1190381

Accounts

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

CHARITY REGISTERED NO: 1190381

101 Netherfield Gardens
Barking
London
IG11 9TN
United Kingdom

REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 20 MAY 2024

MHC ACCOUNTANTS LTD
Chartered Accountants
22 Cavell Street, London E1 2HP
Tel: 020 7790 0416, Fax: 020 7790 7845
email: mhussain@mhcgroup.co.uk

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

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Chairperson	Dr Abdul Wadud Kamali
Trustees	Dr Abdul Wadud Kamali Oliur Ahmed Ahmed Rajaul Karim
Address	101 Netherfield Gardens Barking London IG11 9TN
Independent Examiner	MHC Accountants Ltd Chartered Accountants 22 Cavell Street London E1 2HP
Bankers	Barclays Bank PLC

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

TRUSTEE`S ANNUAL REPORT TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2024

CHARITY DETAILS:

Bangladesh Rural Primary Health Initiative with a registration number 1190381 was registered in July 2020.

It is registered at 101 Netherfield Gardens, Barking, IG11 9TN and has three trustees:

- Dr Abdul Wadud Kamali
- Oliur Ahmed
- Ahmed Rajaul Karim

STRUCTURE AND MANAGEMENT:

It has a management team of 8 volunteers. We have monthly management meetings and quarterly trustee meetings with a yearly AGM. The management team manage the activities of the charity. The Trustees have a term documented in the constitution which is due for review and renewal in the next AGM. New trustees are then discussed and recruited. Recruitment is based on a potential trustees ideally already working for the charity, their understanding of the charity ethos, aims and objectives. Once discussed in the AGM between all trustees and voted on and agreed new trustees are then admitted into the charity and given a 1 hour induction on their roles and responsibilities as a trustee.

AIMS:

Improving the health of people in rural Bangladesh by the providing free health care. This is in particular but not exclusively by providing basic primary care in rural clinics based on the UK General practice model. It will focus on providing ongoing primary care with an emphasis on prevention and detection of disease and treatment of people's health concerns through regular clinics and when possible, special and occasional projects and programmes.

It also aims to engage UK communities with the concerns of health of the Bangladeshi population through meaningful interventions and health related projects.

OBJECTIVES:

To provide a platform for the general public, donors and interested parties in the UK to support the health needs and health development of poor people in Bangladesh through setting up of health clinics and other health projects.

To improve the long term health of people in Bangladesh and therefore reduce poverty through inability to work through:

- Setting up rural clinics
- Providing free clinical consultations, necessary medication and possibly basic diagnostic tests
- Health screening
- Special focused health projects
- Health checks
- Make clinicians available for people to consult for free when clinic needs arises

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

TRUSTEE`S ANNUAL REPORT TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2024

ACHIEVEMENTS AND PERFORMENCES:

Between the period May 2023 to May 2024, one clinic stopped but we established 3 more clinics on top of the existing 7 taking it to a total of 9 clinics.

1. A Rob and Azizun Medical Centre:
Total Clinic Session Held: 47 Days
Total Patient: 910
Total Male: 597
Total Female: 266
Total Children: 47

2. Al Shifa Medical Centre:
Total Clinic Session Held: 51 Days
Total Patient: 948
Total Male: 258
Total Female: 619
Total Children: 71

3. Khan Family Medical Clinic:
Total Clinic Session Held: 48 Days
Total Patient: 1329
Total Male: 388
Total Female: 783
Total Children: 158

4. Khalique and Malik Clinic:
Total Clinic Session Held: 52 Days
Total Patient: 1396
Total Male: 409
Total Female: 617
Total Children: 370

5. Hazi Abdus Salam Medical Centre:
Total Clinic Session Held: 53 Days
Total Patient: 1377
Total Male: 195
Total Female: 763
Total Children: 419

6. Johura Bibi And Abdul Jolil Medical Clinic
Total Clinic Session Held: 53 Days
Total Patient: 791
Total Male: 207
Total Female:495
Total Children:89

7. Gramtola Medical Clinic (New):
Total Clinic Session Held: 38 Days
Total Patient: 651
Total Male: 57
Total Female:359
Total Children:235

8. Rejaur A Rahman Health Clinic (New):
Total Clinic Session Held: 23 Days
Total Patient: 689
Total Male: 154
Total Female: 406
Total Children: 129

9. Kutub Ali Medical Clinic (New):
Total Clinic Session Held: 18 Days
Total Patient: 517
Total Male: 207
Total Female:208
Total Children:102

The public in Bangladesh receive ongoing health care which they would not otherwise receive. We aim to continue providing this care and also expand on the number of clinics we have.

