

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
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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 £27,606 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 £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

<u>INCOME</u>	<u>Notes</u>	<u>2024</u> <u>£</u>
Donations	2	27,606

Total Income		27,606

<u>LESS: EXPENDITURE</u>		
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

		<u>2024</u>
<u>FIXED ASSETS</u>	<u>Notes</u>	<u>£</u>
Tangible Assets	3	-

<u>CURRENT ASSETS</u>		
Cash at Bank		8,409
Cash in Hand		-

		8,409
<u>LESS: CURRENT LIABILITIES</u>		
Creditors	4	(600)

NET CURRENT ASSETS		7,809

TOTAL NET ASSETS		7,809
		=====
REPRESENTED BY:		
<u>Funds</u>		
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.

<u>Particulars</u>	<u>£</u>
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:

<u>Particulars</u>	<u>£</u>
MHC Accountants Ltd	600

	600
	=====