

Humanitarian Aid Relief Trust



Annual Report

For the year ended 31 December 2014



**Humanitarian
Aid Relief Trust**

www.hart-uk.org

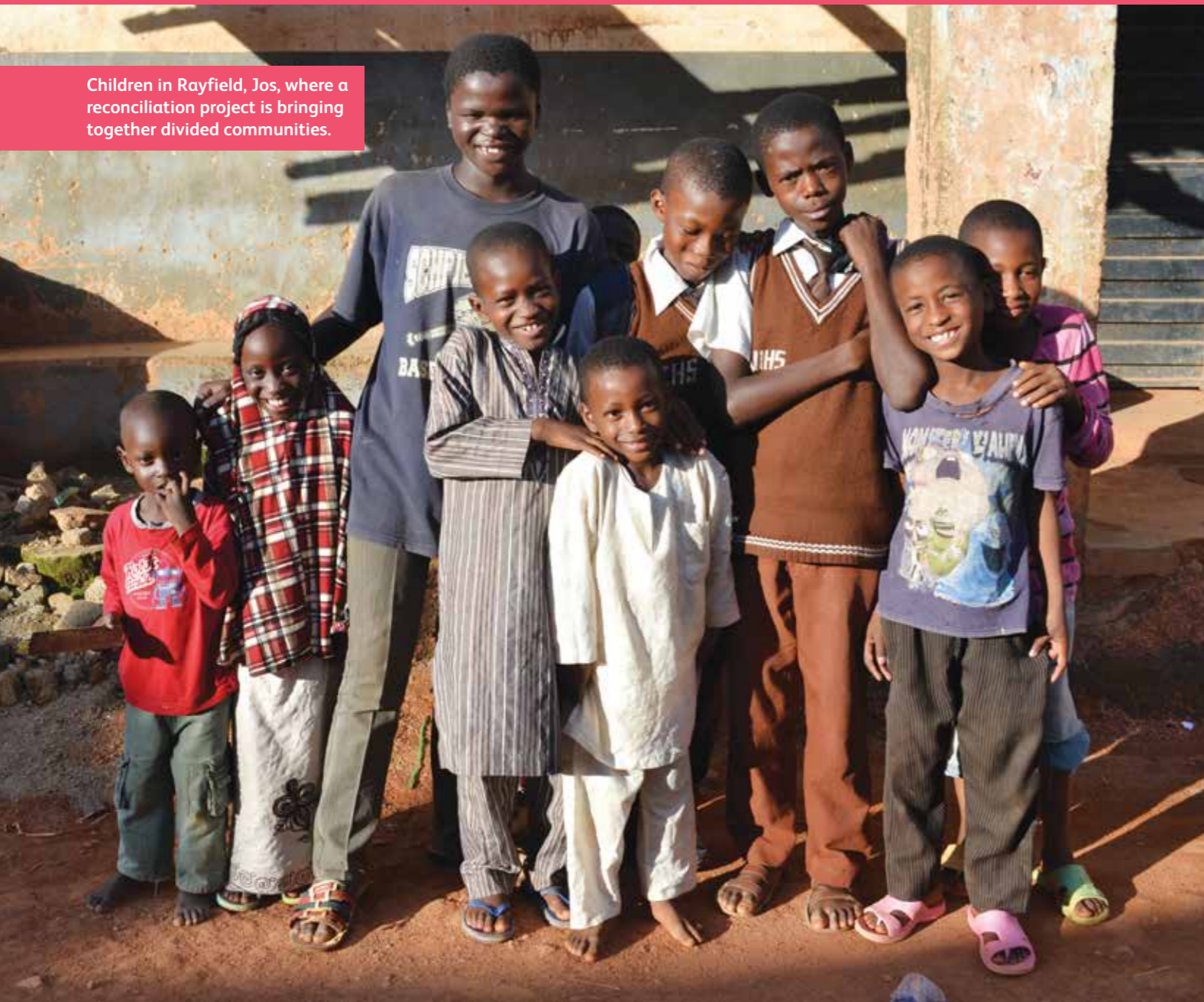
UK Registered Charity: 1107341 Company Number: 5227785

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Cover photo: Children in Blue Nile State, Sudan

Children in Rayfield, Jos, where a reconciliation project is bringing together divided communities.



Legal and administrative information

Directors and trustees

The directors of the charitable company are its trustees for the purpose of charity law and throughout this report are collectively referred to as the trustees. Charity number: 1107341. Company number: 5227785.

Trustees

Helen Gilbert (chairperson)
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Dr John Hardaker
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John Richards

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Students dancing at PAORINHER, northern Uganda



Chief Executive Officer's Statement

Anguish and Achievement

Anguish and Achievement, the title of our Spring 2015 Newsletter, is the theme reflecting all HART's work with our inspirational partners. They all accomplish transformational change for their communities facing tough challenges in war or post-conflict situations, largely off the radar screen of international media and major aid organisations. In this introduction I will highlight four examples. Many others will be found throughout this report.

In remote jungle terrain in Burma's Chin State, Dr SaSa has expanded his innovative training programme. This programme has now trained 800 students as qualified Community Health Workers (CHWs), working in 400 villages. Each is equipped with the knowledge to save the lives of 8 out of 10 people who would previously have died from treatable illnesses in remote villages without access to any health care.

In war-torn Sudan, the International Criminal Court (ICC) indicted President al-Bashir continues to perpetrate genocidal policies to realise his ambition to turn his nation into a 'unified Arabic, Islamic nation'. His regime is therefore attempting to eliminate Africans and Christians as well as Muslims who do not support his Islamist ideology, inflicting constant aerial bombardment on civilians in the Nuba Mountains and Blue Nile State. HART's valiant partner, Benjamin Barnaba, Director of the New Sudan Council of Churches, regularly risks his life taking essential food and medical supplies to communities trapped behind the closed border into Blue Nile. The people here are suffering starvation, as they are unable to grow crops because the ruthless bombers target any people they can see. They are dying from disease and injury without any access to health care or medicine. HART has been the only organisation providing resources to enable our very courageous partner in Blue Nile to undertake life-saving missions to supply food and medicine to these desperate communities.

Nagwa, our partner working with the Nuba Relief, Rehabilitation and Development Organisation (NRRDO) in the Nuba Mountains, Sudan, greets us with a radiant Sudanese smile, despite her deep concern for her people. Although hundreds have been killed and wounded, and tens of thousands displaced by the remorseless aerial bombardment, the local people are determined to provide education for their children. They cannot use school buildings as these are targeted by Khartoum's bombers, so all teaching must take place outdoors. But a serious problem arose when the time came for the school pupils to sit the prestigious Kenya school examinations. Over 1000 pupils were due to sit the exam. It was impossible to use a building as this would likely be bombed so arrangements were made to take the exams outdoors. Nagwa asked each child to bring a large stone and explained the reason: "We told them it was because when the plane flies over, if you leave your paper the wind can blow it away. They could get mixed up. What you need to do, calmly, is pick up the stone, put it over your paper, and lie down until the plane goes." And, even with these challenges, the Sudanese students are determined to try to achieve as high grades as their Kenyan counterparts!



Baroness Caroline Cox

"HART is profoundly grateful to all our supporters who provide the resources which enable these and all our valiant partners to alleviate anguish and achieve so much."

In the historically Armenian land of Nagorno-Karabakh, our partner Vardan continues his inspirational work bringing hope and the best possible quality of life for people with disabilities. In the previous prevailing Soviet system those with disabilities would have been stigmatised and 'warehoused', doomed to die from pressure sores and infection. One of the first patients was typical of the plight of people suffering from war injuries or other forms of disability in the former Soviet Union: paralysed from the waist down, with life-threatening pressure sores, he was so depressed that he was suicidal. With highest quality professional care provided by Vardan and his team, including Marietta, the superb tissue repair nurse specialist, he now enjoys a good quality of life, making exquisite wooden carvings which he sells. He has thus attained dignity in creativity and the ability to support his family. Whenever we congratulate Vardan on developing a bomb-damaged old school building into an internationally renowned Rehabilitation Centre which can transform people's lives from anguish to achievement, he modestly gives the credit to HART, saying 'You gave me the wings so I could fly.'

We also wish to thank a number of our major donors, whose contributions make so much possible, including the Isle of Man International Development Committee, the Jersey Overseas Aid Commission, the Guernsey Overseas Aid Commission, the Rannoch Foundation, Trusthouse Charitable Foundation and the Hiscox Foundation.

HART has benefited incalculably from the commitment and manifold competencies of all our interns, many of whom were initially attracted by the updated, informative website – and particularly by our bifocal remit, combining aid and advocacy and our authentic commitment to working with local partners.

Another exciting development has been the expansion of entries for the HART Prize for Human Rights competition with a phenomenal range and calibre of contributions in both the junior and senior written and creative categories.

The ongoing expansion of our support base reflects the distinctive appeal of HART's mission and mandate. Opportunities to speak to schools, universities, churches and other groups are followed by an inundation of enquiries and offers to become engaged with HART's work!

We are pleased to report our partners' achievements and to record our profound gratitude to all who make it possible for HART to help them to alleviate the anguish of their people and to achieve transformational change, so often bringing healing and dignity from destitution and hope from hopelessness.

"HART is deeply grateful to many other people who make our work possible. Our small 'home team' could not accomplish all we do without the invaluable help of the growing number of volunteers, interns and, more recently, 'Ambassadors': thank you all!"



Caroline Cox addressing students in Jos.



Caroline Cox with Dr SaSa in Parliament.