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

TRUSTEE`S ANNUAL REPORT TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2024

FINANCIAL REVIEW:

Income and Expenditure
During the fiscal year, our charity received a total income of £22,071 from various sources, including donations, grants, and fundraising events. Our expenditure primarily focused on programme delivery, administrative costs and fundraising efforts.

Reserves and Financial Stability
Our charity maintains a prudent reserve policy to ensure financial stability. As of the end of the reporting period, our reserves stand at £8,554, equivalent to 4 months of operating expenses. This reserve provides a safety net for unforeseen challenges and allows us to continue our vital work.

Fundraising Efficiency
We closely monitor our fundraising efforts to maximize efficiency. Our cost-to-income ratio remains low, with administrative costs accounting for only 19% of total income. This demonstrates our commitment to using resources effectively.

Impact Measurement
We assess our impact through specific metrics, such as the number of beneficiaries served, successful projects, and positive outcomes. Our charity strives to create lasting change and improve the lives of those we support.

Future Plans
Looking ahead, we aim to diversify income streams, enhance transparency, and strengthen governance. Our trustees remain dedicated to fulfilling our mission and serving our community.

Abdul Kamali
Abdul Kamali (Mar 19, 2025 10:09 GMT)

Dr Abdul Wadud Kamali
Chairman

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

REPORT OF THE INDEPENDENT EXAMINERS TO EXECUTIVE COMMITTEE

The charity's Trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 (the Charities Act), and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145(1) of the Charities Act 2011,
- 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 independent examiner's report

My examination was carried out in accordance with 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 the 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 statement below.

Independent examiner's statement

In connection with my examination, no material 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 130 of the Charities Act
   - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the Charities Act 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.

Md Mudabbir Hussain
MHC Accountants Ltd
Chartered Accountants
22 Cavell Street
London
E1 2HP

Date: 14/03/2025

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR 21 MAY 2022 TO 20 MAY 2024

	Notes	2024 £
INCOME		
Donations	2	28,124
Total Income		**28,124**
LESS: EXPENDITURE		
Accountancy fees		300
Advertising and PR		514
Bank charges		56
Charity activities		23,300
Clinic operation costs		3,709
Total Expenditure		**27,879**
Excess of Income over Expenditure		**245**

We hereby approve the above accounts and confirm that we have supplied all the Information and explanations required for the preparation of these accounts.

Approved by

Abdul Kamali

Abdul Kamali (Mar 19, 2025 10:09 GMT)

Dr Abdul Wadud Kamali
Chairman

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

BALANCE SHEET AS ON 20 MAY 2024

	Notes	2024 £
FIXED ASSETS		
Tangible Assets	3	-
CURRENT ASSETS		
Cash at Bank		4,345
Cash in Hand		-
		4,345
LESS: CURRENT LIABILITIES		
Creditors	4	(600)
NET CURRENT ASSETS		3,745
TOTAL NET ASSETS		**3,745**
REPRESENTED BY:		
Funds		
Opening Balance		3,500
Add: Excess of Expenditure over Income		245
Balance carried forward		**3,745**

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2024

1. ACCOUNTING POLICIES

(a) Basis of Accounting

The accounts have been prepared on the historic cost convention. The accounts are in accordance with applicable accounting standards, the Charities SORP (FRS 102) (Accounting and Reporting by Charities) and comply with the Charities (Accounts and Reports) Regulations 2008 issued under the Charities Act 1993

(b) Donation and Grants

Income from donations and grants including capital grants is included in incoming resources when these are receivable, except as follows.

- When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until those periods.

- When donors impose conditions, which must be fulfilled before the charity becomes entitled to use such income, the income is deferred and not included in incoming resources until the pre-conditions for use have been met.

When donors specify that donations and grants, including capital grants, are for restricted purposes, which do not amount to pre-conditions regarding entitlement, this income is included in incoming resources of restricted funds when receivable.

(c) Expenditure

All expenditure is included on an accrual basis and is recognised when there is a legal or constructive obligation to pay for expenditure. All costs have been directly attributed to one of the functional categories of resources expended. The charity is not registered for VAT and accordingly expenditure is shown gross of irrecoverable VAT.

