

**Trustees' Report,
Auditors' Report
& Financial Statement**
for the year ended 31 March 2000



*We are helping to create a world in which the most vulnerable
communities can exercise their right to health and well-being.*

Health Limited, t/a Health Unlimited
(limited by guarantee)



Legal Status

Health Unlimited is the trading name of Health Limited (company number 1837621) which is registered as a charity (Number 290535). The governing instruments of the organisation are its memorandum and Articles of Association signed in 1984 and amended in 1991.

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Health Limited, t/a Health Unlimited
Prince Consort House
27-29 Albert Embankment
London
SE1 7TJ
telephone: +44 (0)20 7840 3777
facsimile: +44 (0)20 7840 3770
e-mail: general@healthunlimited.org
www.healthunlimited.org

Patrons

Joan Bakewell CBE
Sir Douglas Black MD FRCP
Jean Boht
Dr Pauline Cutting OBE FRCS
Professor Andrew Haines MD FRCP FRCGP FFPHM
John Simpson CBE
Delia Smith
Professor E S Watkins MD FRCS

Board of Trustees

<i>Chair</i>	Andrew Ruck BA(Hons) LSF Dip HM MIHM	(Resigned 20 September 2000)
<i>Vice Chair</i>	Penelope Key OBE MB BS MSc	(Chair from 20 September 2000)
<i>Secretary</i>	Mike Bullions	(Resigned 20 September 2000)
<i>Treasurer</i>	Tony Heywood FCA	(Resigned 20 September 2000)
	Sue Blum MA MBA	(Resigned 20 September 2000)
	Andrew Corbett-Nolan BA (Hons) FCA	
	Fay Haffenden	
	Mike Hansen BA (Hons) FCA	(Treasurer from 20 September 2000)
	Anne Laking BA (Hons)	
	Jessica Ogden PHD	
	Kate Phillips	(Secretary from 20 September 2000)
	Peter Poore MB BS DCH DTM&H	

Honorary Solicitor
Joanna Blackburn
Mishcon de Reya

Auditors
Binder Hamlyn
20 Old Bailey
London
EC4M 7BH

Bankers
HSBC
22 Stamford Street
Blackfriars
London SE1 9LJ

Senior Staff

London

Director	Clive Nettleton
Programme Director	Jerry Clewett
Head of Health Development	Angela Brown
Head of Development Communications	Sarah Shuffell
Fundraising and Publicity Manager	Pam Ruffitt
Finance Manager	Gerald Cushion
Personnel and Office Manager	Madeleine Hammond

Regions

Regional Manager East Asia	Dr Zhu Wei Xing
Regional Manager South East Asia	Marc Vandenberghe
Regional Manager East & Central Africa	Linda Cook (to July 2000)
Regional Manager Africa	Stephen Collens (from August 2000)
Regional Manager Latin America	Elmer Arias Chinchilla (to March 2000)
	John Massey (from July 2000)

Full staff list at back
Information correct at 1 September 2000

Report of the Trustees

For the year ended 31 March 2000

Health Unlimited in context

Over the past year the Board has undertaken a substantial review of our core policies and made a fundamental change in the management structure of the organisation.

We reviewed Health Unlimited's vision and mission and agreed a statement of the core values which guide our organisation. A comprehensive programme policy was approved which will inform the development of our programme in the future. We are developing policies on other areas including equal opportunities and gender.

Health continues to be a central issue in wider discussions about development. Global initiatives on malaria, TB and HIV/AIDS have a bearing on all organisations in this field, as does an increasing concern about the links between poor health and continuing poverty in the new era of globalisation. We have a particular concern that in the drive to reach international development targets the large institutions may ignore the long term needs of the most excluded and vulnerable communities with whom we work.

Our programme

We work with communities to establish their right to health both as an end in itself and as a means to escape from poverty and oppression. Our community health work enables communities to build basic health services. Where possible we work with state providers to improve services and ensure that they reach marginalised vulnerable groups. Our communications programmes seek to build knowledge and understanding which will enable individuals and communities to take action to improve their health.

In the past year some of the most notable achievements have been:

- Further work in the establishment of a basic health care system in Kachin State in Burma, doubly isolated because of the struggle for independence and the international sanctions against the military regime. Health Unlimited is gaining increasing recognition for its capacity to reach remote communities in Burma and we are seeking funding to implement further programmes in this area.
- Successful negotiations with the Brazilian government on the establishment of health districts for indigenous people in which the Brazilian NGO, Saude Sem Limites (SSL), set up by Health Unlimited in 1994, played a leading role. SSL is the lead agency providing health services in one of the new districts, and Health Unlimited is supporting SSL to develop its capacity to expand its work.
- Our innovative programme of community based treatment of TB in Namibia. TB is a major threat to the San/Bushmen community and our programme has been highly successful and won widespread recognition. By building links with the Ministry of Health we are also ensuring that the needs of this particularly vulnerable community are recognised.
- In Peru, Cambodia, El Salvador, Nicaragua and other areas we are gradually establishing community-based health services for excluded communities.
- The success of the soap opera URUNANA, produced and written in Rwanda and broadcast to the African Great Lakes region by the BBC World Service, has not only provided information

Our Vision

We are helping to create a world in which the most vulnerable communities can enjoy their right to health and well-being.