About the Humanitarian Aid Relief Trust

“HART is not just ‘another aid organisation’. We are distinctive in that we combine aid with advocacy, working for peoples suffering from oppression, exploitation and persecution who are generally not served by major aid organisations and are off the radar screen of international media.” Caroline Cox

About Us

HART is a charitable organisation working with communities in active conflict zones (such as Burma, Nigeria, South Sudan and Sudan); post-conflict areas still devastated by war (such as Nagorno-Karabakh, northern Uganda and Timor-Leste); or areas where people are marginalised, oppressed and exploited for cultural, political, ideological and economic reasons (such as the Dalits and Temple Prostitutes in India).

We maintain a distinctive objective to partner with people who are trapped behind closed borders and unreached by major aid organisations. Such situations occur because many international organisations can only go to locations with the permission of a sovereign Government. If the Government does not give them permission, because they are persecuting minorities within their own population, then these people remain unreached.

HART relies on first-hand evidence of human rights violations, using this as a basis for a powerful twin-track programme of international advocacy in arenas such as the House of Lords and the media, and targeted aid-work focusing on local partnerships and sustainable community development.

HART is committed to channeling the maximum amount of funds possible to our partners abroad. All HART programmes support one or more of the internationally agreed Millennium Development Goals (MDGs).

The “4 A’s”: Our Priorities and Principles

Authenticity:

Going in person to identify local partners and their priorities for aid and advocacy, to gather first-hand evidence of humanitarian needs and oppression and to assess priorities.

Aid:

Provide the most appropriate forms of relief and resources for development.

Advocacy:

Making known the needs and concerns of those who are suffering.

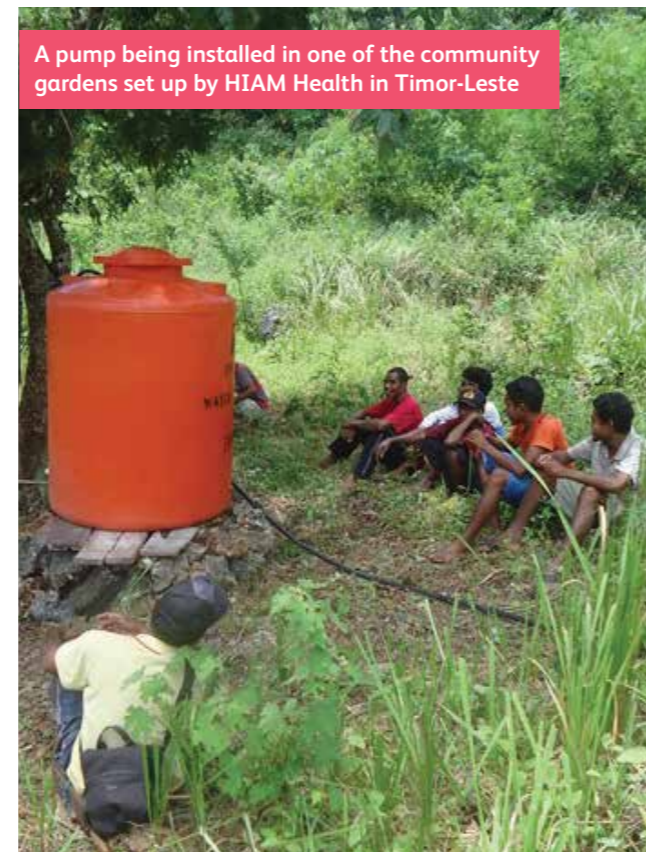
Accountability:

To those with whom HART works, to ensure that our reports are accurate and sensitive to their situations; and accountable to those who support our work, informing them of the ways we have used the resources they have given, which make our work possible.

Our Mission

HART is a charitable organisation committed to serving people in need, especially those who are or who have been suffering from oppression and persecution.

Our twofold remit combines **Aid and Advocacy: providing resources for humanitarian aid and serving as advocates for those with whom we work, who are often ‘off the radar screen’, neglected by international media and unable to communicate with the wider world.**



HART International

HART-Australasia

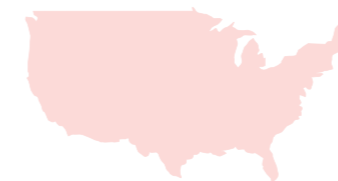


2014 was a year of reorganisation and refocusing for HART Australasia. On the resignation of the CEO and Board Member, Dr Elmo Jacob, the office was moved from Canberra back to Pymble in Sydney and the position of CEO was replaced by a volunteer Executive Officer and Administrator, Mrs Janet Binns. Dr Roger Bain (Queensland) and Mr Michael Abrahams (New South Wales) joined the Board in 2014. The new Board held a weekend retreat to discuss HART-Australasia’s vision for the future, reorganisation and its relationship with HART-UK and HART-US.

In January 2014, Nick Chilton, Youth Ambassador for HART-Australasia, went to visit Health and Hope in Chin State and updated the Board and supporters on progress there. In April, Directors Roger Chilton and Paul Nettelbeck led a team of HART Australasia supporters to Dili and to Arturo Island, Timor-Leste. They visited HART partner, HIAM Health, and travelled to Arturo Island with water engineer, Dr Ian Acworth. An improved water supply for the village of Ili Timor was designed and installed under the supervision of Glen Cleland, an Australian expatriate. Meetings were also held with Pastor Peter Sewakiryanga of Kyampisi Childcare Ministries, Uganda, to possibly support their work with victims of child sacrifice and their communities.

Janet Binns, Executive Officer and Administrator, HART-Australasia

HART-US



The HART-US Team: Lynn Lawrence, Board Chair; Lilah Morgan, Finance Manager; Don Morgan, Secretary; Charlotte Stegall, Executive Assistant, and Donna Mundy, President had a busy sixth year.

In February, Baroness Cox delivered the Keynote speech for the Annual Global Impact Celebration, St. Michael’s Episcopal Church, Charleston, SC. All HART-US Board members were present and attended a strategic planning meeting with Baroness Cox.

In March, Baroness Cox spoke to 500 students at the Ivy League Congress on Faith in Action, New Haven, CT.

In May, Rob Chidley visited and met with the HART-US Charleston Team. We were joined by Charlie Treichler, Communications Director for the Anglican Relief and Development Fund (ARDF). This laid the groundwork for collaboration resulting in joint funding of a project in Nigeria.

In June, Lynn Lawrence joined Baroness Cox at the ARDF meeting in Latrobe, PA.

HART-US continued to provide financial support to the Freedom for Education Program in India in support of Dr SaSa and Health and Hope. Upon completion of their education, the students will return to their Myanmar villages with the knowledge and skills to assist their people in leading healthy productive lives.

Grants from the Gatestone Institute and Fieldstead & Company assisted in funding partners who are working to improve education and human rights in South Sudan and other areas.

The HART-US Team gives heartfelt thanks to our supporters across the United States whose support and generosity are a blessing to many in forgotten areas of our world.

Donna Mundy, President, HART-US

The Principle of Partnership

At the core of HART's ethos is a commitment to working in partnership with local people. All of our projects are locally-led from vision through to implementation by partners who possess the requisite knowledge, skills and commitment to find and deliver appropriate solutions.

Our partners are highly effective because they are deeply committed to their communities, and have an intimate knowledge of the cultural, political, social and economic context. Each of these qualities are necessary for long-term, sustainable change.

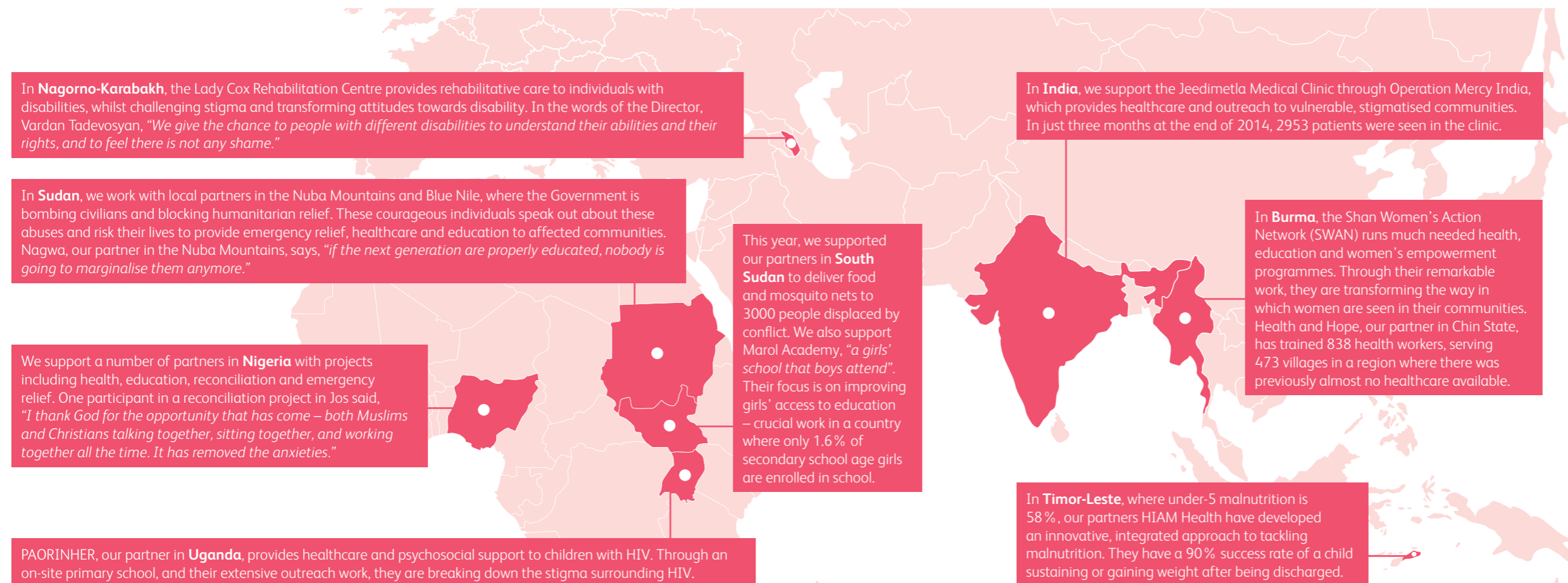
Working in partnership with local peoples is particularly crucial in situations of conflict, or where people are persecuted and marginalised. If international organisations have to pull out as a result of insecurity, or if a government restricts humanitarian access, the local community is left single-handedly managing the crisis. Working through local partners allows us to reach particularly vulnerable and isolated people, and to maintain this support at the most difficult times. Being a small charity makes it easier to build strong relationships, good communication and genuine collaboration.

