

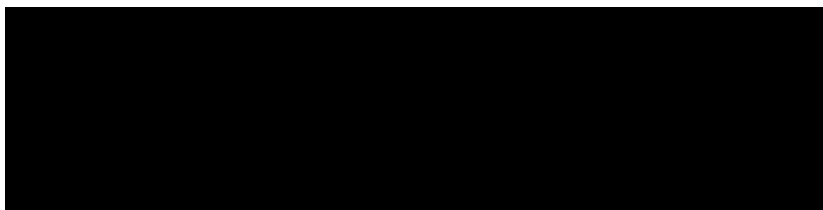
Charity registration number SC051913 (Scotland)

MATERNAL HEALTH AFRICA SCIO
(FORMERLY TRAC TRUST SCIO)
ANNUAL REPORT AND UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 AUGUST 2024

MATERNAL HEALTH AFRICA SCIO

LEGAL AND ADMINISTRATIVE INFORMATION

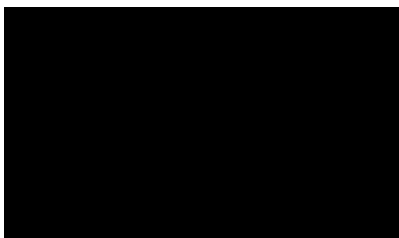
Trustees



Charity number

SC051913

Principal address



Independent examiner

Azets
37 Albyn Place
Aberdeen
United Kingdom
AB10 1JB

MATERNAL HEALTH AFRICA SCIO

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MATERNAL HEALTH AFRICA SCIO

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 AUGUST 2024

The trustees present their annual report and financial statements for the year ended 31 August 2024.

The SCIO changed legal name to Maternal Health Africa SCIO from TRAC Trust SCIO effective 2 May 2024.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the charity's constitution, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)" (effective 1 January 2019).

Objectives and activities

The Charity was established as a charitable organisation to support the following charitable purposes and, without prejudice to the foregoing generality, provide information, education, facilities and services to those across the world, where there is a need, in order to improve the health and/or standards of living of those who live there: 1.1. the advancement of health; 1.2. the saving of lives; 1.3. the relief of those in need by reason of age, ill-health, disability, financial hardship or other disadvantage; 1.4. the advancement of citizenship or community development; 1.5. the prevention or relief of poverty; 1.6. the advancement of environmental protection or improvement; 1.7. the advancement of education; 1.8. the provision of recreational facilities, or the organisation of recreational activities with the object of improving the conditions of life for the persons for whom the facilities or activities are primarily intended; 1.9. the advancement of human rights, conflict resolution or reconciliation; 1.10. the promotion of religious or racial harmony; and 1.11. the promotion of equality and diversity.

Vision and Mission

Our vision of global maternal equality through life saving and life changing interventions aligns with the United Nations' 2030 Sustainable Development Goals (SDG), which promotes good health and well-being. SDG3's key targets include reducing maternal mortality and ending preventable deaths of newborns and children. Inspired by these goals, we continue to be dedicated to improving healthcare access and outcomes for mothers and babies by:

- **Life Saving interventions**

Making immediate and significant improvements to maternal health outcomes, often where standards and resources are such that being pregnant can be a life-threatening situation for both mother and unborn child.

- **Life Changing interventions**

Raising standards of healthcare and opportunities for women and children, to make a sustainable change through education, empowerment and working within local communities.

Governance and Operational Management

We welcomed three new Board Trustees during the year who bring diverse and invaluable expertise to our mission: Claudia Shilumani (International), Claudette During (Sierra Leone) and Alistair Anderson (UK). Their contributions strengthen our governance, enhance strategic planning and provide vital insights into global health equity, financial management and philanthropic leadership. Collectively, their skills and experience position us well to deepen our impact and focus our progress in advancing maternal health outcomes in Sierra Leone and Ethiopia.

TRAC International's investment in funding Maternal Health Africa's pilot initiatives has been crucial in establishing the charity's operations and organisational structure. However, to ensure the sustainability and growth of our mission, we recognise the need to accelerate our funding with external support. It requires a blended approach that includes partnerships with international agencies, philanthropic giving and foundation grants. To achieve this, we engaged a full-time fundraiser to build strategic partnerships, establish and maintain relationships and raise our profile as we seek to strengthen our ability to secure the necessary resources to expand and develop our portfolio of work.