Our Mission

We support poor people in their efforts to achieve better health and well-being. We give priority to the most excluded and vulnerable, in particular indigenous people and communities affected by conflict and political instability. We work with communities on long-term programmes to build the knowledge and skills that will enable them to improve their own health and gain lasting access to effective services and information.

Improving Practice

As a pilot agency of the People in Aid Code of Best Practice in the management and support of aid personnel, Health Unlimited carried out an audit in February 2000 to review how the organisation measures up to the Code. Data collected included a gender and nationality profile of staff, staff turnover, number of annual appraisals completed in the year, and views of Regional Managers on key issues for international and local staff. Although available resources limited the scope of the audit which did not involve a comprehensive staff survey, the external auditor appointed by People in Aid reported that "I found ample evidence of Health Unlimited's commitment to the PiA code and commend the organisation for the audit work it has done."

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on a wide range of health issues affecting women, but has had an enormous public appeal. The innovative, audience driven approach of the programme has established Health Unlimited as a leading player in the use of radio in health promotion. As this report was being completed we received news that the project had received a grant of £1 million for the next five years from the National Lottery Charities Board.

- In Preah Vihear province, Cambodia, we have implemented a community theatre project that involves our health staff and community members working together to produce and perform plays which deal with health issues identified by the community.
- The completion of our mother and child programme in China which covered 46 counties in eight provinces.

We commissioned external evaluations of six projects in the past year. Results revealed high levels of success and also identified a number of issues which Health Unlimited and other organisations need to address in the implementation of programmes in unstable and remote areas. We are committed to continuing with rigorous assessments of our work so that we become a learning organisation that constantly improves the quality of its work.

Future Plans

A Strategic Plan for the next three years has been developed that gives broad direction to the work of the organisation. The major themes within the plan are

reviewed below. The environment in which we work is changing rapidly. Assumptions of the development field are being challenged by work done by other organisations and by innovations successfully pioneered by Health Unlimited. There is considerable instability in the donor community. Trustees and senior managers review the strategic plan on a regular basis.

Long term success for our organisation lies in our proven ability to develop programmes which respond to both our beneficiaries' needs and the demands of our donors, both institutional and individual. The Trustees have also recognised the need for the organisation to increase the range of funding sources to reduce our dependence on the major institutional donors. In the 2000/2001 financial year we will be investing in new forms of fundraising that aim to increase our trust and private fundraising from its current levels of some £260,000 to over £700,000 in the next three years.

Forming Alliances

In 1998 Health Unlimited formed an Alliance for Health with Christian Aid which entitled them to appoint two trustees, although they have so far only taken up one place. The Alliance has been developing particularly well in East Asia and we are examining the potential for future development when the initial three year period of the alliance ends in 2001.

Over the past year we have been exploring a closer relationship with the Dutch NGO, HealthNet, which has very similar values and objectives. In 2000/2001 we

Our Values

Equity is the key to all our work. Health care is a fundamental human right which should be universally available to all according to need. Health Unlimited recognises that there are limitations to the extent to which all needs can be met, but it affirms a commitment to the principles of universality and of inclusion of the most vulnerable and to ensuring gender equity in the operation and outcomes of our programmes.

Health Unlimited is committed to working in long-term partnerships with local communities and organisations to establish sustainable health care. Successful outcomes depend on local ownership: communities and local organisations should be involved at all stages in the identification of needs, the development of services and their implementation, management and evaluation. Health Unlimited's management will be decentralised to support this process.

We respect local people's knowledge and organisations. Our programmes seek to build on existing knowledge and experience. In particular we are concerned that the traditional beliefs and practices of indigenous people should be valued and existing structures developed. We also seek to complement and develop rather than compete with existing services, and to ensure that they are appropriate and sustainable.

We seek to empower individuals, communities and organisations by working in partnership to develop knowledge and skills which will enable them to take decisions and act on them. Delivering high quality programmes depends on developing and supporting the people who work for us. As an organisation we need to learn and be flexible and innovative in our responses to the different and changing circumstances in which we work.

The effectiveness of Health Unlimited depends on sound systems which promote efficiency and accountability, and help to promote financial security which is essential if we are to maintain and expand our long-term commitment to the most vulnerable.

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hope to embark on a joint programme in Cambodia, and to seek further collaboration in the future.

Building alliances with other NGOs is of particular importance in view of the widespread agreement that there is a need for sector-wide and inter-sectoral programmes rather than isolated projects.

Developing the Board

Over the past few years the Trustees have recruited new members with a view to ensuring that the Board has the capacity not only to fulfil its legal duties but also to improve the quality and expand the extent of our programme. We have also recruited a number of highly skilled people to serve on the subcommittees. A priority in the coming year is to recruit trustees who have their origins in our beneficiary communities.