We see the success of this model time and time again in the achievements of our partners, as they transform lives in some of the most isolated and unstable parts of the world.

“HART acts as a catalyst for change. We provide financial support, encouragement, help to build capacity and are able to connect our partners to networks of additional support.”

Introducing Our Partners

This is just a snapshot of our partners and their work. Read on for more information!



Advocacy

At HART, we believe that both aid and advocacy are needed to alleviate poverty, empower communities and promote human rights. We combine practical support with targeted advocacy for long-term solutions, and strive to ensure that all of the communities we support have their voices heard.

In the countries we work, there are brave local people documenting abuses, challenging injustice and striving for peace, often at great personal risk. However, their work and the issues they are documenting rarely gain traction in the media. We try to use our own platforms to amplify their voices, and support their calls for peace and justice.

We publish detailed reports following each visit to our partners, highlighting their experiences, perspectives and concerns. We work to bring this information to the attention of the international community and the media – coordinating press events and releases, letters and interviews, as well as regularly publishing articles, blogs and news on issues affecting our partners.

Within Parliament, Baroness Cox regularly raises Oral and Written Questions, leads and contributes to debates and organises meetings on issues affecting our partners. We produce briefings for parliamentarians, lobby politicians and policy-makers and meet with representatives of the Foreign and Commonwealth Office (FCO) and the Department for International Development (DfID). Our close links with groups on the ground give us added legitimacy when speaking out about complex situations.

Through events, campaigns, petitions, publications, speaking engagements, social media, we raise awareness of these issues amongst the public. We build links with schools, universities and churches and diaspora groups in the UK. We work closely with other humanitarian and advocacy organisations.

“We are continually inspired by the remarkable efforts of our partners, and many other local people and organisations, to alleviate suffering, speak out against violence, demand respect for human rights, and build peace.”



Benjamin, our partner working in Blue Nile, Sudan



Dr Beryl, our partner working with HIV positive Dalits in India

Background

Home to over one hundred ethnic groups, Burma is one of the world's most ethnically diverse countries. However, throughout decades of civil war, ethnic minority groups were persecuted and marginalised by the ruling military regime.

The transition to a quasi-civilian government in 2011 brought much international acclaim and optimism, yet behind a public façade of reform, many of Burma's ethnic minorities continue to face abuse. In Kachin and northern Shan States, there has been an escalation in conflict and human rights violations since 2011, with Burmese military offensives resulting in the displacement of around 120,000 civilians and the destruction of over 200 villages.

In areas where ceasefires have been signed, the Burmese Army is increasing and consolidating its presence, leading to ongoing insecurity and fear amongst the local population. International companies are moving in to exploit natural resources without proper consultation with or compensation for local communities, causing further displacement and destruction of livelihoods.

“the International Community carries on with business but the fighting continues. They forget human rights.”



A man in a camp for displaced persons looks out across Shan State

24 March 2014 – Burma
[Extract from a question in the House of Lords]

Baroness Cox:

“Is [the Minister] aware that I visited Shan state recently and Kachin state last year, and that in both states, despite ceasefires, the Burmese army continues to carry out military offensives and atrocities, including the killing, rape and torture of civilians, while the Burmese Government continue their expropriation of land, theft of natural resources and displacement of hundreds of thousands of civilians? Will Her Majesty's Government not consider more robust responses? Many Burmese people... are concerned that the British Government are making trade and investment such a priority that the Burmese Government can continue to kill and exploit their own people with impunity.”

Baroness Warsi (Senior Minister of State, Foreign and Commonwealth Office):

“My Lords, as ever, the noble Baroness comes to these questions with probably the most up-to-date information available. She is absolutely right that, despite ceasefires having been signed, there is still concern about real human rights abuses happening in Shan, about fighting in Kachin and, of course, about the appalling situation in Rakhine. We take these matters very seriously.”

Despite all of these ongoing abuses, international funding is increasingly being funnelled through the Government and Government-approved Non Governmental Organisations (NGOs). As a result, ethnic community-based organisations are seeing their funding cut dramatically. These organisations have been a lifeline for persecuted, disenfranchised communities for decades, delivering health, education and other services, and are also one of the main conduits through which ethnic minorities are able to make their voices heard.

The predominantly Muslim Rohingya minority face systematic persecution by the Government, security forces and others. The Rohingya are denied citizenship in Burma, effectively rendering them stateless, despite having been settled in the country for hundreds of years. They face violence, religious persecution and a host of discriminatory legislation. The Government has made it extremely difficult for humanitarian organisations to gain access to the Rohingya.

Advocacy

In March 2014, a team from HART visited Burma's eastern borderlands and met Burmese refugees in Thailand. Members of the Shan ethnic group who have fled to Thailand are not officially recognised as refugees by the Thai Government, and are vulnerable to abuse and exploitation.

Members of the Shan and Kachin ethnic groups described the impact of the ongoing conflict, and their frustration that the international community appears to be prioritising investment over human rights. Various people emphasised the need for international companies to engage with local communities, and to carry out proper consultations. A representative of the Kachin people said, *“the International Community carries on with business but the fighting continues. They forget human rights”*. A Shan community leader said, *“If the Burmese Government invites you to do business, if you come to invest, please talk to local people, Civil Society Organisations, the State Government, first”*.

We released a full report on our return, and met with representatives of the FCO, highlighting the concerns that were raised to us on our visit. Baroness Cox raised the issues in the House of Lords.

We published briefings and blogs on the human rights situation in Burma throughout the year, and highlighted reports being brought out by local human rights organisations, such as the Shan Human Rights Foundation. On June 9th, which marked three years since the Burma Army broke a 17 year ceasefire in Kachin State, we joined 54 other organisations from around in the world in a call for peace, human rights and urgent protection for displaced persons.

In November, we co-hosted a reception for Dr SaSa in the Houses of Parliament with Health and Hope UK. Dr SaSa presented his work to a large audience and discussed the progress and challenges faced by his team in delivering healthcare in Chin State.

Partners

Health and Hope, Chin State

“ People are peaceful when they know I can help them. When people get well through my help with advice on nutrition, medicine – that makes me very happy. ”

Ngohla, CHW in Matupi Township (serving around 600 people in 115 homes)

Health and Hope is a community-based organisation founded by Dr Maung Taing San, or ‘Dr SaSa’. HART has been supporting Dr SaSa since 2005, and Health and Hope since it was founded in 2009. Prior to the establishment of Health and Hope, there was almost no healthcare available in Chin State. Dr SaSa is the first and only qualified medical doctor in Chin State. His extraordinary journey in pursuit of education and professional medical training has inspired many people, in Burma and around the world.

At the heart of Health and Hope’s work is the training of Community Health Workers (CHWs). This is a participatory approach to healthcare, deeply rooted in local communities. Villages from across Chin State and beyond each send one man and one woman to Health and Hope. After receiving comprehensive training at the residential centre, they return to their villages equipped to provide health education and correctly use essential medicines, bringing relief for illnesses formerly left untreated and helping with prevention. They form Village Health Committees to support the implementation of basic healthcare practices. These CHWs are estimated to save the lives of around eight out of ten people who would previously have died.

In 2014, 157 new CHWs were trained, bringing the total number trained up to 838, with 473 villages now benefitting from the activities of a trained CHW. Furthermore, the CHWs are coming from further afield – including from north-east Chin State and Rakhine State.

The numbers are impressive, but Health and Hope’s impact upon people’s self-confidence, and its multiplier effect in catalysing new projects (such as women’s groups, education for young people, agricultural programmes, new roads for economic development and other communications), is incalculable.

HART and Health and Hope are deeply appreciative of Jersey and Guernsey International Development Committees’ ongoing support for this project.



Shan Women’s Action Network (SWAN)

Reproductive Health Awareness training in Shan State. Training often takes place at night to enable villagers to work during the day



“ Now, you regularly come and visit us and share about family planning and give us the supplies. Because of this, we understand more about the importance of taking care of our health, and our children’s health is much better. ”

Female community member in Shan State, June 2014

SWAN is an ethnic community based organisation providing vital health, education and women’s empowerment programmes to the Shan people, as well as advocating on human rights issues and gender discrimination.

HART provides approximately 90% of the funding for SWAN’s Health Programme. This includes health education and service delivery in Burma and Thailand, with the aim of reducing maternal, infant and child mortality rates.

SWAN trains health workers and volunteers from inside Shan State, teaching them about reproductive health and family planning. They equip them with the knowledge and materials needed for preventative health education and provision of reproductive and maternal health care.