(d) Depreciation

Depreciation has been charged 20% based on straight line during this year.

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2024

2. DONATION:

During the year the following donations amount have been received and credited in the Income as per the above-mentioned policy.

Particulars	£
Donations	28,124
	28,124

3. FIXED ASSETS:

There are no fixed assets register of Bangladesh Rural Primary Health Initiative. The Executive Committee should maintain a fixed asset register to control the amount off Fixed Assets.

4. CREDITORS:

Particulars	£
MHC Accountants Ltd	600
	600

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

England & Wales - Charity number 1190381

Accounts

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

CHARITY REGISTERED NO: 1190381

101 Netherfield Gardens
Barking
London
IG11 9TN
United Kingdom

REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 20 MAY 2023

MHC ACCOUNTANTS LTD
Chartered Accountants
22 Cavell Street, London E1 2HP
Tel: 020 7790 0416, Fax: 020 7790 7845
email: mhussain@mhcgroup.co.uk

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Trustees	Dr Abdul Wadud Kamali Rokeya Hussain Oliur Ahmed
Address	101 Netherfield Gardens Barking London IG11 9TN
Independent Examiner	MHC Accountants Ltd Chartered Accountants 22 Cavell Street London E1 2HP
Bankers	Barclays Bank PLC

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

TRUSTEE`S ANNUAL REPORT TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2023

CHARITY DETAILS:

- Bangladesh Rural Primary Health Initiative with a registration number 1190381 was registered in July 2020.
- It is registered at 101 Netherfield Gardens, Barking, IG11 9TN and has three trustees:
    - Dr Abdul Wadud Kamali
    - Rokeya Hussain
    - Oliur Ahmed

STRUCTURE AND MANAGEMENT:

- It has a management team of 10 volunteers. We have monthly management meetings and quarterly trustee meetings with a yearly AGM. The management team manage the activities of the charity. The Trustees have a term documented in the constitution which is due for review and renewal in the next AGM. New trustees are then discussed and recruited. Recruitment is based on a potential trustees ideally already working for the charity, their understanding of the charity ethos, aims and objectives. Once discussed in the AGM between all trustees and voted on and agreed new trustees are then admitted into the charity and given a 1 hour induction on their roles and responsibilities as a trustee.

AIMS:

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It also aims to engage UK communities with the concerns of health of the Bangladeshi population through meaningful interventions and health related projects.

OBJECTIVES:

To provide a platform for the general public, donors and interested parties in the UK to support the health needs and health development of poor people in Bangladesh through setting up of health clinics and other health projects.

To improve the long term health of people in Bangladesh and therefore reduce poverty through inability to work through:

- Setting up rural clinics
- Providing free clinical consultations, necessary medication and possibly basic diagnostic tests
- Health screening
- Special focused health projects
- Health checks
- Make clinicians available for people to consult for free when clinic need arises

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

TRUSTEE`S ANNUAL REPORT TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2023

ACHIEVEMENTS AND PERFORMENCES:

Between the period May 2021 to May 2022, we established 2 more clinics on top of the existing 2 taking it to a total of 4 clinics.

1. A Rob and Azizun Medical Centre:
Total Clinic Session Held: 41 Days
Total Patient: 1020
Total Male: 549
Total Female: 419
Total Children: 52

2. Al Shifa Medical Centre:
Total Clinic Session Held: 44 Days
Total Patient: 1275
Total Male: 428
Total Female: 847
Total Children:

3. Hazi Yousuf Miah Medical Centre:
Total Clinic Session Held: 16 Days
Total Patient: 484
Total Male: 128
Total Female: 147
Total Children: 209

4. Khan Family Medical Clinic:
Total Clinic Session Held: 48 Days
Total Patient: 1555
Total Male: 414
Total Female: 943
Total Children: 198

5. Khalique and Malik Clinic (NEW)
Total Clinic Session Held: 39 Days
Total Patient: 1167
Total Male: 484
Total Female: 581
Total Children: 102

6. Hazi Abdus Salam Medical Centre (NEW)
Total Clinic Session Held: 39 Days
Total Patient: 1285
Total Male: 380
Total Female: 811
Total Children: 94

7. Johura Bibi and Abdul Jolil Medical Clinic (NEW)
Total Clinic Session Held: 17 Days
Total Patient: 254
Total Male: 95
Total Female:83
Total Children:76

The public in Bangladesh receive ongoing health care which they would not otherwise receive. We aim to continue providing this care and also expand on the number of clinics we have.