In order to ensure that the Board has experience of the work of the organisation in the field the Trustees have encouraged members to visit projects. In the past year it was also agreed that a visit by the Chair to at least one project should be paid for, preferably within the first few months of their assuming office. The current Chair, Andrew Ruck, visited Peru in the past year. In addition Dr Pene Key, Chair of the Projects Subcommittee, was part of the evaluation team which conducted the mid-term review of the Yunnan Project. Other members of the Projects Subcommittee who are not trustees also took part in evaluations or visited projects during the course of the year.

Restructuring management

At the beginning of 1999 we decentralised our management structure, placing far greater

responsibility on our four regional offices. In London we slimmed down programme management. We appointed a Programme Director and replaced two managers with senior technical advisers. The first covers health services and systems, and the second development communications.

There were three main reasons for this decision. First, to improve the quality of our programme through providing technical support and a focal point for sharing information across the organisation. Second, to bring programme management and development closer to the operational areas; and, third, to enable us to take advantage of the increasing decentralisation of policy making and donor decision making.

We have worked hard to build our links with donor and technical organisations and networks based in the regions, and expect this to bear fruit in the coming years as we attempt to scale up our programmes.

At 1 September 2000 Health Unlimited had its Head Office based in London with 12 full and part time staff and 6 volunteers. There were 4 regional offices based in China, Cambodia, Nairobi and El Salvador with a total of 11 staff. Our 15 projects employed about 180 staff.

Financing the programme

The European Commission and the Department for International Development continue to be our biggest donors: their combined contribution of £1,890,855 was 66.3% of the total. This represents an increase from 57.9% the previous year and 60.8% the year before that. We have continued to receive substantial support

Trustee responsibilities and operations

The role of Health Unlimited's trustees is to govern the organisation by providing leadership and overall direction. The Trustees are responsible under section 97 of the Charities Act 1993 for the management and administration of Health Unlimited. Management of the organisation is delegated by the Trustees to the Director, while Trustees remain responsible for ensuring Health Unlimited has a clear vision and mission, and strategies for achieving this.

The Memorandum and Articles of Association signed in 1984 and amended in 1991 is Health Unlimited's governing document and states the objects of the organisation. Trustees are expected to guide Health Unlimited to achieve its aims in the most effective manner consistent with the organisation's values and approach.

Health Unlimited's Board meets four times a year.

Three standing subcommittees meet at least four times a year and report to the Board. They cover the following areas:

- Projects
- Marketing
- Finance and General Purposes

The Memorandum of Association provides for a minimum of three and a maximum of twelve trustees. The Trustees are responsible for the election of new members and all trustees have to stand for election each year. The Board of Trustees has agreed that the maximum length of service should be five years although retired trustees can continue to serve on subcommittees and can be re-elected after a gap of three years.

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from Christian Aid which gave £159,541 to projects and a core grant of £20,000. The Belgian NGO, FOS, makes a major contribution to our project in Rattanakiri, Cambodia. The National Lottery Charities Board continued as a major donor contributing £241,811 to the media programme and the following trusts provided major grants to projects: Sylvia Adams Charitable Trust, Ajahma Charitable Trust, Baring Foundation, CHK Charities Limited, Diana Princess of Wales Memorial Fund, The John Ellerman Foundation, Lennox Hannay Charitable Trust, Eva Reckitt Trust, and the Van Neste Foundation. Trust funding income fell to £163,475 from £292,210 the previous year. Other private funding fell by £42,305 to £82,431. The fall in both of these income streams is explained by exceptional circumstances in the previous year in which we received a large one off donation from a Trust and an unexpected legacy.

Using funds effectively

Health Unlimited remains highly efficient in its role as an operational agency. Our core funding has remained close to the level it was at the end of last year. Total income rose by £420,455. Project expenditure rose by £558,472 while the core costs of fundraising, support, management and administration also rose by £27,050. Funds spent on projects rose from 90.5% to 91.5%.

There are, however, pressures from institutional donors to reduce core costs or to seek these from other sources. This is a problem facing many agencies which do not have independent core funding and one which we and others are seeking to address through networks such as BOND (British Overseas NGOs for Development) and the Association of Chief Executives of Voluntary Agencies (ACEVO), which recently produced a report on the issue of core funding. This report is being discussed by a range of donor organisations and trust funds.

Financial control

The Trustees have recognised that there are risks attached to decentralisation. Financial reports are sent to London each month and are consolidated with London accounts. The Finance and General Purposes Committee examines the management accounts at its quarterly meetings and reports to the Board. Senior staff visit regional offices several times and all projects at least once. Procedures for internal checks on finance in the field during such visits have been agreed with the auditors.