Realignment of Name and Brand

In May 2024, we changed our name from TRAC Trust to Maternal Health Africa SCIO to better reflect the heart of our work, making it instantly clear who we are and what we stand for. This change helps us stand out and be easily recognised, ensuring our mission resonates more powerfully with supporters and partners. Alongside our new name, we launched a refreshed brand and website (<https://maternalhealthafrica.org/>) to share our story, amplify our impact and connect more effectively with those who share our vision.

MATERNAL HEALTH AFRICA SCIO

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 AUGUST 2024

Achievements and performance

Sierra Leone

Overview

Sierra Leone continues to face critical maternal health challenges, with one of the highest maternal mortality rates globally—717 deaths per 100,000 live births as reported by the World Health Organisation (WHO) in 2023.

Maternal Health Africa addresses these challenges through a dual approach:

- Strengthening existing government healthcare systems
- Reaching the most hard-to-reach, rural communities

Strengthening Healthcare Systems

We recognise that collaboration is essential to improving access to maternal healthcare and achieving better outcomes for mothers and babies. As an implementation partner, we actively contribute to health system strengthening by facilitating practical, on-site medical residency programmes in government facilities. These programmes provide "hands-on" training for medical and nursing teams, empowering them to deliver high-quality care in basic, low-tech environments.

From 1 November to 21 December 2023, we undertook a pilot programme with the Ministry of Health and Sanitation's District Health Management Team (DHMT) at Waterloo Hospital in the Western Area Rural district. Our aim was to support and strengthen the government healthcare facility through the provision of maternity services and training the in-house clinical team. By working together, our efforts helped improve care quality, make better use of resources and build the skills of the in-house team. This approach meant improved patient outcomes including the introduction of caesarean deliveries that were not previously available, services became more efficient and importantly saw a significant reduction in referrals to the Princess Christian Maternity Hospital (PCMH), Freetown:

	Residency 1.11.23 – 21.12.23	Service prior to Residency
Referrals to other facilities (56% reduction)	16	36 (Oct 23)
Total no of deliveries during residency	243	-
Caesarean deliveries	40	Not offered
Gynaecological surgeries	3	Not offered
Operative vaginal delivery	Forceps	Not offered
Elective Obstetrics and gynaecological case	1	-
Ultrasound scanning	Undertaken	Not offered
Senior consultations	Undertaken	Not offered

We deeply value the work that was accomplished and we remain committed to continuing our collaboration with the DHMT and introducing efficiencies, training and best practice to further sites in the future.

MATERNAL HEALTH AFRICA SCIO

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 AUGUST 2024

Reaching the most hard-to-reach, rural communities

According to the Sierra Leone Demographic & Health Survey 2019, many mothers, particularly in rural areas, lack access to ultrasound scans. The World Health Organisation (WHO) recommends a scan by 24 weeks to prevent maternal and newborn complications, including mortality. Through epidemiological research, we identified Bombali District—Sierra Leone's second largest, with a population of around 606,000 (source: 2015 Sierra Leone National Census) and predominantly rural—as the on-going focus for our unique predictive and preventative scanning programme.

Bombali faces significant maternal and child health challenges, including limited access to prenatal care and high mortality rates. During the rainy season (May-November), flooding and impassable roads also hinder access to care. Thanks to significant funding from the Paterson Logan Trust, we were able to purchase two all-terrain Land Cruisers, which have proven crucial in overcoming these practical, logistical challenges and ensuring we can reach mothers in even the most remote areas.

Our current setup is a mobile ultrasound clinic run by our Obstetric Clinical Officer (OCO), offering crucial prenatal imaging services and predictive maternal services to potentially high-risk mothers. Through our interventions, significant improvements have been made in maternal healthcare. With our coverage extending to 13 Peripheral Health Units (PHUs), we reached 2,589 women, including 687 pregnant mothers who were followed up after potential complications were detected during ultrasounds, ensuring timely medical interventions. Additionally, our 14 community education sessions have raised awareness of sexual and reproductive health services, while 112 women have benefited from our family planning services, empowering them to take control of their reproductive health. Furthermore, our focus on training and empowering local healthcare providers has resulted in equipping four midwives in Kalangba, Rokunta, Kamabai, and Kagbaneh, to perform basic obstetric ultrasound.