After training, health workers return to their villages in Burma, where they deliver training sessions, provide antenatal care, assist in deliveries, conduct weighing sessions for children to identify those suffering from malnutrition, provide women with family planning services and conduct other health interventions.

SWAN also provides emergency assistance for migrant women and children in crisis situations, particularly those affected by serious illness or domestic violence. Many of these women are cut off from their support networks, as their families remain inside Burma or in refugee camps. SWAN runs safe houses, helps with treatment costs, provides counselling, conducts vocational training sessions and works with other local organisations to provide legal and other support in emergencies.

‘Exchange’ sessions are coordinated in order to bring vulnerable women together to discuss challenges, share experiences and support one another. These meetings have a profound effect – empowering vulnerable women, building stronger communities and raising awareness of women’s rights. As a result of their success in Thailand, these meetings are now being replicated within Shan State.

Work amongst the Karen and Karenni



Doh Say with Caroline Cox

For six years, HART has been supporting the work of Doh Say in southern Karenni State. Doh Say’s work includes a mobile backpack clinic and support to two clinics based more permanently in villages. He also supports education, orphanages and care of the disabled and elderly. These clinics are the only healthcare provision in the rural areas in which he works. Doh Say also works with Free Burma Rangers, who report on and provide support to communities suffering persecution by the Burmese Army in Chin, Shan, Karen, Karenni States.

Message from Doh Say to HART supporters: “Thank you for your love, kindness and ongoing support over the years. You are helping to take care of the health of the people. There have been developments in this country, but if everyone is sick then there can be no developments. Healthcare is the most important thing. The clinics save many, many lives each year. Both travel and treatment are too expensive for people to go to the big cities to get healthcare – they need help at home. The clinics are very useful and they are very grateful for your support”.

India

Background

The Dalit people of India, numbering 250-300 million, are those whom the Hindu caste system designates as “out-caste”. They are stigmatised by society as “untouchable”. This affects every area of life: they may not be permitted to live in certain areas, shop in certain shops or touch or eat with persons of a higher caste. Access to employment, healthcare or education is limited.

Despite many attempts to outlaw untouchability, the practice continues as a result of deeply entrenched attitudes and norms. The Devadasi are young women who are dedicated to the goddess Yellamma and who, at puberty, are forced into sex work through a system of ritualised prostitution. They become trapped in this system, where they experience sexual, physical, emotional and spiritual abuse.

Most Devadasi are from Dalit families, and thus face discrimination on multiple levels – as Dalits, Devadasi and women. The average age of the Devadasi is around six years younger than other sex workers. They are 10 times more likely to die from HIV than the average woman in India is to die from any cause (Borick J. BMJ Case Report 2014).

“To be a truly global leader, Britain must give a rallying call to all countries and work with as many countries as possible to tackle slavery wherever it happens.”



A young girl at the Jeedimetla Clinic

India

Advocacy

The Global Slavery Index estimates that 14,285,700 were enrolled in modern slavery in India last year, around 1.14% of the population.

Over the past year, Baroness Cox and other peers worked to ensure that the Modern Slavery Bill, introduced by the British Government, would have a global impact. Although the Bill was hailed as a world leader, in its original form it contained little focus on slavery outside the UK.

Baroness Cox, along with other Peers, called for the inclusion of amendments that would directly address slavery in international supply chains. As a result of these amendments, international companies of a certain size must now publish an annual statement detailing their efforts to eradicate slavery from their supply chains. This is a small step, but will help to pressure companies to act within the law and to challenge exploitation within their supply chains.

Partners

Operation Mercy India

Operation Mercy India Foundation (OMIF) was formed in response to requests from local Dalit leaders and works in partnership with local communities. HART began supporting OMIF in 2008, and currently helps to fund the Jeedimetla Medical Clinic near Hyderabad.

The Jeedimetla Medical Clinic works with those who are poor and marginalised, including Dalits, slum dwellers, migrant workers and victims of trafficking. Patients only pay what they are able – the vast majority are treated either free of charge or at subsidised rates.

The clinic is open six days a week and 40 to 60 patients are seen each day. It has a laboratory, facilities for x-ray and ultrasound scanning and a pharmacy. Since 2010, it has held the status of a Government ICTC (Integrated Counselling and Testing Centre) for HIV and AIDS. The clinic provides testing, counseling and treatment for HIV positive individuals, as well as long-term support from their medical team and social workers. The clinic has also been conducting outreach to five nearby slums, including regular community health work and HIV awareness and screening programs.

The Jeedimetla Medical Clinic provides holistic support to vulnerable women, including the Devadasi. Because they are so stigmatised, Devadasi struggle to access medical services. The Jeedimetla Mobile Medical Unit – essentially a ‘clinic on wheels’ – undertakes monthly medical camps for the Devadasi, aimed at meeting their health needs.

In just three months at the end of 2014, 2953 patients were seen in the clinic and a further 1223 patients were seen in medical camps in the slums.

HART has previously supported the provision of health and counselling services amongst the Devadasi, helping them to create new lives. Now, at the request of OMIF, we have returned to supporting the Jeedimetla Medical Clinic.

17 November 2014 – Modern Slavery Bill [Extract from a Question for Short Debate in the House of Lords]

Baroness Cox:

“Every day, millions of modern-day slaves are forced to work in appalling conditions for derisory or no pay. Their suffering is too often hidden at the bottom of long, complex international supply chains which allow some big companies to abdicate responsibility and ignore the suffering involved in the manufacture of many low-price products. The majority are in the private sector, particularly in manufacture, construction and agriculture.”

Excellent research by a number of NGOs has exposed the routine use of forced labour in the supply chains of some of the biggest British high-street stores and supermarkets. According to the International Labour Organization, this form of slavery generates an annual profit of \$150 billion. Therefore, legislation to ensure scrutiny of the exploitation and working conditions of those at the very bottom of the supply chain is crucial.

We have a moral responsibility to work on behalf of those who are exploited, wherever they are in the world. To be a truly global leader, Britain must give a rallying call to all countries and work with as many countries as possible to tackle slavery wherever it happens. The Bill provides an opportunity to address slavery and the suffering it inflicts on its victims wherever it exists, and it would be shameful not to take that opportunity now.”

Nagorno-Karabakh

Background

Nagorno-Karabakh is a place in which the need for HART's dual mandate for aid and advocacy is clearly manifest.

The pioneering Rehabilitation Centre has become an internationally-renowned medical facility, despite the challenges of being located in a post-conflict region. However, the future of the Centre cannot be considered outside of the political landscape in which it is situated. This is an area of forgotten, 'frozen' conflict: in 1994, a ceasefire brought a brutal war with Azerbaijan to an end, but a formal peace treaty was never agreed.

Nagorno-Karabakh has existed as a *de-facto* independent state ever since, but it remains unrecognised by the rest of the world. Its residents must live with the constant threat of a return to war and with the social, economic and political isolation that comes from its unrecognised status. Despite this, remarkable progress has been made by the people of Nagorno-Karabakh to rebuild their communities and to develop a functioning state.

2014 saw increasingly aggressive rhetoric and a number of clashes along the line of contact between Karabakh and Azerbaijan. Human rights violations in Azerbaijan have escalated, including the harassment and arrest of Azeris participating in reconciliation projects and cross-border dialogue with Armenians. In the words of the Chair of the Assembly of Nagorno-Karabakh, on our visit in May 2014, "This is not a sleeping conflict – it can explode at any time."

“ We give the chance to people with different disabilities to understand their abilities and their rights, and to feel there is not any shame. ”



Children at the Day Care Centre

Nagorno-Karabakh

2014 in Numbers:

155 in-patients

335 outpatients

74 day patients

2088 home visits conducted

5707 physical therapy sessions

4191 sessions with psychologists

3105 speech therapy sessions

1192 hydrotherapy sessions

Advocacy

Since first travelling to the region during the war, Baroness Cox has visited Nagorno-Karabakh 82 times, and has worked to keep the situation on the radar of the international community. Throughout 2014, she spoke out regularly about the situation in Nagorno-Karabakh, introducing people – from school students to parliamentarians – to this small, unrecognised state, and working to ensure that it is not forgotten.

Following our visit in May 2014, we produced a report highlighting key concerns and issues, based on meetings in Nagorno-Karabakh. In our 2014 Summer Newsletter, we published a photo essay entitled 'Portraits of Rehabilitation', documenting the work of the Rehabilitation Centre.

Partners

The Lady Cox Rehabilitation Centre

Since its establishment 16 years ago, the Rehabilitation Centre has provided a high standard of personal, tailored care to individuals with physical and mental disabilities. It was established in response to the lack of rehabilitative care for individuals with disabilities, who were often shut away in institutions with no opportunity for rehabilitation. Many died from preventable causes, including respiratory problems and pressure sores.

The priority of the Centre has always been to challenge stigma and empower individuals with disabilities to live independent lives, as active members of their communities. In the words of the Director, Vardan Tadevosyan, "We give the chance to people with different disabilities to understand their abilities and their rights, and to feel there is not any shame."

The Rehabilitation Centre offers a broad therapeutic repertoire including physical, occupational and speech therapies, hydrotherapy and support from psychologists. At the beginning of 2014, they recruited a social worker to join their team, thus expanding the holistic support that they are able to offer.

The Day Care Centre for children brings together those with disabilities and those without to learn and play together, promoting the inclusion of those with disabilities from a young age.

This year, in addition to our ongoing support, HART provided funding for a new vehicle for the Centre, enabling staff to make home visits to patients in remote areas in all seasons, and to transport patients, wheelchairs, mattresses and other equipment.