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

TRUSTEE`S ANNUAL REPORT TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2023

FINANCIAL REVIEW:

Income and Expenditure
During the fiscal year, our charity received a total income of £3,311 from various sources, including donations, grants, and fundraising events. Our expenditure primarily focused on programme delivery, administrative costs and fundraising efforts.

Reserves and Financial Stability
Our charity maintains a prudent reserve policy to ensure financial stability. As of the end of the reporting period, our reserves stand at £3,499, equivalent to 4 months of operating expenses. This reserve provides a safety net for unforeseen challenges and allows us to continue our vital work.

Fundraising Efficiency
We closely monitor our fundraising efforts to maximize efficiency.

Impact Measurement
We assess our impact through specific metrics, such as the number of beneficiaries served, successful projects, and positive outcomes. Our charity strives to create lasting change and improve the lives of those we support.

Future Plans
Looking ahead, we aim to diversify income streams, enhance transparency, and strengthen governance. Our trustees remain dedicated to fulfilling our mission and serving our community.

……
(**Dr Abdul Wadud Kamali**)
Chairman

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

REPORT OF THE INDEPENDENT EXAMINERS TO EXECUTIVE COMMITTEE

The charity's Trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 (the Charities Act), and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145(1) of the Charities Act 2011,
- 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 independent examiner's report

My examination was carried out in accordance with 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 the 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 statement below.

Independent examiner's statement

In connection with my examination, no material 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 130 of the Charities Act
   - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the Charities Act 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.

Md Mudabbir Hussain
MHC Accountants Ltd
Chartered Accountants
22 Cavell Street
London
E1 2HP

Date: 08/08/2024

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR 21 MAY 2022 TO 20 MAY 2023

	Notes	2023 £
INCOME		
Donations	2	3,311
Total Income		**3,311**
LESS: EXPENDITURE		
Accountancy fees		300
Advertising and PR		575
Bank charges		3
Charity activities		1,660
Clinic operation costs		5,828
Total Expenditure		**8,366**
Excess of Income over Expenditure		**5,055**

We hereby approve the above accounts and confirm that we have supplied all the Information and explanations required for the preparation of these accounts.

Approved by

abdul kamali

abdul kamali (Aug 8, 2024 17:25 GMT+1)

(Dr Abdul Wadud Kamali)
Chairman

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

BALANCE SHEET AS ON 20 MAY 2023

	Notes	2023 £
FIXED ASSETS		
Tangible Assets	3	-
CURRENT ASSETS		
Cash at Bank		4,999
Cash in Hand		-
		4,999
LESS: CURRENT LIABILITIES		
Creditors	4	(1,500)
NET CURRENT ASSETS		3,499
TOTAL NET ASSETS		**3,499**
REPRESENTED BY:		
Funds		
Opening Balance		8,554
Add: Excess of Expenditure over Income		(5,055)
Balance carried forward		**3,499**

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2023

1. ACCOUNTING POLICIES

(a) Basis of Accounting

The accounts have been prepared on the historic cost convention. The accounts are in accordance with applicable accounting standards, the Charities SORP (FRS 102) (Accounting and Reporting by Charities) and comply with the Charities (Accounts and Reports) Regulations 2008 issued under the Charities Act 1993

(b) Donation and Grants

Income from donations and grants including capital grants is included in incoming resources when these are receivable, except as follows.

- When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until those periods.

- When donors impose conditions, which must be fulfilled before the charity becomes entitled to use such income, the income is deferred and not included in incoming resources until the pre-conditions for use have been met.

When donors specify that donations and grants, including capital grants, are for restricted purposes, which do not amount to pre-conditions regarding entitlement, this income is included in incoming resources of restricted funds when receivable.

(c) Expenditure

All expenditure is included on an accrual basis and is recognised when there is a legal or constructive obligation to pay for expenditure. All costs have been directly attributed to one of the functional categories of resources expended. The charity is not registered for VAT and accordingly expenditure is shown gross of irrecoverable VAT.

(d) Depreciation

Depreciation has been charged 20% based on straight line during this year.

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 20 MAY 2023

2. DONATION:

During the year the following donations amount have been received and credited in the Income as per the above-mentioned policy.