The growing demand for our services highlights the urgent need for additional support. Our plan is to expand our team by recruiting a Physician's Assistant (PA) and a driver. The PA will work alongside the OCO to enhance clinical capacity, while the driver will ensure reliable transportation and relieve the physical pressures on the OCO/PA to be absolutely focussed on patient care. Strengthening our core team will enable us to provide more comprehensive care and better manage the increasing patient load.

We aim to achieve full district coverage in Bombali's remaining 53 PHUs with three mobile teams, each consisting of an OCO, PA and driver, as funding permits. In due course we intend to replicate this model in further districts, thereby creating a sustainable and efficient pathway for consistent maternal care across Sierra Leone.

Ethiopia

Overview

Over the past year, we have established a new maternal and child health center in Tigray's capital, Mekelle and continued to strengthen local healthcare systems and engaging in capacity-building outreach initiatives. These efforts have led to measurable improvements in access to quality maternal and reproductive healthcare, as well as enhanced community awareness and involvement.

RecTOR Project (Recovery Through Outreach)

This project aimed to bridge the gap in specialist maternity and surgical care in remote regions of Tigray, notably at Samre and Atsbi Primary Hospitals. Both areas historically suffered from high maternal mortality rates and lacked reliable transportation and referral pathways, exacerbated by the recent conflict.

At Samre Primary Hospital (Southwestern Tigray), poor road infrastructure and the non-availability of ambulances due to ongoing conflicts severely hindered patient referrals. Deploying specialist doctors to the facility meant we could bring comprehensive obstetric and surgical services directly to the community. This removed referral-associated costs and travel burdens for families. Early detection and management of complications by our on-site specialists meant no maternal deaths were recorded during the project's lifecycle, marking a significant improvement in maternal health outcomes.

MATERNAL HEALTH AFRICA SCIO

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 AUGUST 2024

In Northeastern Tigray, Atsbi Primary Hospital faces similar challenges to Samre. The road infrastructure is poor and surgical and obstetric services were virtually non-existent before our intervention. Through the team's expertise, these units have now reopened delivering comprehensive care including life saving procedures eg caesarean deliveries that were not previously possible.

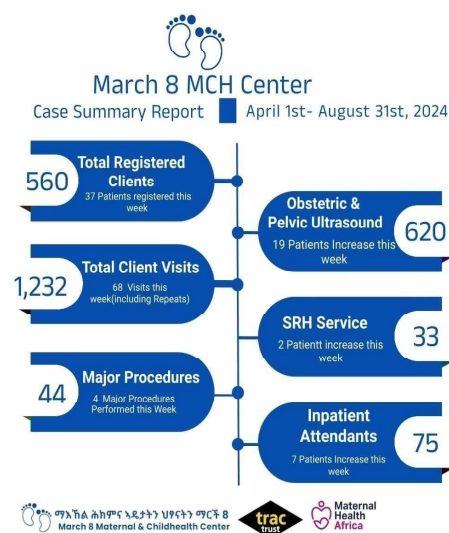
As the data below demonstrates, between July 2022 and August 2024 our lean, yet highly motivated team, achieved transformative outcomes in restoring essential healthcare services to these marginalised areas.

Total patients seen	17,739
In-patient	4,944
Outpatient	12,795
Ultrasound	12,557
Caesarean delivery	199
Operative vaginal delivery	81
Gynaecological surgery	154
Compressive abortion care	354
Near miss/life saving intervention	173

March 8 Maternal and Child Health (MCH) Center, Mekelle, Tigray

The Center, named after the UN's International Women's Day, was established with the primary objective of reducing preventable maternal and perinatal deaths by offering tailored, life-saving care to marginalised women. This includes teenage mothers, single expectant mothers, displaced and destitute women, those suffering from obstetric trauma or fistula, and women with physical or mental disabilities.

The Center has made significant strides since it opened on 1 April 2024, providing comprehensive maternity, sexual and reproductive health services:



Additionally, outreach and training programmes have been instigated for health extension workers and community women leaders, aimed at promoting safe motherhood practices. We have also signed a Memorandum of Understanding with the Women Association of Tigray, which identifies women based on their economic and social backgrounds and facilitates their access to services at the Center. This partnership underscores our commitment to fostering community involvement and sustainable local engagement.