In 2014, a significant emphasis was placed on education for the staff at the Centre and for new therapists. 8 students are in the process of completing a 10-month educational programme to become rehabilitation therapists. They receive 40 hours of education each week. Once the training is complete, the newly graduated therapists will work in regional hospitals, which will significantly increase access to quality rehabilitative therapies for people with disabilities from every region in Nagorno-Karabakh, and will decrease waiting lists at the Rehabilitation Centre.



Vardan

Background

Nigeria is a deeply unequal country. Strong economic growth has not translated into improved living standards for the vast majority of the population, 60% of whom live in absolute poverty, an increase from 52% in 2004 (National Bureau of Statistics). In the north of the country, poverty levels are 40% higher than in the southern states. Nigeria has the highest number of children out of school in the world, and many of these are in northern Nigeria.

Locked into a destructive cycle of poverty, underdevelopment and instability, northern Nigeria has been wracked by violence for many years, of which Boko Haram is the most recent manifestation. Their brutal attacks and abductions of women have earned them notoriety, but global media coverage barely scratches the surface of the insurgency, which includes killings, sexual violence, destruction of homes and livelihoods and other abuses on a vast scale.

In the first nine months of 2014 nearly 7000 people were killed in social violence in northern Nigeria. Of these, Boko Haram was responsible for over 5000. An investigation by the BBC World Service and King's College London found that in November alone, 786 people, almost all of them civilians, were killed in 27 Boko Haram incidents.

The Nigerian Government proved largely ineffective in curbing the insurgency, and have themselves been implicated in severe human rights violations including extra-judicial killings, torture and arbitrary detention.

“We saw first hand the remarkable work being done by local organisations to continue with community development, support those displaced by the violence and promote peace and reconciliation.”



Women in the Mai Adiko Peace Project



Students at the Christian Institute



Partners and friends in Jos

Advocacy

A team from HART visited north-eastern Nigeria in July 2014 witnessing first-hand the devastating impact of the violence on individuals, families and communities. Continual attacks targeting marketplaces, schools, churches and residential areas generate a pervasive climate of fear. Attacks and abductions occur almost daily. Churches have constructed barricades around their perimeters in an attempt to prevent attacks. Our report emphasised the insurgency's scale and documented its impact on civilians, including loss of life and livelihood, reduced access to education, and growing suspicion between communities.

One of our partners said, *“Boko Haram has dominated in the last 6 months – in the brazenness of attacks, the style and approach. The fear of Boko Haram in Maidaguri [in northern Nigeria] is so strong, it is almost tangible. People don't even trust their neighbours anymore”.*

Partners

Bari Clinic and School, Kano State

The school at Bari has successfully established a further year of secondary education. The clinic is also growing, and receives financial support from within Nigeria. Despite being in a deeply divided region, both the clinic and school continue to serve Christians and Muslims. Around 90% of patients at the clinic are Muslim. The clinic hopes to develop its maternal health facilities. HART has been unable to send funds this year, but hopes to assist with this development in 2015.

Emergency funding, Kano State

In September, HART received an urgent plea from our partner, the Bishop of Kano, for emergency funding. He was the driving force behind the development of the clinic and school in Bari, and is now trying to replicate this in more remote areas of Kano Diocese. However, violence in the region, causing widespread displacement and economic disruption, made it impossible for him to pay his staff for several months. HART responded to his appeal with £10,000 for his immediate needs, enabling him to continue with his plans to develop health and educational facilities in rural areas.

Health Clinic, Bauchi State

In July, we visited a remote rural village in an area which has suffered regular attacks by Boko Haram. The village's health clinic is the area's only medical facility and people walk for up to a day to attend. There is a birthing room and antenatal care is provided. HART provided much-needed funds to enable the Health Clinic to remain open in 2014.

Mai Adiko Peace Project in Rayfield, Jos

The city of Jos has been wracked by inter-communal violence for a number of years, resulting in the deaths of thousands of people and the deterioration in relations between Christian and Muslim communities. Both communities are also severely affected by poverty and a lack of opportunity for education and employment.

This project provides teaching, equipment, meeting space, loans and educational activities (including computer and literacy classes) to women and young people, enabling them to generate income.

Crucially, the project allows members of the Christian and Muslim communities to meet and work together. Canon Hassan John, who coordinates the project, says, *“In the last year we have been able to bring Muslims and Christians together in an unprecedented way. They eat together and visit one another in the Rayfield community.”*

HART visited the project whilst in Jos, witnessing its impact first-hand. One of the women from the Muslim community said, *“I thank God for the opportunity that has come – both Muslims and Christians talking together, sitting together, and working together all the time. It has removed the anxieties. There used to be this massive divide and distrust, so nobody entered anybody else's community.”*

Christian Institute, Jos, Plateau State

In 2014, the Christian Institute had 104 new full-time students – their biggest ever intake. They also ran a month-long holiday school in the summer offering classes for children of all ages, which around 70 pupils attended.

In recent years, the Centre has improved its residential accommodation for couples and female students. In June, HART provided funding for much-needed construction of male accommodation.

South Sudan

Background

When South Sudan came into being as an independent country in July 2011, it faced huge challenges. Decades of civil war had decimated its infrastructure, prevented development and deprived generations of children of an education.

In December 2013, conflict erupted once more in South Sudan, triggered by a political dispute within the ruling party. Despite remarkable efforts by local organisations, civil society, churches and many others to promote peace and reconciliation, the conflict has continued to date.

The impact on civilians has been devastating. An estimated 50-100,000 people have been killed. 1.5 million have been internally displaced and a further 546,000 have fled to neighbouring countries. Horrific human rights abuses have been committed by both sides, including killings based on perceived ethnic or political affiliation, sexual violence, abductions and the forced recruitment of children. Nearly three million people are experiencing severe food insecurity, and an estimated one in three children is malnourished.

Access to education in South Sudan is severely limited. The conflict has set this back even further, with around 400,000 children forced to drop out of school because of the fighting. Only one in 100 children finishes secondary school. For girls, the picture is even worse. South Sudan has the world's highest maternal mortality rate and lowest female literacy rate, and a girl in South Sudan is more likely to die in pregnancy or childbirth than complete primary education.



A woman in Man-Agui IDP camp shows the leaves that they must eat because there is no food. HART gave assistance via the Diocese of Wau

South Sudan

Advocacy

A team from HART visited South Sudan in March 2014 where we saw first hand the impact of the violence. We published a report on our return, highlighting the humanitarian impact of the conflict and the repercussions for communities in Abyei, Blue Nile and South Kordofan. We met with the FCO, highlighted the situation in the House of Lords and released findings to the public and press. Over the course of the year, we continued to speak out about the situation.

At the beginning of 2014, we coordinated an open letter to *The Times* drawing attention to the outbreak of conflict and highlighting the need for a comprehensive political solution, which addresses the root causes of the violence. The letter was signed by 12 MPs and Peers. We were signatory to the further letters: the first to South Sudanese leaders urging them to commit to the peace process; the second to the African Union calling on them to end the flow of arms to South Sudan and the third calling on members of the Intergovernmental Authority on Development to impose an arms embargo on South Sudan.

Partners

Diocese of Wau

The Diocese of Wau covers two States in South Sudan, Western Bahr el Ghazal and Warrap State, with an approximate area of 125,000 km² and an estimated population of 1.3 million. Our partners undertake humanitarian and development programmes and are heavily involved in campaigns for peace across the area, including the Committee for National Healing, Peace and Reconciliation, of which Wau's Bishop Moses Deng is the local chair.

The outbreak of conflict in South Sudan forced many people to flee into the area, particularly from neighbouring Unity State. The Diocese of Wau delivered food assistance and mosquito nets to 3000 IDPs living in Man-Angui camp, with support from HART. The chairwoman of the IDP camp, Alueldit, said: "I would love to convey my sincere appreciation to the ECSSS Diocese of Wau in particular; its donors, friends and partners in general for their continual support and good wishes to see that IDPs are fully supported and firmly stood up for." We continue to seek further support for their work.

Children in Man-Angui camp



Marol Academy

Marol Academy was founded in 2007 on the belief that, "to build healthy communities, states, and a nation, girls must be educated equally with boys". It offers free education to both boys and girls, and is known as "a girls' school that boys may attend"! HART has worked with Marol Academy since 2008.

Marol Academy expanded into secondary education in April 2011. The challenges of retaining girls at secondary level are particularly pronounced, and across the country, only 1.6% of secondary school age girls are enrolled in secondary school. Although Warrap State, where Marol is located, has been relatively peaceful, the school has been affected by the conflict. Marol Academy Primary School (MAPS) was able to open as usual, but Marol Academy Secondary School (MASS) is managed and largely staffed by Kenyan volunteer teachers. The ongoing fighting and lack of security meant that these teachers were not able to return to South Sudan until August 2014.

Despite this, MASS' work continued and 70 students were enrolled in 2014, an extraordinary achievement. In 2015, daily attendance has reached 180 male and female students. There are 822 students in the primary school.

HART's support is primarily used to recruit and support the Kenyan volunteer teachers, enabling the children to attain a high standard of education and skill sharing with new South Sudanese teachers. HART, like Marol Academy, is very grateful to these Kenyan teachers for their courage and dedication.

"I have seen the fruits of the work that started in 2011 up to date, in that Marol is now known all over South Sudan because of the excellent academic performance. I am very proud to be part of Marol."

Lawrence, head teacher at MASS.