Particulars	£
Donations	3,311
	3,311

3. FIXED ASSETS:

There are no fixed assets register of Bangladesh Rural Primary Health Initiative. The Executive Committee should maintain a fixed asset register to control the amount off Fixed Assets.

4. CREDITORS:

Particulars	£
MHC Accountants Ltd	300
Other creditors	1,200
	1,500

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

England & Wales - Charity number 1190381

Accounts

REGISTERED CHARITY NUMBER: 1190381

Report of the Trustees and Unaudited Financial Statements for the Year Ended 20 May 2022 for BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

EARL & GREY ACCOUNTANTS
Docklands Business Centre
10-16 Tiller Road
London
E14 8PX

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Contents of the Financial Statements
for the Year Ended 20 May 2022

Trustees Annual Report: 2021-2022

CHARITY DETAILS:

- Bangladesh Rural Primary Health Initiative with a registration number 1190381 was registered in July 2020.
- It is registered at 101 Netherfield Gardens, Barking, IG11 9TN and has three trustees:
- Dr Abdul Wadud Kamali
- Rokeya Hussain
- Oliur Ahmed

STRUCTURE AND MANAGEMENT:

- It has a management team of 10 volunteers. We have monthly management meetings and quarterly trustee meetings with a yearly AGM. The management team manage the activities of the charity. The Trustees have a term documented in the constitution which is due for review and renewal in the next AGM. New trustees are then discussed and recruited. Recruitment is based on a potential trustees ideally already working for the charity, their understanding of the charity ethos, aims and objectives. Once discussed in the AGM between all trustees and voted on and agreed new trustees are then admitted into the charity and given a 1 hour induction on their roles and responsibilities as a trustee.

AIMS:

Improving the health of people in rural Bangladesh by the providing free health care. This is in particular but not exclusively by providing basic primary care in rural clinics based on the UK General practice model. It will focus on providing ongoing primary care with an emphasis on prevention and detection of disease and treatment of people's health concerns through regular clinics and when possible, special and occasional projects and programmes.

It also aims to engage UK communities with the concerns of health of the Bangladeshi population through meaningful interventions and health related projects.

OBJECTIVES:

To provide a platform for the general public, donors and interested parties in the UK to support the health needs and health development of poor people in Bangladesh through setting up of health clinics and other health projects.

To improve the long term health of people in Bangladesh and therefore reduce poverty through inability to work through:

- Setting up rural clinics
- Providing free clinical consultations, necessary medication and possibly basic diagnostic tests
- Health screening
- Special focused health projects
- Health checks
- Make clinicians available for people to consult for free when clinic need arises

ACHIEVEMENTS AND PERFORMENCES:

Between the period May 2021 to May 2022, we established 2 more clinics on top of the existing 2 taking it to a total of 4 clinics.

Clinic 1 (A Rob Azizun):
Total clinic sessions held: 48. Total patients seen: 1974. Male: 586, Female: 1044, Children: 344

Clinic 2 (Al Shifa):
Total clinic sessions held: 48. Total patients seen: 1738. Male: 298, Female: 1050, Children: 390

Clinic 3 (Hazi Yusuf Miah):
Total clinic sessions held: 48. Total patients seen: 570. Male: 93, Female: 348, Children: 129

Clinic 4 (Khan Family):
Total clinic sessions held: 48. Total patients seen: 1478. Male: 500, Female: 710, Children: 268

The public in Bangladesh receive ongoing health care which they would not otherwise receive. We aim to continue providing this care and also expand on the number of clinics we have.

FINANCIAL REVIEW:

Income and Expenditure

During the fiscal year, our charity received a total income of £22,071 from various sources, including donations, grants, and fundraising events. Our expenditure primarily focused on programme delivery, administrative costs and fundraising efforts.

Reserves and Financial Stability

Our charity maintains a prudent reserve policy to ensure financial stability. As of the end of the reporting period, our reserves stand at £8,554, equivalent to 4 months of operating expenses. This reserve provides a safety net for unforeseen challenges and allows us to continue our vital work.

Fundraising Efficiency

We closely monitor our fundraising efforts to maximize efficiency. Our cost-to-income ratio remains low, with administrative costs accounting for only 19% of total income. This demonstrates our commitment to using resources effectively.

Impact Measurement

We assess our impact through specific metrics, such as the number of beneficiaries served, successful projects, and positive outcomes. Our charity strives to create lasting change and improve the lives of those we support.