MATERNAL HEALTH AFRICA SCIO

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 AUGUST 2024

The impact of the March 8 MCH Center has been profound, with a notable increase in antenatal care attendance and safe deliveries. Vulnerable women now have better access to psychosocial support, counselling and follow-up care. Additionally, the Center has contributed to heightened community awareness of sexual and reproductive health rights and services.

Sustainable Capacity-building in local communities

Beyond the Center itself, other notable activities have supported its mission. The team organised and supported outreach programmes, selecting physicians to provide specialised services in remote settings. This initiative not only delivered essential care but also emphasised knowledge transfer, mentorship and sustainable capacity-building in local communities.

Implementation Partnership

Another milestone achievement initiated is the enhancement of Ayder Hospital's radiology department. Collaborating with the German Embassy and the hospital administration, we are managing the implementation of significant upgrades. Acting as the implementing partner, the project reflects the Embassy's preference not to fund government institutions directly. This collaboration not only improves healthcare services but also enhances Maternal Health Africa's visibility and credibility, receiving positive recognition on local radio and television.

Summary

Over the past year, our diverse and emerging programmes have demonstrated the critical role Maternal Health Africa plays in improving maternal and child health outcomes across Sierra Leone and Ethiopia. Through life-saving interventions, strengthened healthcare systems and community education on maternal and sexual health, we are creating lasting change.

At Maternal Health Africa, we believe it takes a village to uphold humanity, dignity and equity in maternal healthcare. The expertise of our medical team, the dedication of our support staff and the generosity of supporters have all united to create a brighter future.

On behalf of the Board, I record my heartfelt thanks to everyone who has supported our mission with compassion and commitment over the past year.

Financial review

During the period, the Charity received donations and legacies totalling £484,031 and incurred costs in relation to ongoing charitable activities totalling £331,154. The net surplus for the period ended 31 August 2024 was £149,260.

Reserves Policy

Maternal Health Africa's inaugural year has seen the successful launch of numerous projects and initiatives, all made possible through initial funding from [REDACTED]. As we chart our course ahead, it is crucial that we establish a reserves policy that not only safeguards the financial stability of our current endeavours but also supports our potential to expand our impact and outreach.

Our reserves strategy therefore encompasses two objectives: fortifying the organisation against unforeseen challenges and maintaining operations during periods of funding uncertainty. Our aim is to accumulate unrestricted reserves equivalent to 3-6 months of our annual operating expenses with the funds being held in cash.

As we seek a reliable, mixed funding base and commit a portion of our annual revenue to accumulating a reserve, [REDACTED] remains fully committed to ensuring the viability of the organisation in the early stages of its development.

It is the policy of the charity that unrestricted funds which have not been designated for a specific use should be maintained at a level equivalent to between three and six month's expenditure. The trustees consider that reserves at this level will ensure that, in the event of a significant drop in funding, they will be able to continue the charity's current activities while consideration is given to ways in which additional funds may be raised. This level of reserves has been maintained throughout the year.

MATERNAL HEALTH AFRICA SCIO

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 AUGUST 2024

Structure, governance and management

Maternal Health Africa SCIO is a Charity which is governed by its Constitution which was established in 2022. It is a recognised Scottish Charitable Incorporated Organisation (SCIO) registered with the Scottish Charity Register SC051913.

Trustees are appointed in accordance with the charity constitution.

None of the trustees has any beneficial interest in the charity.

If the organisation is to be wound up or dissolved, the winding-up or dissolution process will be carried out in accordance with the procedures set out under the Charities and Trustee Investment (Scotland) Act 2005. Any surplus assets available to the organisation immediately preceding its winding up or dissolution must be used for one or more of the purposes of the organisation as set out in this constitution.

The trustees' report was approved by the Board of Trustees.

Trustee

7 January 2025

MATERNAL HEALTH AFRICA SCIO

STATEMENT OF TRUSTEES' RESPONSIBILITIES

FOR THE YEAR ENDED 31 AUGUST 2024

The trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in Scotland requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that year.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping sufficient accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

MATERNAL HEALTH AFRICA SCIO

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF MATERNAL HEALTH AFRICA SCIO

I report on the financial statements of the charity for the year ended 31 August 2024, which are set out on pages 9 to 17.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the financial statements in accordance with the terms of the Charities and Trustee Investments (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. The charity's trustees consider that the audit requirement of Regulation 10(1)(a) to (c) of the 2006 Accounts Regulations does not apply. It is my responsibility to examine the financial statements as required under section 44(1)(c) of the Act and to state whether particular matters have come to my attention.

