



**Foundation
HUMAN RIGHTS IN MENTAL HEALTH-FGIP
Amsterdam - The Netherlands**

ANNUAL ACCOUNTS 2021

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Annual report by the Board - 2021

Introduction

In front of you is the Annual Report of the Foundation Human Rights in Mental Health-FGIP covering the year 2021. The report first includes an overview of our goals, mission and vision and work carried out during the year, as well as information on the executive bodies of the organization, and is then followed by the financial accounts of 2021.

The goal and history of the organization

Human Rights in Mental Health – FGIP is an international federation of not-for-profit organizations that promote humane, ethical and effective mental health care throughout the world. The organization aims to empower people and help build improved and sustainable services that are not dependent on continued external support. The defense of human rights in mental health care delivery is the cornerstone of our work. We consider it our prime obligation to speak out whenever and wherever human rights abuses in mental health practice occur, and work with local partners to amend the situation and make sure the human rights violations in question are discontinued. The basis in all our activities is partnership.

Although Human Rights in Mental Health-FGIP was established as a new legal entity in 2010, the history of the organization goes back to 1980 when it started as a human rights organization with the goal to end the incarceration of dissidents in psychiatric hospitals under the name International Association on the Political Use of Psychiatry (IAPUP). The information we received was often shocking, the treatment nothing less than torture and many of our “clients” stayed for many years under the most inhumane circumstances in psychiatric prisons. When the Berlin Wall came down at the end of the 1980s and all political prisoners were released, we discovered that the situation was much worse than we ever imagined. Hundreds of thousands of people remained locked up under inhumane conditions in psychiatric hospitals and ‘social care homes’, for the rest of their lives. Initially we focused our work exclusively on Central & Eastern Europe and the former Soviet Union. Renamed the Geneva Initiative on Psychiatry (GIP), we started with small projects, setting up psychiatric associations, associations of psychiatric nurses, family organizations and eventually also consumer organizations. We trained mental health professionals, established day care programs and gradually a new approach to mental health care provision was developed: an approach that focused on trying to keep people in the community as much as possible. Gradually the projects became bigger and together with our partners in the target countries we received support from local and national authorities that agreed to cover regular expenses (such as water, gas, electricity, salaries). As a result of ten or fifteen years of hard work the landscape of mental health in many of the countries was changed fundamentally.

Starting in 2005, GIP –renamed Global Initiative on Psychiatry - also focused on countries outside the region, in particular in Africa and Southeast Asia. In many of these countries the work is the same as what we did and continue to do in Central & Eastern Europe and the former Soviet Union. We help in integrating patients into society who were locked up in a psychiatric hospital for many years, and under very bad living conditions, or develop community mental health care services where no assistance has been available so far.

In 2011, the Federation Global Initiative on Psychiatry was established as an independent legal entity and took the name Human Rights in Mental Health-FGIP. It now functions as the umbrella organization of the various independent FGIP member organizations in Bulgaria, Georgia, Lithuania, and Sri Lanka. The original founding organization of the federation, GIP-Hilversum, is now continuing its work as GIP-Benelux and plans to operate in Belgium and Luxemburg as well.

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Vision and Mission

Every person in the world should have the opportunity to realize his or her full potential as a human being, notwithstanding personal vulnerabilities or life circumstances. Every society, accordingly, has a special obligation to establish a comprehensive, integrated system for providing ethical, humane and individualized treatment, care, and rehabilitation, and to counteract stigmatization of, and discrimination against, people with mental disorders or histories of mental health treatment. An enlightened services system promotes mutually respectful partnerships between persons who receive services and those who deliver them, protects the human rights of users and the ethical autonomy of service providers, and facilitates the engagement of users, families, and all other stakeholders in advocating for and achieving improvements in the quality of care.

Recognizing that these aspirations remain everywhere unfulfilled, and that the rights and needs of persons with mental disorders are particularly vulnerable to infringement and neglect, the mission of Human Rights in Mental Health-FGIP is to promote humane, ethical, and effective mental health care throughout the world and to support a global network of individuals and organizations to develop, advocate for, and carry out the necessary reforms.

Our work

Mental health care is a mirror of society. The more humane and civil a society, the more chance there is for a humane, user-oriented mental health care system in which human rights are respected and users and their carers collaborate in selecting and delivering services. However, a civil society does not automatically produce a humane and user-oriented mental health care system. In spite of the fact that a large portion of society is affected by mental health problems, users typically remain stigmatized, invisible, and often neglected, and as a result mental health services are often under-financed and under-rated. People with mental illness are often segregated -- psychologically and, in many cases, also physically and legally -- from the rest of society. In fact, a genuine commitment to improve treatment of people with mental disabilities may be the most revealing measure of progress in a modern society. A truly "civil" society elevates the position of all its most vulnerable citizens, serves the needs of persons with mental problems, provides adequate funding for mental health care, and assures that services are user-oriented -- in other words, the needs and wishes of those using the services are the central considerations in shaping policy and practice.