Risk assessment and management

As part of their report to the Trustees our auditors present an assessment of the financial and viability risks they believe the organisation may face and these are considered by the Finance and General Purposes Committee and action is taken as required. In the year under review the auditors assessed that there had

been an improvement in all areas of risk management and have made recommendations for ways in which this can be improved.

Reserves

The Trustees have agreed that the organisation should aim to build up its reserves to 10% of its operating costs. This would protect the organisation against the loss of projects, a downturn in unrestricted income, and other uncertainties which are always a possibility given the areas in which we work. By the end of the year reserves stood at £179,413 which is 6.2% of our total expenditure. This was after making provision in the year of £33,447 in respect of the reimbursement of project costs which have been in dispute with the European Union for over two years. In the 2000/2001 financial year the level of reserves will further decrease as we invest in increasing our private fundraising and have to fund the core costs which are being cut by some institutional donors. Nonetheless, the Board believes that this level of investment from reserves is essential to secure the future of the organisation.

Conclusion

The past year has seen a continued steady growth in the programme and some important advances. The new structure of the organisation is already producing results in an improvement in the quality of our projects and the services we provide to the people with whom we work.

The finances of the organisation have remained sound as our total expenditure approaches £3 million. While there was a drop in private fundraising in the past year, the Board believes that we can increase our income and is committed to diversifying our income by investing in new initiatives. We have also invested considerable time and energy in supporting the development of our regional structures and their capacity to secure funding from within the regions. We recognise that these new initiatives will take time to produce results, but there are already indications that we should be able to secure additional funds in the future.

Risks do exist, however, and our auditors identified five major areas of concern. Three of these relate to our dependency on institutional funding. First, there is the UK government policy on aid which has changed considerably over the past two years and no longer favours NGOs. We depend to a great extent on the Department for International Development for support to our projects. The European Commission presents the second risk. Failure of one or more grant applications to these or other major sources present the core risk to the organisation, with the EC presenting an additional problem because of its extremely slow and inconsistent procedures and processes. Our strategy of diversifying our funding sources seeks to decrease our

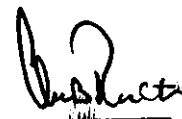
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dependence on these sources of income.

Two other risks identified are potential problems with cash flow arising from slow payment by donors, notably the EC, and our capacity to finalise accounts at the end of the year. An improved focus on these risks as well as the recent staff changes which have strengthened our finance department, should ensure that these risks are minimised.

So, the organisation faces risks and the financial environment is uncertain. But Health Unlimited believes that it is possible to overcome these and that it is imperative that we continue to do so. Our work makes a difference to the health and lives of millions of people. We contribute not only to the improvement of peoples' health but also the empowerment of individuals,

communities and health providers so that they can sustain and build on the services and structures we work together to establish.



Andrew Ruck, Chair
On behalf of the Trustees
20 September 2000

Trustees

The Trustees who are the directors of the company and who served throughout the year from 1 April 1999 to 31 March 2000 are as follows:

Sue Blum

Mike Bullions

Andrew Corbett-Nolan appointed 17:11:99

Mike Hansen appointed 15:9:99

Tony Heywood

Fay Haffenden

Dr Penelope Key

Anne Laking resigned 15:9:99, re-appointed 15:3:00

Dr Jessica Ogden appointed 15:9:99

Kate Phillips

Andrew Ruck

Derek Summerfield resigned 9:6:99

Dr Anthony Zwi resigned 15:9:99

Auditors

In accordance with Section 385 of the Companies Act 1985, a resolution proposing that Binder Hamlyn be re-appointed as auditors of the company was put to the Annual General Meeting.



Andrew Ruck, Chair
On behalf of the Trustees
20 September 2000

Auditors' Report

For the year ended 31 March 2000

To the members of Health Unlimited

We have audited the accounts on pages 10 to 16, which have been prepared under the historical cost convention as modified by the revaluation of fixed asset investments, and the accounting policies set out on page 12.

Respective responsibilities of directors and auditors

As described on page 6, the Trustees who are also the directors of the company for the purposes of company law, are responsible for the preparation of the accounts in accordance with applicable United Kingdom law and accounting standards. Our responsibilities as independent auditors are established in the United Kingdom by statute, the Auditing Practices Board and by our profession's ethical guidance.

Basis of opinion

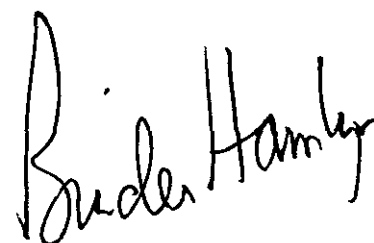
We conducted our audit in accordance with Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the accounts. It also includes an assessment of the significant estimates and judgements made by the Directors in the preparation of the accounts and of whether the accounting policies are appropriate to the company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the accounts.

Opinion

In our opinion the accounts give a true and fair view of the state of affairs of the company as at 31 March 2000 and of its incoming resources and application of resources, including its income and expenditure, in the period then ended and have been properly prepared in accordance with the Companies Act 1985.