Basis of independent examiner's statement

My examination is carried out in accordance with Regulation 11 of the 2006 Accounts Regulations. An examination includes a review of the accounting records kept by the charity and a comparison of the financial statements presented with those records. It also includes consideration of any unusual items or disclosures in the financial statements, and seeks 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 I do not express an audit opinion on the view given by the financial statements.

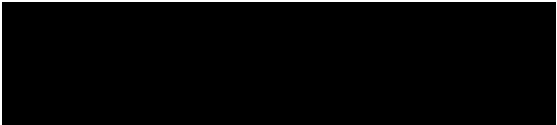
Independent examiner's statement

Your attention is drawn to the fact that the charity has prepared financial statements in accordance with Accounting and reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has now been withdrawn.

I understand that this has been done in order for the financial statements to provide a true and fair view in accordance with Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

In connection with my examination, no other matter except that referred to in the previous paragraph has come to my attention:

- (a) which gives me reasonable cause to believe that in any material respect the requirements:
 - (i) to keep accounting records in accordance with section 44(1) (a) of the 2005 Act and Regulation 4 of the 2006 Accounts Regulations; and
 - (ii) to prepare financial statements which accord with the accounting records and comply with Regulation 8 of the 2006 Accounts Regulations;have not been met or
- (b) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.



On behalf of Azets (Chartered Accountants)
37 Albyn Place
Aberdeen
AB10 1JB
United Kingdom

Dated: 7 January 2025

MATERNAL HEALTH AFRICA SCIO

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 AUGUST 2024

	Notes	Unrestricted funds 2024 £	Restricted funds 2024 £	Total Unrestricted funds 2024 £	2023 £
<u>Income and endowments from:</u>					
Donations and legacies	3	466,462	17,569	484,031	223,619
Other income	4	18	-	18	100
Total income		466,480	17,569	484,049	223,719
<u>Expenditure on:</u>					
Charitable activities	5	331,154	-	331,154	192,458
Net income for the year/ Net incoming resources		135,326	17,569	152,895	31,261
<u>Other recognised gains and losses</u>					
Other gains or losses	9	(3,635)	-	(3,635)	-
Net movement in funds		131,691	17,569	149,260	31,261
Fund balances at 1 September 2023		31,261	-	31,261	-
Fund balances at 31 August 2024		162,952	17,569	180,521	31,261

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

MATERNAL HEALTH AFRICA SCIO

BALANCE SHEET

AS AT 31 AUGUST 2024

	Notes	2024 £	£	2023 £	£
Fixed assets					
Tangible assets	10		173,287		42,764
Current assets					
Debtors	11	4,403		6,172	
Cash at bank and in hand		21,299		7,299	
		25,702		13,471	
Creditors: amounts falling due within one year	12	(18,468)		(24,974)	
Net current assets/(liabilities)			7,234		(11,503)
Total assets less current liabilities			180,521		31,261
Income funds					
Restricted funds	13		17,569		-
Unrestricted funds			162,952		31,261
			180,521		31,261

The financial statements were approved by the Trustees on 7 January 2025

Trustee

MATERNAL HEALTH AFRICA SCIO

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 AUGUST 2024

1 Accounting policies

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's constitution, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended), FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102") and the Charities SORP "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)" (effective 1 January 2019).

The charity has taken advantage of the provisions in the SORP for charities not to prepare a Statement of Cash Flows.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

Assets for distribution are recognised only when distributed. Assets given for use by the charity are recognised when receivable. Stocks of undistributed donated goods are not valued for balance sheet purposes.

1.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement, and the amount of the obligation can be measured reliably.

Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges are allocated on the portion of the asset's use.

MATERNAL HEALTH AFRICA SCIO

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 AUGUST 2024

1 Accounting policies

(Continued)

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Leasehold land and buildings	5%
Fixtures and fittings	15%
Computers	15%
Motor vehicles	20%

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in the statement of financial activities.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

MATERNAL HEALTH AFRICA SCIO

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 AUGUST 2024

1 Accounting policies

(Continued)

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.10 Taxation

The charity is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects.