Mental health care has always been a low priority in most of the countries in the world. In many countries, mental patients were stashed away in large institutions outside the city, where people were ignored and, all too often, left to die. This mentality, which relegated mental patients to a sub-human status, and even branded relatives of the mentally ill, still pervades many societies. Much work needs to be done in this field, to change the image and position of persons with mental problems. This is a task that will take several decades to accomplish.

In many countries, the human rights of mental patients are violated on a massive scale. In many institutions, living conditions are appalling; methods of treatment are outdated; staff is underpaid and insufficiently educated and unable to deal with the patients' problems; abuses are rampant; and little hope exists that the care provided will help to bring persons with mental illness back to society. In short, becoming mentally ill is usually a life sentence to a form of exile or second-class citizenship.

Human Rights in Mental Health-FGIP is committed to achieving genuine improvements in mental health care and in respect for human rights, and believes that these improvements need to be achieved by opening doors, not closing them. We believe in building partnerships and finding ways to enable local leaders to embrace the need for correction themselves. This strategy of "operating in silence" is not necessarily contradicted or undermined by the activities of those who voice their criticisms more stridently and more openly.

Our activities in 2021

Projects

The year 2021 was again extraordinary year during which FGIP managed to consolidate the increased budget brought about in 2020, mainly as a result of the COVID-19 pandemic. The rigged presidential elections in Belarus resulted in a newly developed program of providing psychological support to victims of State repression, which gradually became a full-scale support program based on interventions through electronic means of communication and social media.

Some activities, such as the prison mental health reform plan for Ukraine, remained on hold throughout the year. Discussions regarding the implementation of the reform plan resumed at the end of 2021, not knowing yet what would happen shortly after during the second month of 2022.

All in all 2021 was a very hectic and fruitful year, resulting in a good result and a very solid basis for our continued support to mental health care development in our target countries.

In this report we only focus on the major project activities.

Belarus

The Samopomoch project

In Belarus state authorities responded to the protests against the election results with hitherto unseen violence, arresting thousands of citizens, resorting to intimidation, physical violence, rape and even killings. Thousands of citizens were psychologically deeply affected by the events, either because of being victim themselves, or because of having seen the violence, or because of being involved in support of those who were directly affected. By the end of 2020 it was clear that the crisis in Belarus would be long-lasting and political repression would most probably only worsen rather than slow down. The number of people that are seeking psychological support in the country continues to increase and services have become overwhelmed. Many mental health professionals faced professional burn-out syndrome and an increasing number left the country in order to avoid repression. Large refugee communities developed in neighbouring countries, in particular Poland, Lithuania and Ukraine.

Our project focused on providing psychological guidance to the general population through our specially developed website and social media e.g. Telegram and Facebook channels, providing support to mental health professionals through supervision, training and professional consultation, and to individual clients through safe on-line therapy and through services provided in Lithuania.

The main focal points of the project were:

1. Maintaining and expanding a Russian-language website that addresses the psychological stress in the target country, provides information on how to maintain a healthy lifestyle, how to help oneself in times of distress (including on-line testing/screening instruments, and where to go in case professional help is needed);
2. Providing and maintaining a safe platform to support those who provide support on site through supervision, consultations and training to decrease risks for burn-out syndrome and increase quality of care, and to provide consultations and counselling to those who cannot be supported within the country itself. Practice showed that stigma with regard to mental health issues, distrust and even a state of paranoia made potential clients hesitant to seek outside help. Several modifications helped to decrease these existing barriers;
3. Advertising this platform through a telegram news-platform and other social media, again in order to increase its audience and circle of users. Part of this includes boosting through our own channels, and developing relations with other news channels and media outlets to increase our visibility.

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4. Capacity building among mental health professionals in the target country through training programs and webinars.

The Russian-language website, www.samopomo.ch, was especially developed for people under high levels of stress and offers suggestions how to cope with stress and traumatic experiences. The website also includes tests/screening measures that help understand one's mental health status.

We also developed a telegram news channel (samopomoch) as well as a facebook page with the same name, where information is provided on a regular basis with advise to subscribers. By the end of 2021 over two million views on facebook had been recorded.

In other to convey our message to the Belarus public, we decided to develop clips in which persons tell about their own situation in which they were subject to extreme psychological stress or trauma, how they coped with it and how they managed to continue their life. The clips were Russian subtitled in order to allow viewing without sound In the course of the project duration five clips were produced,

We also developed a roster of mental health professionals located in several countries in the region who provide psychosocial consultations to human rights defenders and victims of torture. In the course of 2021 over 600 consultations were provided to 90 clients, of which a quarter victims of torture.