Background

Blue Nile and South Kordofan States, located just above Sudan's border with South Sudan, have suffered decades of conflict. The Government of Sudan has a long history of persecuting and marginalising this area, denying access to services including health and education, and conducting brutal military campaigns against civilians.

Since the latest wave of conflict broke out in 2011, the Government of Sudan has been indiscriminately bombing and shelling civilian areas, killing hundreds of people and displacing around 1.7 million. Aerial bombardment targets schools, churches, mosques, villages, marketplaces and other infrastructure central to the wellbeing of the community.

A number of hospitals and humanitarian facilities have been targeted in the last year, with some attacks preceded by drones flying overhead, suggesting deliberate targeting. Attacks often correlate with the planting and harvesting season, preventing people from growing crops and exacerbating hunger across the region. Food insecurity is at crisis levels. The people of South Kordofan and Blue Nile are extremely resilient, but this relentless onslaught is taking a heavy toll.

“If the next generation are properly educated, nobody is going to marginalise them anymore.”



Children in Blue Nile, Sudan

The Government has blocked humanitarian access to the region, so the work of local organisations, such as our partners, is a lifeline. We are continually humbled and inspired by their courage and commitment. Despite the conflict and the challenges to operating in this area, their work is efficient and effective, and we always receive excellent financial and narrative reports from our partners.

Our partners identify education as their number one priority, despite pressing needs for food, healthcare and many other basic services. In the words of Nagwa, Executive Director of NRRDO and our partner in the Nuba Mountains, “Without education, we cannot change this series of wars in Sudan – peace will be signed, and war will break out again and again and again. But if the next generation are properly educated, nobody is going to marginalise them anymore.”

Advocacy

At the beginning of 2014, the Government of Sudan escalated its bombing campaign against civilians in South Kordofan and Blue Nile, introducing new aircraft with a higher payload. The humanitarian crisis deepened, as civilians' coping mechanisms were worn away. Very little of this news appeared in the international media, and regional and international pressure to end the abuse remained elusive. This therefore was our advocacy priority area for 2014.

Over the course of the year, Baroness Cox spoke out regularly about the Sudanese Government's genocidal campaign against civilians in South Kordofan and Blue Nile, including Oral Questions and Debates in the House of Lords. We published a wide range of articles, briefings, press releases and other materials.

In June, we screened two documentaries from Blue Nile State in the House of Lords, followed by a Q and A with the filmmakers. The films – ‘Blue Denial’ and ‘Bombing in Sudan's Blue Nile State’ – give a clear insight into the situation through direct footage and eyewitness accounts. We also produced a briefing for parliamentarians and the public.

We worked with the Sudanese diaspora in the UK and with the NGO Waging Peace to organise a demonstration marking 25 years of President al-Bashir's brutal rule, and presented a letter to the Prime Minister.

We added our voice to a number of joint calls for action, including letters to the UN Security Council appealing for them to launch an independent investigation and demand an end to the targeting of civilians, and a call to Ban Ki-Moon to enforce sanctions, asset freezes and travel bans on those indicted by the ICC.

While visiting South Sudan in March 2014, we met with one of our partners from Sudan who described the impact of the bombing attacks, which have generated a climate of continuous fear. In January 2015 we reached Blue Nile, travelling with our partner to meet communities affected by the violence. We published a detailed report on our return, entitled ‘There Is No Place To Hide’. We also produced a short film, which was screened in the Houses of Parliament. Both are available on our website.

“I challenge anybody who is denying the reality of what is happening in South Kordofan and Blue Nile to come and verify it for themselves... we can show them the reports, the bombing sites, the number of people who have been killed, the photographs, we can lead them from house to house where people have been lost, and take them to meet those who have become disabled as a result of the bombing.”

– Human Rights Monitor from Sudan

A young boy in Blue Nile, Sudan. Most children in Blue Nile cannot access education



Partners

New Sudan Council of Churches (NSCC), Blue Nile

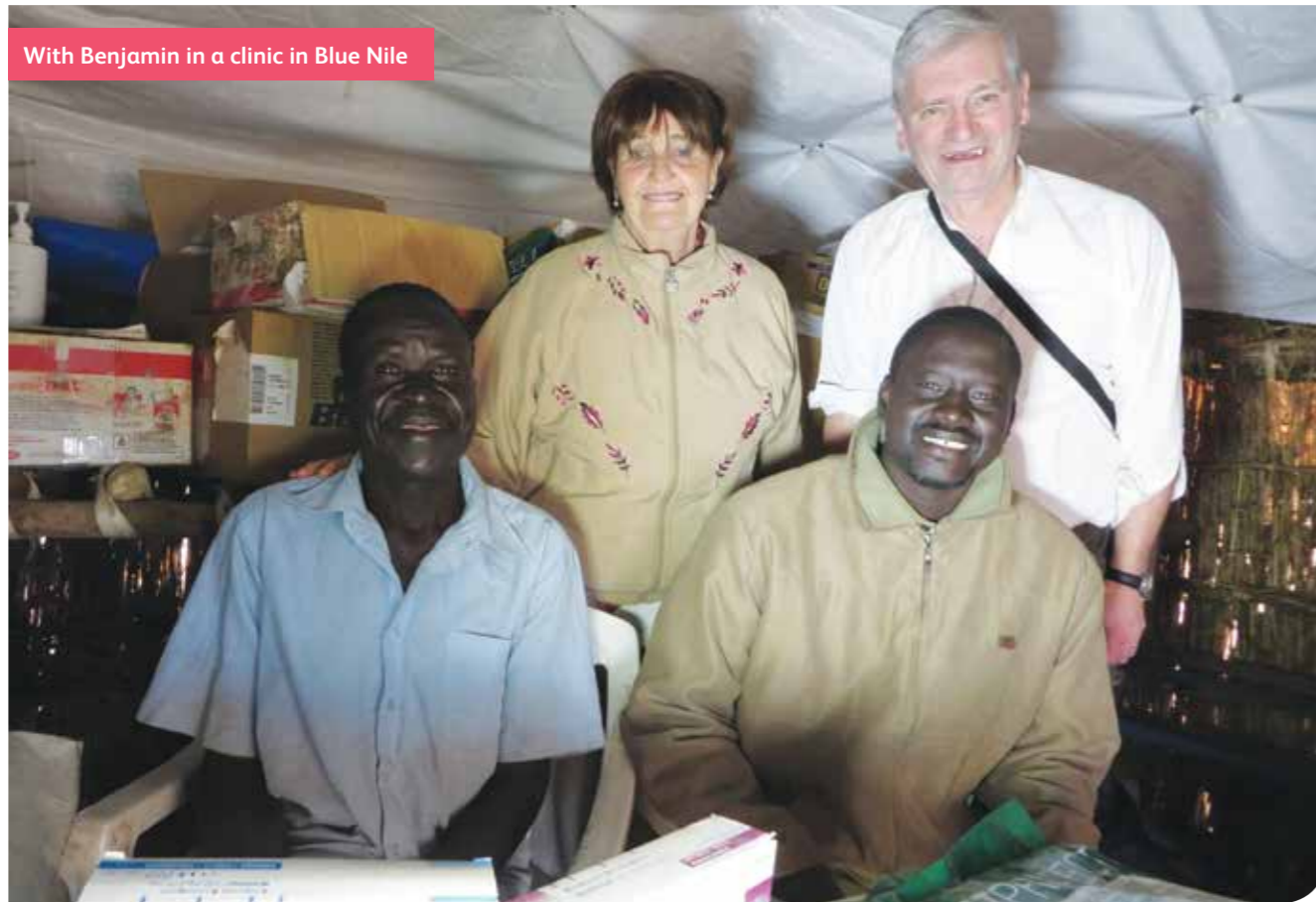
NSCC is a faith-based organisation undertaking humanitarian and advocacy work in marginalised areas of Sudan, including Blue Nile, and in refugee camps in South Sudan. The Director, Benjamin Barnaba, and many of the staff are themselves from Blue Nile or the Nuba Mountains.

HART has supported NSCC to supply community health centres with essential medicines, which are delivered by trained health workers. It can be up to a week's walk to the nearest hospital, and many people die from easily curable diseases – so this work is crucial. On our most recent visit to Blue Nile, we were able to visit one of these clinics, which is now stocked with medicines, including painkillers and antibiotics, and to meet some of the health workers.

We have also supported NSCC's emergency relief efforts, enabling 300 households to access food in 2014 – a total of 1639 people. This work targets the most vulnerable, hunger-affected households, as identified by community leaders. The relief is delivered by distribution teams, formed from the local community, who work together with NSCC staff to execute the project. One local community leader in Blue Nile said, *"It is unbelievable to see determined people who endure these kinds of difficulties to save lives like NSCC staff. I have been challenged and there are no words to explain my gratitude to NSCC and its partners"*.

NSCC are seeking to expand their work with schools in Blue Nile in order to enable more children to access an education.

With Benjamin in a clinic in Blue Nile



Nuba Relief, Rehabilitation and Development Organisation (NRRDO), Nuba Mountains

NRRDO is a community-based organisation in the Nuba Mountains. Since its formation in 1993, it has played a key role in raising awareness of the plight of the Nuba people and in delivering humanitarian relief and community-led development. Their vision is of *'a just and equitable society in which all the people of Southern Kordofan/Nuba Mountains live a dignified life'*.

“The people of the Nuba Mountains said their top priority was education, regardless of the conflict we are going through.”

NRRDO carries out diverse projects all across the Nuba Mountains, spanning emergency relief, education, food security, peace-building, gender equality and primary health.