20 September 2000



Binder Hamlyn
Chartered Accounts and Registered
Auditors
20 Old Bailey
London
EC4M 7BH

Statement of Financial Activities

For the year ended 31 March 2000

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2000 £	Total funds 1999 £
Incoming resources					
Grants and donations received	2	165,906	2,683,970	2,849,876	2,426,598
Investment income	3	1,465	12,564	14,029	16,852
		167,371	2,696,534	2,863,905	2,443,450
Resources expended					
Project expenditure		48,938	2,601,889	2,650,827	2,092,355
Support costs		6,092	68,532	74,624	63,837
Other expenditure					
Fundraising and publicity		38,237	27,894	66,131	52,072
Management and administration		104,311	2,684	106,995	104,791
Total Resources Expended	4	197,578	2,700,999	2,898,577	2,313,055
Net (outgoing) / Incoming resources	5	(30,207)	(4,465)	(34,672)	130,395
Net investment (losses) / gains		(449)	0	(449)	117
Net movement in funds		(30,656)	(4,465)	(35,121)	130,512
Fund balances at 1 April		210,069	668,439	878,508	747,996
Fund balances at 31 March		179,413	663,974	843,387	878,508

All operations of the charity continued throughout both periods and no operations were acquired or discontinued in accordance with FRS3 requirements.

The notes on pages 12 to 16 form an integral part of the financial statements.

There are no recognised gains and losses other than those shown above.

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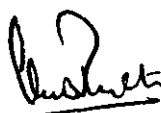
Balance Sheet

as at 31 March 2000

	<i>Note</i>	<i>2000</i> £	<i>1999</i> £
Fixed assets			
Tangible Assets	7	12,208	15,909
Investments	8	825	1,274
		13,033	17,183
Current assets			
Stocks	9	0	3,471
Debtors	10	159,893	338,917
Cash at bank and in hand	11	722,864	552,004
		882,757	894,392
Current Liabilities			
Creditors : Amounts falling due within one year	12	(52,403)	(33,067)
		830,354	861,325
Net current assets			
		843,387	878,508
Total assets less current liabilities			
		843,387	878,508
Funds			
Unrestricted funds	16	179,413	210,069
Restricted funds	16	663,974	668,439
		843,387	878,508

The notes on pages 12 to 16 form an integral part of the financial statement.

The financial statements on pages 10 to 16 were approved by the Board of Trustees on 20 September 2000 and signed on its behalf by:



Andrew Ruck, Chair
Board of the Trustees

Notes to the financial statements

for the year ended 31 March 2000

I. Accounting policies

a) Accounting convention

The financial statements have been prepared under the historical cost convention, except for the valuation of investments, and have been prepared in accordance with the Statement of Recommended Practice on Accounting by Charities and with applicable accounting standards. The company qualifies as a small company under s246-249 of the Companies Act 1985 for the exemption given by Financial Reporting Standard 1 (revised) and no cash flow statement has been prepared.

b) Incoming resources

All income is accounted for on an accruals basis..

c) Resources expended

The cost headings comprise expenditure, including staff costs, directly attributable to the activity. Where costs cannot be directly attributed they have been allocated to activities on a basis consistent with the use of the resources.

Support costs comprise all services supplied centrally identifiable as wholly or mainly in support of charitable expenditure and include an appropriate proportion of general overheads.

Central overheads are allocated on the basis of their use with the aim of ensuring that those costs remaining within administration relate to the management of the Trust's assets, organisational administration and compliance with constitutional and statutory requirements.

d) Fund accounting

Unrestricted funds are available for use at the discretion of the directors in furtherance of the general objectives of Health Unlimited.

Restricted funds are subject to restrictions imposed by donors or the purpose of the appeal.

All income and expenditure is shown on the

statement of financial activities.

e) Depreciation of fixed assets

Depreciation is calculated using the reducing balance method and aims to write down the cost less estimated residual value of all tangible fixed assets, over their expected useful economic lives.

The rates generally applicable are:

Office equipment	- 33%
Fixtures and fittings	- 20%

f) Stock

Stock is valued at the lower of cost and net realisable value.

g) Foreign Currencies

Assets and liabilities in foreign currencies are translated into sterling at the rate of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the average rate of exchange during the period.

h) Pension

The charity contributes to personal pension plans in respect of certain employees. The expenditure charged in the financial statements represents contributions payable in respect of these schemes during the year.

i) Operating leases

Rentals applicable to operating leases are charged to the income and expenditure account over the period in which the cost is incurred.

j) Investments

Investments are stated at market value which is taken to be the middle market price ruling at the balance sheet date.