A key part of our work was focused on training mental health professionals in Belarus. Within the framework of the project two groups of fifteen mental health professionals inside the country were trained.

Georgia

In the spring of 2021 an International Expert Commission (IEC) was organized with the goal to provide Commentary on the "Strategy for Wellbeing and Mental Health in Georgia by 2030" of the Georgian Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. The IEC, an independent group of professionals with substantial expertise in supporting mental health policies in many countries worldwide, consisted of (in alphabetical order): Professor Dr. Philippe Delespaul; Professor Afzal Javed; Professor Elie Karam; Mr. Rob Keukens; Professor Norman Sartorius; Dr Marianne Schulze, LL.M; Professor Norbert Skokauskas; Ms Charlene Sunkel; Professor Sir Graham Thornicroft (Chairman); Professor Simavi Vahip; Professor Robert van Voren (Secretary)

The commission worked during the months of March and April 2021 and delivered its report to the Ministry in mid-April. The report recommended, among others, to organize a meaningful consultation process with all relevant stakeholders in Georgia, including service providers, NGO, service users and family groups and organizations. Also it recommended to ensure that the Strategy complies with state-of-the-art policy, we recommend making references to the relevant global mental health literature on the characteristics of evidence-based mental health care, both in hospital and in the community have to be added. Furthermore, the IEC recommended that expert health economists and health system strengthening experts would be engaged to assist in turning the strategy into an Action Plan that is clear on the funding requirements and which focusses on practical implementation.

Special attention was given to the issue of involvement of persons with lived experience. The IEC recommended that trained Peer Support Workers should be integrated into the mental health care system as part of "human resources" at all levels. Persons with lived experience should be involved in regulatory and managerial structures and in monitoring and evaluation at service delivery levels, and should also be involved in the development, implementation, and impact assessment of all awareness raising campaigns. Peer Support certified training for formal Peer Support Workers and Supervisors of Peer Support Workers should be developed. Lived experience consultancy must be compensated in the form of a honorarium or standard consultancy fee.

Also The IEC recommended that a permanent non-governmental Independent Review Board is established with public stakeholders, e.g. representatives of mental health practitioners, legal experts, NGO representatives, family members, persons with lived experience (including a youth representative), community members. to provide accountability and state-of-the-art monitoring of the progress of the strategy and the action plan and to feed this back to government and the public stakeholders. The Commission also believed that all health professionals treating people with mental health conditions should be trained in human rights issues, while an appeals process should be put in place for involuntary hospital admissions, with review to be carried out by the proposed Independent Review Board.

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Finally, the IEC strongly recommended that mental health services should be based on the recovery model. Psychiatric rehabilitation services should be enhanced with a program of supported employment. Psychosocial rehabilitation program should be offered pre-discharge, involving families to be well prepared to receive relatives and know how to support the person. Families that support relatives with mental health conditions should be financially and otherwise supported.

Political abuse of psychiatry – Russia

On September 30, FGIP published a new report on the resumption of political abuse of psychiatry in the Russian Federation. The report includes more than two dozen new cases in which psychiatry was used as a means of silencing a human rights activist, political opponent or a religious believer, and also provides information on abuse of psychiatry within the penitentiary system and forced sterilization of psychiatric patients.

The report was the fourth published by FGIP over the past decade and the most disturbing one. Because of the fact that political abuse of psychiatry is gathering a systematic nature, FGIP requested the World Psychiatric Association (WPA) to review the information and take appropriate action.

Sri Lanka

Significant progress was made in the Sri Lanka Project during the course of 2021, despite ongoing Covid pandemic challenges. The partnership with the Northern Provincial Department of Health Services was strengthened and collaboration for smooth implementation of physical Project activities progressed well.

A much needed mobile mental health assessment and treatment service was designed and established in 2 districts to reach the most vulnerable clients in their own homes in remote areas. Two Vehicles were purchased through the project, a standard operations manual and coordination system was developed to suit local conditions and relevant health sector staff trained to become members of these teams.

The offices of the Mental Health Society, a small non governmental organisation established to do advocacy and increase awareness raising for the destigmatisation and acceptance of mental health services in the community, were refurbished and provided with upgraded equipment to facilitate its important role in supporting the State sector interventions in improving mental health recovery and wellbeing. A predominantly tamil language website was created to share basic information and make access to mental health services easier for the public, especially the youth.