Future Plans

Looking ahead, we aim to diversify income streams, enhance transparency, and strengthen governance. Our trustees remain dedicated to fulfilling our mission and serving our community.

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Report of the Trustees
for the Year Ended 20 May 2022

The trustees present their report with the financial statements of the charity for the year ended 20 May 2022. The trustees have adopted the provisions of the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in March 2005.

REFERENCE AND ADMINISTRATIVE DETAILS
Registered Charity number
1162404

Principal address
BANGLADESH RURAL PRIMARY HEALTH INITIATIVE
101 NETHERFIELD GARDENS
BARKING
IG11 9TN

Trustees

Dr Abdul Wahid Kamali (Chairperson)
Oliur Ahmed (Trustee)
Rokeya Hussain (Trustee)

Independent examiner
RAZAUL KABIR
ACCA IFA MIPA
EARL & GREY ACCOUNTANTS
Docklands Business Centre
10-16 Tiller Road
London
E14 8PX

STRUCTURE, GOVERNANCE AND MANAGEMENT
Governing document
The charity is controlled by its governing document, a constitution and constitutes an incorporated charity.

Risk management
The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

Approved by order of the board of trustees on 3/7/2024 and signed on its behalf by:

(ABDUL KAMALI)
Trustee

Independent Examiner's Report to the Trustees of
BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

I report on the accounts for the year ended 20 May 2022 set out on pages four to eight.

Respective responsibilities of trustees and examiner
The charity's trustees 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.

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 130 of the 2011 Act; and
- to prepare accounts which accord with the accounting records and to comply with the accounting requirements of the 2011 Act

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.

RAZAUL KABIR
ACCA IFA MIPA
EARL & GREY ACCOUNTANTS
Docklands Business Centre
10-16 Tiller Road
London
E14 8PX

Date: 16/07/2023.....

BANGLADESH RURAL
PRIMARY HEALTH INITIATIVE

COMMUNITY BENEFIT STATEMENTS

Backgrounds of the Charity:

Bangladesh Rural Primary Health Initiative is a charity established by a passionate group of British Bangladeshi Doctors. Our plan is simple; to create sustainable primary health care clinics in rural Bangladesh and touch as many hearts as we can by providing free care for the poor and needy. Currently BRPHI are setting up permanent GP surgeries in villages in Bangladesh. In other words, 'GramGP' clinics which are set up in the image of the NHS GP model.

On the 14th off November 2019 Dr Kamall opened the first BRPHI clinic in a village called Shaharpara, In the Sylhet division, Bangladesh and thus founded BRPHI.

Registered name of the Charity:

Bangladesh Rural Primary Health Initiative (BRPHI), also GramGP. The charity was registered with UK charity commission in July 2020.

The aim of the charity:

- Set up individual 'GP' clinics across rural areas.
- Create a sustainable primary health care system similar the British NHS model.
- To create a national platform where other organisations can add clinics with similar objectives
- Ensure the system is sustainable and financially self-sufficient.

Clinics data:

- Between May 2021 – May 2022, Total Four clinics were operated.
- Total 5760 Patient was seen and treated across the FOUR clinics.
- Total 48 clinical sessions were held in each clinic during that period.
- Total 192 clinical sessions were held across each clinic during that period.
- Service delivery includes, Doctor's consultation and medications.

Statement Prepared By:

Rokeya Hussain,

Trustee of Bangladesh Rural Primary Health Initiative
Date: 16th July 2023

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Statement of Financial Activities
for the Year Ended 20 May 2022

			20.05.22
	Unrestricted fund	Restricted fund	Total funds
	£	£	£
INCOMING RESOURCES			
Donations	22071	-	22071
	22071	-	22071
RESOURCES EXPENDED			
Operating costs	12695	-	12695
Fund raising costs	3565	-	3565
Governance costs	600	-	600
Total resources expended	16860	-	16860
NET INCOMING RESOURCES	5211	-	5211
RECONCILIATION OF FUNDS			
Total funds brought forward	3343	-	3343
TOTAL FUNDS C/F	8554	0	8554

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Balance Sheet
At 20 May 2022

	Notes	Unrestricted fund	Restricted fund	20.05.22 Total funds
		£	£	£
CURRENT ASSETS				
Cash at bank		9754	-	9754
CREDITORS				
Amounts falling due within one year	3	-1200	-	-1200
NET CURRENT ASSETS		8554	-	8554
TOTAL ASSETS LESS CURRENT LIABILITIES		8554	-	8554
NET ASSETS		8554	-	8554
FUNDS				
Unrestricted funds	4			8554
Restricted funds				-
TOTAL FUNDS				8554