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2. Grants & donations received

	2000 £	1999 £
Department for International Development	1,037,232	801,585
European Union	853,623	612,453
National Lottery Charities Board	241,811	217,936
Christian Aid	179,541	197,138
Other Non-Governmental organisations	217,147	121,828
Other donations	82,431	124,736
Diana, Princess of Wales Memorial Fund (Restricted funds)	15,000	0
Other Private trusts	148,475	292,210
Other local donations	74,616	58,712
	2,849,876	2,426,598

3. Investment income

	2000 £	1999 £
Bank interest	13,992	16,817
Dividends	37	35
	14,029	16,852

4. Total resources expended

	Staff costs £	Other costs £	Total 1999 £	Total 1998 £
Project expenditure	453,920	2,196,907	2,650,827	2,092,355
Support costs	0	74,624	74,624	63,837
Fundraising and publicity	38,237	27,894	66,131	52,072
Management and administration	74,554	32,441	106,995	104,791
	566,711	2,331,866	2,898,577	2,313,055

5. Net incoming/(outgoing) resources - is stated after charging/(crediting)

	2000 £	1999 £
Depreciation	8,335	7,151
Loss on disposal of fixed assets	(100)	496
Operating lease rentals		
Plant and machinery	2,862	3,029
Other	23,656	0
Auditors' remuneration		
Audit	5,308	4,117

6. Staff costs

	2000 £	1999 £
U.K. STAFF		
Wages and salaries	263,957	203,744
Social security costs	25,492	18,509
Pension costs	10,019	5,237
	299,468	227,490
OVERSEAS STAFF		
Wages and salaries	264,323	232,116
Social security costs	2,318	2,739
	266,641	234,855
TOTAL STAFF COSTS	566,109	462,345

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6. Staff costs (continued)

Staff costs are included in both Management and Administration and Project expenditure in the Statement of Financial Activities.
This excludes field staff employed under local contracts.
No employee earned £40,000 p.a. or more.
The Trustees neither received or waived any emoluments during the year. (1999 £Nil)
One Trustee received payment of £184 in respect of travelling costs reimbursed. (1999 £30).
The average number of employees, analysed by function was:

	<i>Number</i>	<i>Number</i>
Direct charitable expenditure	9	5
Fundraising and publicity	1	3
Management and administration	3	5
Project staff	22	21
	35	34

7. Tangible fixed assets

	<i>Fixtures & fittings £</i>	<i>Office Equipment £</i>	<i>Total £</i>
Cost			
At 1 April 1999	23,576	19,779	43,355
Additions	0	4,633	4,633
	23,576	24,412	47,988
Depreciation			
At 1 April 1999	14,771	12,675	27,446
Charge for year	3,742	4,592	8,334
	18,513	17,267	35,780
Net book value			
31 March 2000	5,063	7,145	12,208
31 March 1999	8,805	7,104	15,909

8. Fixed asset investment

	<i>2000 £</i>	<i>1999 £</i>
Listed investment	825	1,274

9. Stocks

	<i>2000 £</i>	<i>1999 £</i>
Stocks of promotional material	0	861
First Aid kits	0	417
Stationery	0	2,000
Training aids	0	193
	0	3,471

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10. Debtors

	2000 £	1999 £
European Union	9,271	87,637
Other debtors	2,441	1,754
Prepayments	17,197	14,663
Accrued income	130,984	234,863
	159,893	338,917

11. Cash at bank & in hand

	2000 £	1999 £
Cash held for projects overseas	148,029	230,144
Bank and cash	574,835	321,860
	722,864	552,004

During the month of April 2000 a total of £187,656 was transferred to projects abroad.

12. Creditors: amounts falling due within one year

	2000 £	1999 £
Project grants	1,236	2,554
Other creditors	28,031	11,922
Other taxes and social security	8,604	7,460
Accruals	14,532	11,131
	52,403	33,067

13. Share capital

The company has no share capital as it is limited by guarantee, the liability of each member being a maximum of £1.

14. Leasehold commitment

Annual commitments under non-cancellable operating leases are as follows:

	2000 <i>Leasehold Premises</i> £	2000 <i>Other</i> £	1999 <i>Leasehold Premises</i> £	1999 <i>Other</i> £
Expiry date				
- less than one year	23,656	2,862	0	0
- between two and five years	0	0	20,300	2,862

15. Analysis of net assets between funds

	<i>Unrestricted Funds</i> £	<i>Restricted Funds</i> £	<i>Total Funds</i> £
Fund balances at 31 March 2000 are represented by:			
Tangible fixed assets	12,208	0	12,208
Investments	825	0	825
Current assets	218,783	663,974	882,757
Current liabilities	(52,403)	0	(52,403)
Total Net Assets	179,413	663,974	843,387
Unrealised gains included above on investment assets	595	0	595

Health Limited, t/a Health Unlimited
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16. Statement of funds