HART's partnership with NRRDO began in 2007. Since the outbreak of conflict in 2011, we have focused on supporting NRRDO's emergency relief efforts through the provision of food supplements to combat malnutrition. This includes the distribution of highly nutritious BP-5 biscuits to children while they are at school, thus enabling them to remain in education instead of having to forage for food.

Towards the end of 2014, NRRDO held a conference on education in the Nuba Mountains, consulting local communities on their views. *"The people of the Nuba Mountains said their top priority was education, regardless of the conflict we are going through,"* reports Nagwa. *"They said they have been fighting this war for a long time, and they want to change the weapon of war from a Kalashnikov, to a pen"*.

The outbreak of war in 2011 forced the six secondary schools that had been operating in the Nuba Mountains to close. NRRDO is enabling students to access secondary education through a school in South Sudan. In 2014, the school had 12 teachers and around 278 students; this is expected to grow to 15 teachers and 350 students in 2015. In the opening months of 2015, we were able to give urgently needed support to enable the school to open this year.

HART will continue to seek further support for NRRDO's educational work.

Benjamin outside a school in Blue Nile. Education is the priority for the people of South Kordofan and Blue Nile



Timor-Leste

Background

Timor-Leste gained independence from Indonesia in 2002, following decades of occupation. The country has come a long way since then, but continues to face many challenges. Perhaps the most significant of these is the burden of high malnutrition, resulting from a complex mix of poverty, food insecurity, poor hygiene and sanitation, highly prevalent food taboos, low levels of education, (particularly amongst women), underlying conditions such as worm infestation and chronic diarrhoea, and poor child feeding practices. The rate of malnutrition for under-5 year olds is 58%, and many women of child-bearing age are undernourished.

Pictured below: Clarisia Sujana and her mother at HIAM Health once she was ready to be discharged. HIAM identified her as suffering from malnutrition during a village-screening day. She weighed just 6.5 kg – extremely low for a two year old.

Clarisia was then admitted to the HIAM Health Rehabilitation Centre, where she received medical treatment, special food supplements, 5 nutritious meals per day, and development of motor skill.

Her parents participated in intensive health and nutrition education programmes daily. HIAM also provided them with training in how to develop a Home Kitchen gardens, gave them seeds and seedlings to get them started.



Clarisia Sujana and her mother

Timor-Leste

Advocacy

For World Food Day 2014, we published a detailed briefing on malnutrition, which is the direct or indirect cause of half of all under-5 deaths around the world. This means 300 children die every hour, or 2.6 million lives are lost each year. Malnutrition can have life-long, irreversible effects on the quality of life and the physical and mental capabilities of people. HART's briefing focused in particular on the prevalence of malnutrition in Timor-Leste, which is the country with the third highest ratio of malnourished children under-5 in the world, and highlighted the work of HIAM Health.

Over the course of the year, we also published a range of blogs on Timor-Leste, covering diverse topics such as women's rights and international peacekeeping.

Partners

HIAM Health

HIAM Health is a local community-based NGO founded in 2003, with a focus on empowering women and rehabilitating malnourished children. They have developed a unique, integrated approach to tackling malnutrition, combining residential rehabilitation for malnourished children with training and education for accompanying parents and carers.

The education provided to caregivers covers a range of topics, including horticultural training, nutritious plants and the production of natural fertilisers, preparing and cooking food to retain its nutritional value, understanding nutrition and a balanced diet, breast feeding, correct weaning foods for infants, hygiene and sanitation practices, management of diarrhoea in children and child spacing. The focus is on encouraging behavioural change for a permanent reduction in malnutrition. Another essential part of their work is setting up gardens to demonstrate and facilitate good food production at the invitation of individual families and communities (funded by the Sunrise Joint Venture Consortium).

HIAM Health conduct follow-up visits with children after they have been discharged, with a 90% success rate of a child sustaining or gaining weight.

This year, 301 children were admitted to the Treatment Centre. None required further treatment on leaving. HIAM Health provided training to 288 parents and caregivers. Two of the families who attended training at the treatment centre won first and second place in a national competition for nutrition, held to celebrate World Food Day.

During the past year, HIAM Health has moved from relying on referrals to actively conducting screening for malnutrition in children. In 2014, staff conducted screening for malnutrition in 74 villages in Ermera District, which has the highest prevalence of stunting in Timor-Leste. 65% of children in this district suffer from malnutrition. HIAM Health concentrated their attention on children under-5 and lactating and pregnant women. Working with local leaders, they undertook general screening to identify malnutrition in under-5s, and provided health promotion sessions to community members. Children suffering from malnutrition were referred to the Centre for treatment.

HART and HIAM Health are extremely grateful to the Isle of Man International Development Committee for their support of this programme.



Training mothers in how to bring a fever down with cool compresses



Registering children under five years old for weighing and measuring

Uganda

Background

The notorious Lord's Resistance Army (LRA), known for their brutal killings, mutilations, abductions and forced recruitment of children as child soldiers, were active across northern Uganda for more than twenty years. Two decades of conflict and mass displacement devastated northern Uganda, which continues to suffer from high poverty levels, high youth unemployment, gender inequality and a lack of access to basic services.

Although significant progress has been made in tackling poverty across Uganda, with the national poverty rate falling from 24.5% in 2009/10 to 19.7% in 2012/13 (Uganda Poverty Status Report 2014), the northern regions continue to lag far behind.

Poverty levels in the north have fallen slightly, from 46.2% in 2009/10 to 43.7% in 2012/13, but remain more than twice the national average. Access to healthcare and education is severely limited. There is a strong feeling in the north that they are neglected by the Government, and much of the aid donated for the north fails to reach them.

Around Patongo in northern Uganda, where our partners are located, around 11% of the population are living with HIV, far higher than the national average of 7.2%. Many of the sufferers are orphaned children.



Students at PAORINHER with the new borehole

Uganda

Advocacy

Throughout 2014, we continued to raise awareness of the high poverty levels and HIV prevalence in northern Uganda through blogs and speaking engagements, as well as working to raise the profile of our partner, PAORINHER.

Whenever the HART team visit northern Uganda, we are given a magnificent, warm welcome by the talented children at PAORINHER, who perform traditional Acholi dances. A wonderful performance by the Acholi London Choir at HART's Christmas Carol Concert in December bought a little of this vibrant culture to central London.

Partners

PAORINHER, northern Uganda

HART has supported the Patongo Orphans Infants' Health Rehabilitation Centre (PAORINHER) since it first opened as a safe-house for vulnerable children. Over the years, responding to needs in the local community, it has developed into a life-saving health clinic and psychosocial support centre for children with HIV with an on-site primary school.

The clinic provides a comprehensive range of clinical and social services to children living with HIV, including health screening, monitoring drug use, treating infections, and providing nutritional support and counselling. Between February and October 2014, the number of children receiving treatment and support for HIV rose from 215 to 371, 201 of whom are girls.

The Staff at PAORINHER conduct extensive outreach programmes to educate more people about the realities of HIV, promote the re-integration of previously ostracised families and identify individuals in need of their services. Their innovative methods include radio advertising, leafleting, establishing village health teams and even running sports days to engage young people from a wide area. There have seen significant improvements over the course of 2014, with more and more people coming out to be tested and to access treatment and support. A system of local community volunteers is to be established, in order to widen the outreach even further. Funding for their training is an important target in 2015/16.

The primary school at PAORINHER provides education to 250 girls and 266 boys, at least 10 percent of whom are living with HIV. This not only increases access to education in the wider community, but also helps to break down the stigma surrounding HIV. All of the children receive clinical checks, nutrition and sexual reproductive health education.

One of the aims of PAORINHER is to provide nutrition to vulnerable HIV affected children. The approach is now changing from providing food parcels to HIV positive children to family livelihood support – helping the most vulnerable families to produce their own food.

In 2014, with funding from St Paul's Church in St Albans, a new borehole was built at PAORINHER. This will serve a population of over 600 people. In the words of PAORINHER's Chairman, Raymond Okot, "The sight of water being pumped from the PAORINHER compound for the benefit of the children has been the climax of 2014... it has brought so much joy to the children and excitement in the entire community."



Children dancing in front of the PAORINHER entrance sign

“The sight of water being pumped from the PAORINHER compound for the benefit of the children has been the climax of 2014... it has brought so much joy to the children and excitement in the entire community.”

A Celebration of Volunteers

“HART has matched and exceeded my expectations. I didn't expect the office environment to be so friendly and I feel that I have really been engaged in the work, which has given me motivation to continue working in this sector. I have been very inspired by HART's work and the dedication of the team and partners.”

– Elizabeth Stanton, HART intern, Spring 2014

Fundraising

Following on from the huge success of 'Swim for Change' in 2013, when intrepid swimmers crossed the English Channel to raise funds, the 'HART for Change' theme continued to gather momentum with a range of new sponsored challenges.

In March, Rob Chidley, Hayk Petrosyan and Manuk Asatryan completed a Skydive, which includes freefalling one mile in 30 seconds. Their fundraising total skyrocketed to £1070! HART intern Erika Nordblad ran the Luxembourg half marathon, raising funds for PAORINHER in northern Uganda.

Andy Thomson undertook a 124 mile cycle ride across the North and South Downs. He said, "I wanted to take up this challenge to highlight the much greater challenge facing HART in its humanitarian aid effort across the world".

HART volunteers also played an invaluable role in making our fundraising events a success, including the Christmas Carol Concert in December.

Volunteers and Interns

HART is privileged to work with some wonderful, creative and dedicated volunteers and interns, who help to make our work possible. We offer our heartfelt thanks to everyone who has volunteered with HART over the course of 2014.