The financial statements were approved by the Board of Trustees on 3/7/2024 and were signed on its behalf by:

.....
Trustee

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Notes to the Financial Statements
for the Year Ended 20 May 2022

1. ACCOUNTING POLICIES

Accounting convention
The financial statements have been prepared under the historical cost convention, and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008), the Charities Act 2011 and the requirements of the Statement of Recommended Practice, Accounting and Reporting by Charities.

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

Resources expended
Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Taxation
The charity is exempt from 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. TRUSTEES' REMUNERATION AND BENEFITS

For the year ended 20 May 2022, the charity team (Trustees, Chief Executive, Management Committee, Project Leaders, Fundraisers and Volunteers) have spent considerable personal time voluntarily without receiving any remuneration or other benefits.

Trustees' expenses
There were no trustees' expenses paid for the year ended 20 May 2022

3. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	20.05.21	20.05.22
	£	£
Accountancy	600	1200-

4. MOVEMENT IN FUNDS

	At 20.05.21 £	Net movement in funds £	At 20.05.22 £
Unrestricted funds	3,343	5,211	8,554
Restricted funds	-	-	-
TOTAL FUNDS	3,343	5,211	8,554

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds	22,071	16,860	5,211
Restricted funds	-	-	-
TOTAL FUNDS	22,071	16,860	5,211

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Detailed Statement of Financial Activities
for the Year Ended 20 May 2022

		20.05.22		
		Unrestricted fund	Restricted fund	Total funds
		£	£	£
INCOMING RESOURCES				
Donations		22071		22071
Total incoming resources		22071		22071
RESOURCES EXPENDED				
Operating costs:				
Clinic operation cost	12695			
Fund raising costs:				
Television & event appeals	3565			
Governance costs				
Accountancy	600			
Total resources expended		16,860	-	16,860
Net income		5,211	-	5,211

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

England & Wales - Charity number 1190381

Accounts

REGISTERED CHARITY NUMBER: 1190381

Report of the Trustees and Unaudited Financial Statements for the Year Ended 20 May 2021 for BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

EARL & GREY ACCOUNTANTS
Docklands Business Centre
10-16 Tiller Road
London
E14 8PX

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Contents of the Financial Statements
for the Year Ended 20 May 2021

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Report of the Trustees
for the Year Ended 20 May 2021

The trustees present their report with the financial statements of the charity for the year ended 30 May 2021. The trustees have adopted the provisions of the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in March 2005.

REFERENCE AND ADMINISTRATIVE DETAILS
Registered Charity number
1162404

Principal address
BANGLADESH RURAL PRIMARY HEALTH INITIATIVE
101 NETHERFIELD GARDENS
BARKING
IG11 9TN

Trustees

Dr Abdul Wahid Kamali
(Chairperson)
Oliur Ahmed (Trustee)
Rokeya Hussain (Trustee)

Independent examiner
RAZAUL KABIR
ACCA IFA MIPA
EARL & GREY ACCOUNTANTS
Docklands Business Centre
10-16 Tiller Road
London
E14 8PX

STRUCTURE, GOVERNANCE AND MANAGEMENT
Governing document
The charity is controlled by its governing document, a constitution and constitutes an incorporated charity.

Risk management
The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

Approved by order of the board of trustees on 7/6/2023 and signed on its behalf by:

.....
Trustee

Independent Examiner's Report to the Trustees of
BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

I report on the accounts for the year ended 20 May 2021 set out on pages four to eight.

Respective responsibilities of trustees and examiner
The charity's trustees 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.

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 130 of the 2011 Act; and
- to prepare accounts which accord with the accounting records and to comply with the accounting requirements of the 2011 Act

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.

RAZAUL KABIR
ACCA IFA MIPA
EARL & GREY ACCOUNTANTS
Docklands Business Centre
10-16 Tiller Road
London
E14 8PX

Date: 30/05/2023

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE
Community Benefit

Backgrounds of the Charity:

Bangladesh Rural Primary Health Initiative is a charity established by a passionate group of British Bangladeshi Doctors. Our plan is simple; to create sustainable primary health care clinics in rural Bangladesh and touch as many hearts as we can by providing free care for the poor and needy. Currently BRPHI are setting up permanent GP surgeries in villages in Bangladesh. In other words, 'GramGP' clinics which are set up in the image of the NHS GP model.
On the 14th off November 2019 Dr Kamali opened the first BRPHI clinic in a village called shaharpara, In the Sylhet division, Bangladesh and thus founded BRPHI.