	<i>Funds at 1 Apr 00 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Funds at 31 Mar 00 £</i>
Restricted Funds				
Cambodia - Rattanakiri	13,908	290,634	235,633	68,909
Cambodia - Monduliri	11,622	0	0	11,622
Cambodia - Preah Vihear	30,481	160,092	163,411	27,162
Media development	1,783	85	1,389	479
Cambodia - NEW Media	25,593	165,692	151,378	39,907
Cambodia - Media (Closed project)	0	663	663	0
Great Lakes Rwanda	22,425	171,362	163,140	30,647
Horn of Africa	56,345	122,518	127,122	51,741
Lao PDR Feasibility Study	0	15,443	21,419	(5,976)
Lao Phase 2	54,910	109,967	72,917	91,960
China	6,813	233,712	213,554	26,971
China - Yunnan	62,998	178,196	227,704	13,490
Kachin - Phase 2	51,896	246,417	241,303	57,010
Somaliland	15,127	0	2,685	12,442
Namibia	51,532	238,704	219,594	70,642
Guatemala	22,222	(36,824)	(14,602)	0
Guatemala SL Phase 2	0	15,059	648	14,411
Brazil - Rio Negro	31,753	227,256	231,618	27,391
El Salvador - Chirilagua	9,433	196,116	202,325	3,224
Nicaragua - Phase 2	150,942	138,966	252,911	36,997
Peru	16,837	180,379	167,591	29,625
Latin America Partnership Project	25,000	25,000	6,032	43,968
EU Mini-projects	307	0	0	307
Restricted Income (Unallocated at 31 March 2000)	6,512	17,097	12,564	11,045
Total restricted funds	668,439	2,696,534	2,700,999	663,974
Unrestricted funds	210,069	167,371	198,027	179,413
Total Funds	878,508	2,863,905	2,899,026	843,387
Analysis of restricted funds				
	<i>2000 £</i>		<i>1999 £</i>	
Projects with unexpended funds	669,950		668,439	
Projects with negative funds	(5,976)		0	
	663,974		668,439	

Project with negative funds represents amount due from EC/UNFPA claimed but not paid at year end

17. Related party transactions

Kate Phillips, a senior management employee of Christian Aid has been appointed by them to the Board of Health Unlimited as their Trustee representative.

During the year, Christian Aid donated £179,541 to Health Unlimited (1999 £197,138). At the year end, the outstanding balance owed from Christian Aid to Health Unlimited was £Nil (1999 £Nil).

Staff List

correct at 1 September 2000

London office

Staff

Jo McKenzie	Programme Officer
Liz Kirk	Programme Officer
Ann Tang	Finance Officer
Eve MacFarlane	Fundraising Officer
Carmen Hamilton	Administrator

Volunteers

Lavinia Wright	Finance
Patrick Sheahan	Trusts
Miriam Baltsch	Publicity (to July 2000)
Lizzy Gayton	Trusts
Livvy Fernandes	Publicity
Julie Porter	Special Events
Anoop Maini	Design, IT & Website

South East Asia

Regional Office - Phnom Penh

Ellen de Leon	Office Manager
San Sytha	Administrator
Leang Chenda	Financial Assistant
Leng Lary	Office Clerk
An Virakrithy	Receptionist

Cambodia - Media Project

Alma Abrahan-Rivera	Project Manager
Chin Socheath	Project Office Administrator
Yean M. Sourneak	Team Leader
Sip Viriya	Main Producer
An Botomraksmei	Media Trainer
Sorinchan Suzana	Production Assistant
Sok Sothea	Co-producer
Poi Pisey	Script Writer
Heng Vinmony	Script Writer
Sour Leng	Co-ordinating Producer
Sea Sovityea	Head Writer
Yos Vong Dara	Technical Engineer
Srey Veasna	Project Assistant

Cambodia - Rattanakiri

Christine Briasco	Project Manager
Abdur Rashid	Doctor - Health Centres
Caroline McCausland	Team Leader
Heng Sovann	Finance & Admin Officer
Nho Savin	Trainee Admin Assistant
Yin Sopheap	Admin Assistant & Translator

Programme Assistants

Men Narin	Logistics
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Mao Sophealy	Community Midwife Trainer
Sun Nara	Community Midwife Trainer
Sao Saline	Community Midwife Trainer
Lath Sophannara	Community Health Trainer
Khem Chhun	Community Health Trainer
Sous Sam Ol	Project Training Advisor
Tan Chanthi	Health Centre Support
Nuth Vutha	Health Centre Support
Srey Somaly	Income generation

Cambodia - Preah Vihear

Susan Claro	Project Manager
Ann Canavan	Public Health Co-ordinator
Sao Vanthy	Office Administrator
Sam Ossophea	Program Officer - Health Centres
Seng Eng Touch	Program Officer - Health Centres

Programme Assistants

Pen Sopheap	Community Trainer
Soth Dara	Community Trainer
Chao Piseth	Community Health
Van Hai	Health Trainer
Kang Kannika	Midwife Trainer
Touth Koeun	Midwife Trainer

Laos

Karen Horton	Project Manager
Khampeung	
Insysiengmai	Office Administrator
Sithpasong lemmanisod	Office Administrator
Nancy Meikle	Provincial Community Health Trainer
Irma Saligumba	Provincial Health Trainer

East Asia

Regional Office - Hangzhou

Yu Ge	Accountant & Administrator
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Burma