This year, we benefitted from the commitment of ten long-term interns who worked in our London office. They helped to organise campaigns, competitions and events, wrote blogs, briefings and news articles, and contributed to our work in many other ways.

The HART Prize for Human Rights

This year, we re-launched the HART Scholarship competition as the HART Prize for Human Rights, with the aim of engaging more young people with our work, and raising awareness of conflict, poverty and human rights abuses.

Entrants were asked to produce an essay or creative piece (including art and poetry) about human rights in one or more of the eight countries where HART works, focusing particularly on underreported issues.

We have had a very encouraging response, with an unprecedented number of entries to the competition – 163 in total (89 essays and 74 creative entries)! We were delighted by the entries we received, which demonstrated widespread passion for human rights amongst young people, and a remarkable depth of engagement with complex issues.



Born to Fight – Winning Entry in the HART Prize for Human Rights

Communications and Events

Highlights from 2014 include:

- Three newsletters, including reports on recent visits and updates from partners. Printed and online versions produced.
- Four stand-alone reports for advocacy purposes on key visits to Burma, South Sudan, Nagorno-Karabakh and Nigeria. All are available at www.hart-uk.org/publications.
- 40 blogs by HART staff, interns and guest bloggers, including comment and analysis on key human rights issues and current events relating to our work. These are available at www.hart-uk.org/blog
- A short film on the work of the Lady Cox Rehabilitation Centre, featuring an interview with Vardan Tadevosyan.
- A weekly news-round up, released every Friday, covering key stories and events in each of the eight countries where HART works.
- Briefing papers provided to Parliamentarians in advance of debates in the House of Lords.
- Online gift shop, featuring virtual gifts relating to the work of our partners such as mosquito nets, bricks and a weaving machine.



HART Events in 2014

January

- 'Is Genocide Happening in Sudan?' – discussion at the University of Law featuring Iain Morley QC, expert on genocide, war crimes and crimes against humanity

February

- 'Burma Unmasked' – an art exhibition based on entries to the HART Scholarship Competition
- HART team visit Shan State, Burma

March

- HART team visit South Sudan and Uganda
- HART Volunteers' Reception

April

- #StandForSudan – a month-long campaign on the situation in Sudan for Genocide Prevention Month
- Campaign launch event in Parliament with Baroness Cox, Lord Alton, Iain Morley QC and Director of René Cassin, Shauna Leven

May

- HART team visit Nagorno-Karabakh

June

- Protest with the Sudanese community in the UK and other NGOs, calling for an end to 25 years of repression and conflict in Sudan
- Screening in the Houses of Parliament of two powerful documentaries about the conflict in Blue Nile, followed by a Q and A with the filmmakers

July

- HART team visit Nigeria
- HART Volunteers' Reception

August

- Campaign for World Humanitarian Day, supporting HART's #HumanitarianHeroes around the world

September

- HART team visits Nagorno-Karabakh

October

- HART Volunteers' Reception

November

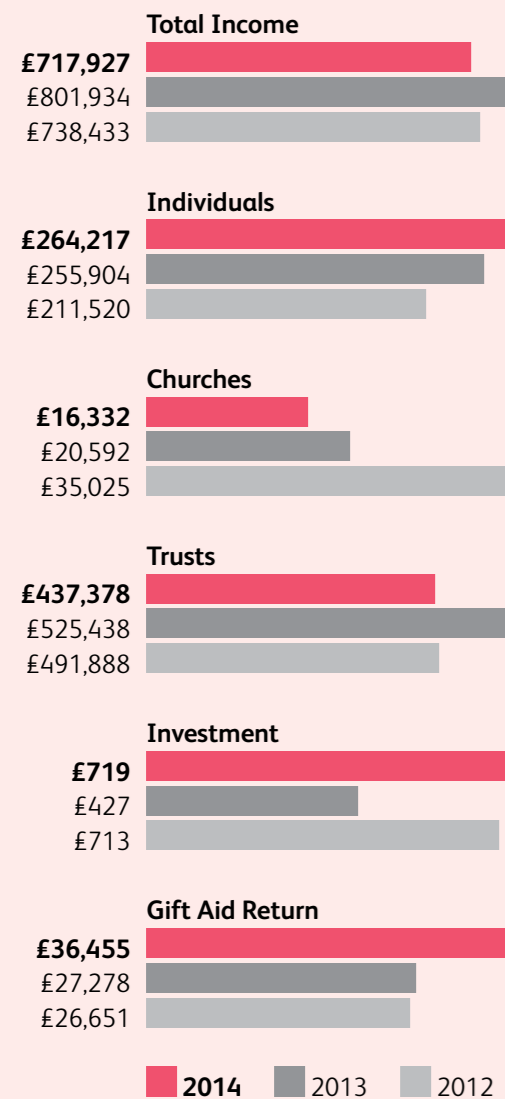
- An Evening with Dr SaSa – reception in the Houses of Parliament
- HART's partner Benjamin visits the UK, speaking in Parliament and at Chatham House about the situation in Sudan

December

- Disability Rights and Rehabilitation – a speaker event with Vardan Tadevosyan, director of the Lady Cox Rehabilitation Centre
- HART's Christmas Carol Concert – a celebration of our partners' achievements, featuring music from around the world

Income and Expenditure

Income 2014, 2013 and 2012



Financial review

- HART experienced a 10% decrease in overall funding from £801,934 (2013) to £717,927 (2014). The following analysis helps explain this movement;
- Individual funding: There was an overall 3% increase in Individual funding to £264,217 in 2014 from £255,904 in 2013 including the £42,385 legacy (if the legacy were excluded the increase would be 23%); Individual restricted funding increased 7% to £72,087 and unrestricted by 2% to £192,130.
- Church funding: There was an overall 21% decrease in church funding; restricted church funding increased 186% to £6,765 and unrestricted decreased 48% to £9,567.
- Trust funding: There was an overall decrease in Trust funding from £525,438 (2013) to £437,378 (2014); restricted funding decreased by 24% to £331,710 and unrestricted increased by 15% to £105,668.
- Restricted funding decreased by 18% from £503,379 (2013) to £410,562 (2014).
- Unrestricted funding increased by 3% from £298,555 (2013) to £307,354 (2014).

A full set of HART's financial statements are available on our website www.hart-uk.org or upon request from our office: office@hart-uk.org.

Thank you

It is never possible to name the many individual donors who give so generously, and often sacrificially, but HART would like to thank each and every one, including the following organisations for their support during 2014:

Guernsey Overseas Aid Commission	Rannoch Trust
Hiscox Foundation	Trusthouse
Isle of Man Overseas Aid Commission	Word Alive
Jersey Overseas Aid Commission	

For every £1 you gave HART

An average of 84p was spent directly on charitable activities benefiting our partners.



3p was spent ensuring proper governance and 13p was spent trying to raise more money for our overseas partners.

Financial Information

Statement of Financial Activities For the year ended 31 December 2014 Incorporating the income and expenditure account

The following summary financial information has been taken from the full annual accounts of HART for the year ended 31 December 2014 to accompany this annual report. The full accounts have been audited and copies can be obtained from our website (www.hart-uk.org) or upon request from our office: office@hart-uk.org

	Unrestricted funds £	Restricted funds £	2014 £	2013 £
Incoming resources				
<i>Incoming resources from generated funds</i>				
Voluntary income	307,365	410,562	717,927	801,934
Activities for generating funds	3,448	-	3,448	4,709
Investment income	719	-	719	427
Total incoming resources	311,532	410,562	722,094	807,070
Resources expended				
<i>Cost of generating funds</i>	103,072	-	103,072	88,894
<i>Charitable activities</i>				
Aid	78,584	461,127	539,711	588,968
Advocacy	110,180	-	110,180	93,871
Governance costs	25,283	-	25,283	21,633
Total resources expended	317,119	461,127	778,246	793,366
Net (outgoing)/incoming resources for the year before transfers	(5,587)	(50,565)	(56,152)	13,704
Transfers between funds	(50,726)	50,726	-	-
Net (expenditure)/income for the year	(56,313)	161	(56,152)	13,704
Total funds brought forward	192,571	62,237	254,808	241,104
Total funds carried forward	136,258	62,398	198,656	254,808

Financial Information

Grants Payable Grants payable to institutions

	2014 Number	2014 £	2013 £
Aid programmes			
Armenia	5	59,701	34,055
Burma	6	125,353	240,056
East Timor	3	79,500	76,000
India	1	10,090	-
Nigeria	2	14,000	7,000
Republic of Sudan	3	30,978	61,876
South Sudan	4	52,580	44,002
Uganda	5	88,925	53,698
Total grants awarded	<u>29</u>	<u>461,127</u>	<u>516,687</u>

Balance Sheet

	2014		2013	
	£	£	£	£
Fixed assets				
Tangible assets		1,731		2,976
Current assets				
Stock	11,046		3,401	
Debtors	80,143		93,509	
Cash at bank and in hand	167,766		242,692	
	258,955		339,602	
Creditors: amounts falling due within one year	(62,030)		(87,770)	
Net current assets		<u>196,925</u>		<u>251,832</u>
Total assets less current liabilities		<u>198,656</u>		<u>254,808</u>
Funds				
Unrestricted funds		136,258		192,571
Restricted funds		62,398		62,237
Total funds carried forward		<u>198,656</u>		<u>254,808</u>



Children at PAORINHER, Uganda

Staff at PAORINHER, Uganda,
and HART.



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**Humanitarian
Aid Relief Trust**

www.hart-uk.org