Registered name of the Charity:

Bangladesh Rural Primary Health Initiative (BRPHI), also GramGP. The charity was registered with UK charity commission in July 2020.

The aim of the charity:

- Set up individual 'GP' clinics across rural areas.
- Create a sustainable primary health care system similar the British NHS model.
- To create a national platform where other organisations can add clinics with similar objectives
- Ensure the system is sustainable and financially self-sufficient.

Clinics data:

- Between August 2019 – July 2020, two clinics were established, first in August 2019 and second in May 2020.
- Total 1688 Patient was seen and treated across the TWO clinics.
- Total 24 clinical sessions were held in each clinic during that period.
- From August 2020 – July 2021, total 3065 patients were seen and treated across both clinics.
- Total 48 clinical sessions were held across each clinic during that period.
- March 2021, a total 226 patients received health screening in ONE clinic.

Statement Prepared By: Rokeya Hussain, Trustee of Bangladesh Rural Primary Health Initiative
Date: 20th May 2023

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Statement of Financial Activities
for the Year Ended 20 May 2021

	Unrestricted fund	Restricted fund	20.05.21 Total funds
	£	£	£
INCOMING RESOURCES			
Donations	16278	-	16278
	16278	-	16278
RESOURCES EXPENDED			
Operating costs	8195	-	8195
Fund raising costs	4140	-	4140
Governance costs	600	-	600
Total resources expended	12935	-	12935
NET INCOMING RESOURCES	3343	-	3343
RECONCILIATION OF FUNDS			
Total funds brought forward	0	-	0
TOTAL FUNDS C/F	3343	0	3343

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Balance Sheet
At 20 May 2021

	Notes	Unrestricted fund	Restricted fund	20.05.21 Total funds
		£	£	£
CURRENT ASSETS				
Cash at bank		3943	-	3943
CREDITORS				
Amounts falling due within one year	3	(600)	-	(600)
NET CURRENT ASSETS		3343	-	3343
TOTAL ASSETS LESS CURRENT LIABILITIES		3343	-	3343
NET ASSETS		3343	-	3343
FUNDS				
Unrestricted funds	4			3343
Restricted funds				-
TOTAL FUNDS				3343

The financial statements were approved by the Board of Trustees on 7/6/2023 and were signed on its behalf by:

.....
Trustee

1. ACCOUNTING POLICIES

Accounting convention
The financial statements have been prepared under the historical cost convention, and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008), the Charities Act 2011 and the requirements of the Statement of Recommended Practice, Accounting and Reporting by Charities.

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

Resources expended
Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Taxation
The charity is exempt from 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. TRUSTEES' REMUNERATION AND BENEFITS

For the year ended 20 May 2021, the charity team (Trustees, Chief Executive, Management Committee, Project Leaders, Fundraisers and Volunteers) have spent considerable personal time voluntarily without receiving any remuneration or other benefits.

Trustees' expenses
There were no trustees' expenses paid for the year ended 20 May 2021.

3. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	20.05.21	20.05.20
	£	£
Accountancy	600	-

4. MOVEMENT IN FUNDS

	At 20.05.20 £	Net movement in funds £	At 20.05.21 £
Unrestricted funds	0	3,343	3,343
Restricted funds	-	-	-
TOTAL FUNDS	0	3,343	3,343

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds	16,278	12,935	3,343
Restricted funds	-	-	-
TOTAL FUNDS	16,278	12,935	3,343

BANGLADESH RURAL PRIMARY HEALTH INITIATIVE

Detailed Statement of Financial Activities
for the Year Ended 20 May 2021

		20.05.21		
	Unrestricted fund		Restricted fund	Total funds
	£		£	£
INCOMING RESOURCES				
Donations		16278		16278
Total incoming resources		16278		16278
RESOURCES EXPENDED				
Operating costs:				
Clinic operation cost	8195			
Fund raising costs:				
Television appeal	4140			
Governance costs				
Accountancy	600			
Total resources expended		12,935	-	12,935
Net income		3,343	-	3,343