Zhang Jun	Project Manager
Dong Jia Qiang	Doctor/Trainer: immunisation & disease control
Lei Zi You	Doctor/Trainer: midwifery & health
Chen Hui	Treasurer
Lang Nuo	Office Secretary
Hing Wawm	Doctor/Trainer: coordination
Myu Bra	Doctor/Trainer: immunisation & training
Dau Gyung	Doctor/Trainer: disease control
Maran Tu	Doctor/Trainer: disease control
Yaw Htung	Doctor/Health: health information
Ja Ing	Doctor: training centre manager
La Hkam	Doctor/Trainer: midwifery

China

Health Limited, t/a Health Unlimited (limited by guarantee)

Du Ke Ling	Project Manager
Hu Shou Jin	Project Office Manager
Liu Chun Yu	Project Officer
Cai Ben Fu	Accountant
Yan Yan Ling	Project Office Secretary
Liu Feng Ying	Doctor/Trainer: MCH
Shi An Ping	Doctor/Trainer: child health
Zhang Xiao Ming	Doctor/Trainer: women's health
Yang Li	Doctor/Trainer: community health education
Guo Guang Ping	Doctor/Trainer: health information

Africa

Regional Office - Nairobi

Edith Adhiambo Otieno Project Officer

Great Lakes (Rwanda)

Faye Richardson	Project Manager
Kalisa Narcisse	Executive Producer
Zahara Mukamana	Presenter
Sylvia Muteteli	Researcher
Samuel Kyagambiddawa	Head Script Writer
Perpetue Mukahigiro	Script Writer
Vincent Gakwaya	Assistant Script Writer
Euphrasie Mukapasika	Office Manager/ Production Assistant
Prudence Uwabakurikiza	Studio Manager
Stephen Muhwezi	Administrator/Logistician
Joseph Semigabo	Guard/Project Assistant
Benjamin Habineza	Transport

Horn of Africa (Somaliland)

Shukri Harir Ismail	Head of Office
Yusuf Ahmed Yasmin	Studio Manager

Namibia - Country Office

Harry Gariseb Administrative Assistant

Namibia - Omaheke

Cathy Mbeki	Project Manager
Hedwig Hijamutiti	Child Health Developer
Michael Kasper	Health Educator
Andreas Nunuheb	Field Health Trainer

Namibia - Bushmanland

Ingrid Mijlof	Project Manager
Hulda Nghikundwavali	Project Assistant
Kxao Boo	Health Trainer
Baqu #Orna	Health Trainer

Latin America

Nicaragua

Jim Karstegl	Country Manager
Leticia Salgado	PA & Accounts Administrator

Silvia Pineda	Technical Coordinator
Nubia García	Accounts Administrator
Teresa Cantarero	Senior Health Education Trainer
Paula Bidea	Senior Mother & Child Trainer
Marjorie Montano	Senior Youth Health Trainer
Feliciano Olivas	Health Education Promoter
Miguel López	Health Education Promoter
Ricardo Montoya	Mother & Child Health Promoter
Juana García	Mother & Child Health Promoter
Juan Herrera	Mother & Child Health Promoter
Melecio Coleman	Mother & Child Health Promoter
Fátima Hernández	Mother & Child Health Promoter
Dionisio Canales	Youth Health Promoter

Guatemala

Thomas Hart	Team Leader
Manuel Sacalxot Colop	Educator
Felipa Ixcotoyac Grave	Educator
Teresa Sofia Fuentes	Office Assistant

El Salvador

Marvin de Leon	Country Manager
Mercedes Arauz	Technical Coordinator
Ana Maria Penado	Health Educator
Rigoberto Mendez	Health Educator
Luis Berrios	Health Educator
Julio Alvarez	Health Educator
Sandra Penado	Janitor
Delmy Marquez	Accounting Secretary

Peru

Rosa Malca de Gianella	Country Manager
Ascensión Martínez Sala	Technical Co-ordinator
Ananías Alca Artinco	Team Leader
Heriberto Nuñez Mejía	Nurse: Traditional medicine
Teófilo Ataupilco	Nurse: Maternal Health
Elba Sahara Zagarra Vila	Nurse: Maternal Health
Ana María Rodríguez	Nurse: Nutrition
Enma Honora Buitrón	Nurse: Mental Health
Rosalvina Aramburú	Midwife
Nicolás Muñoz León	Administrator
Eddy Vergara Rivera	Secretary

Adolescent Reproductive Health Project

Rosa María Saldivar	Co-ordinator
Aydeé Contreras	Assistant

TBA Reproductive Health Project

Eduardo Figueroa	Co-ordinator
Pablo Efraín Rojas	Assistant

Both Reproductive Health Projects

Marlene Lazo	Secretary/Administrator
Amilcar Vila Quispe	Administrative Assistant
Hilda Ruiz Guerra	Accounts Assistant

In addition we would like to acknowledge the work of all support staff such as drivers and cleaners whose essential contributions are much appreciated