2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

3 Donations and legacies

	Unrestricted funds	Restricted funds	Total Unrestricted funds	
	2024 £	2024 £	2024 £	2023 £
Donations and gifts	451,678	17,569	469,247	210,641
Donated goods and services	14,784	-	14,784	12,978
	<u>466,462</u>	<u>17,569</u>	<u>484,031</u>	<u>223,619</u>

MATERNAL HEALTH AFRICA SCIO

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 AUGUST 2024

4 Other income

	Unrestricted funds	Unrestricted funds
	2024	2023
	£	£
Other income	18	100

5 Charitable activities

	Charitable Expenditure	Charitable Expenditure
	2024	2023
	£	£
Medical consultants	191,757	134,262
Travel and subsistence	30,508	14,899
Maternal wellbeing	661	623
Medical supplies	5,155	2,804
Rental of property	16,384	11,591
Repairs and maintenance	2,110	625
Utilities	646	105
Motor expenses	10,334	8,564
Professional services	27,893	4,854
Advertising and website costs	3,876	-
Bank charges	3,450	2,249
Carriage costs	12,154	3,133
Depreciation	19,482	2,727
Telephone and computer costs	1,018	-
Sundry expense	386	922
	325,814	187,358
Share of governance costs (see note 6)	5,340	5,100
	331,154	192,458

MATERNAL HEALTH AFRICA SCIO

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 AUGUST 2024

6 Support costs

	Support costs £	Governance costs £	2024 £	2023 £
Independent Examination	-	5,340	5,340	5,100
	-	5,340	5,340	5,100
Analysed between Charitable activities	-	5,340	5,340	5,100

7 Trustees

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

8 Employees

The average monthly number of employees during the year was:

	2024 Number	2023 Number
Total	-	-

There were no employees whose annual remuneration was more than £60,000.

9 Other gains or losses

	Unrestricted funds	Total
	2024 £	2023 £
Foreign exchange gains	3,635	-

MATERNAL HEALTH AFRICA SCIO

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 AUGUST 2024

10 Tangible fixed assets

	Leasehold land and buildings £	Fixtures and fittings £	Computers £	Motor vehicles £	Total £
Cost					
At 1 September 2023	16,780	15,733	-	12,978	45,491
Additions	4,151	31,867	5,033	108,955	150,006
At 31 August 2024	20,931	47,600	5,033	121,933	195,497
Depreciation and impairment					
At 1 September 2023	303	694	-	1,730	2,727
Depreciation charged in the year	851	4,327	340	13,965	19,483
At 31 August 2024	1,154	5,021	340	15,695	22,210
Carrying amount					
At 31 August 2024	19,777	42,579	4,693	106,238	173,287
At 31 August 2023	16,477	15,039	-	11,248	42,764

11 Debtors

	2024 £	2023 £
Amounts falling due within one year:		
Other debtors	2,577	4,620
Prepayments and accrued income	1,826	1,552
	4,403	6,172

12 Creditors: amounts falling due within one year

	2024 £	2023 £
Other creditors	6,167	19,549
Accruals and deferred income	12,301	5,425
	18,468	24,974

MATERNAL HEALTH AFRICA SCIO

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 AUGUST 2024

13 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	Balance at 1 September 2023 £	Movement in funds Incoming resources £	Balance at 31 August 2024 £
The Federal Republic of Germany in Ethiopia	-	17,569	17,569

14 Analysis of net assets between funds

	Unrestricted funds 2024 £	Restricted funds 2024 £	Total Unrestricted funds 2024 £	Unrestricted funds 2023 £
Fund balances at 31 August 2024 are represented by:				
Tangible assets	173,287	-	173,287	42,764
Current assets/(liabilities)	(10,335)	17,569	7,234	(11,503)
	162,952	17,569	180,521	31,261

15 Related party transactions

During the period, TRAC International Group, was a significant donor to the Charity. Directors of TRAC International Limited are also Trustees of Maternal Health Africa SCIO during the period. During the period TRAC International Group donated funds of £351,523 (2023 - £210,469) and assets of £0 (2023 - £12,978).

As at 31 August 2024, [REDACTED] the owner of TRAC International Limited, was due the Charity £2,175 (2023 - £4,550). During the period [REDACTED] donated funds of £0 (2023 - £172).