Work was supported on the development of two more urgently needed capacity building training materials. A tamil language handbook and manual for hospital based health service assistants with a focus on basic mental health issues was produced by a medical training institute in Jaffna. This was the first time that any such training material on mental health had been developed in Sri Lanka and discussions were initiated with the national body for vocational skills training to include these materials in a new national training course. The manual will be reproduced and used for training in 2022.

The development of a Post Graduate Diploma Course in Clinical Psychology specific to meet the needs of a post conflict society has begun in collaboration with the Post Graduate Institute of the University of Jaffna. FGIP is supporting the development of an academic E- Resource centre and library to support this Course containing relevant and up to date books, articles, and audio visual materials in addition to equipping a Smart lecture theatre for the Post Graduate Institute.

Discussions were begun with GIP-T on the type of Psychotrauma therapy training and processes required for the new Rehabilitation Centre under construction by the larger Project.

Donors

Mental Health in Human Rights-FGIP is a non-endowed, project-based foundation. In the interests of the people we serve, we seek to keep its operating budget low, while simultaneously ensuring the quality of its operations. Because we do not currently have an endowment, we are dependent on charitable donations and project funds.

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Financial policy

FGIP is a project-based organization that operates almost exclusively on basis of project funding. Part of the budget is covered by private donations, which are either earmarked for a concrete purpose or can be used for general expenses. FGIP has a detailed financial mechanism that is clearly worded on the Quality Service manual (QSM) of the organization, which was further updated again in 2019.

Mitigating risks and uncertainties

FGIP is operating in a quickly changing world, where traditional donors or donor communities change, and the priorities of yesterday are no longer valid. FGIP is very much aware of this and has created the organization in such a way that the main risks can be mitigated. The organization is now functioning without salaried staff, but only with personnel hired on a contract basis or consultants who have been contracted for specific tasks. A sizeable part of the work is done with volunteers. Also, the overheads of the organization are kept as low as possible, e.g. by now having a permanent office but rather by working out of a residential home. Projects are implemented with concrete budgets, and risks are avoided as much as is possible. If the organization needs to scale down its work due to decreased funding it will not be difficult to do so.

Operational budget

The operational budget of FGIP was approved by the Board during its session in November 2020 and includes all basis expenses e.g. personnel (on contract basis), meetings of board and Executive Committee, financial administration and auditing, office expenses and the website. The operational budget was in size not more than 15% of the 2021 turnover.

Board

The Board of the Foundation has confirmed the financial accounts on [date]

In 2021 the Board of FGIP consisted of the following persons:

Name		Date Joined Board	Term Ending	
Chairperson				
Vanessa Cameron	UK	November 2016	2024	(1)
Past Chairperson				
Graham Thornicroft	UK	November 2012	2024	(3)
Secretary:				
Nicole Votruba	D	November 2019	2023	(1)
Treasurer:				
Mireille 's Gravesande	NL	November 2019	2023	(1)
Members:				
Manana Gabashvili	GEO	November 2020	2024	(1)
Rob Keukens	NL	June 2020	2024	(1)
Tatjana Gurova	LT	June 2021	2025	(1)
Borislav Milev	BG	November 2014	2022	(2)
Charlene Sunkel	SA	November 2016	2024	(2)
George Szmukler	UK	November 2016	2024	(2)
Marianne Schultz	A	November 2018	2022	(1)
Shehan Williams	LK	November 2018	2022	(1)
Mahesan Ganesan	LK	November 2019	2023	(1)
Shekhar Saxena	IN	November 2019	2023	(1)
Florian Irminger	CH	June 2021	2025	(1)
Petr Winkler	CZ	June 2021	2025	(1)
Olena Protsenko	UA	June 2021	2025	(1)

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The FGIP Statutes indicate that each Board member is elected for a four-year term, with a possible extension of a second 4-year term.

The Chairman serves 4 years, with a possible extension of four years, to be followed by an automatic four-year term as Past-Chairman.

Robert Van Voren functions as Chief Executive and attends the board-meetings because of his function. The same counts for the directors of the members of the federation. However, they have voting rights only when their dues have been paid, unless this requirement has been waived temporarily. On behalf of the Board of Human Rights in Mental Health-FGIP,

Vanessa Cameron, Chairwoman



27 May 2022

Balance Sheet At 31 December 2021

(x € 1)

	Reference	31-12-2021	31-12-2020
		€	€
CURRENT ASSETS			
Receivables and prepaid expenses	1	7.400	8.600
Cash at bank and in hand	2	232.159	182.659
Cash in transit		0	0
		239.559	191.259
LIABILITIES			
Reserves and funds			
Continuity reserves	3	238.559	89.459
Appropriated reserves		0	0
Destination funds		0	99.600
		238.559	189.059
Current liabilities			
Accrued expenses	4	1.000	2.200
		239.559	191.259

Statement of Income and Expenditure in 2021

(x € 1)

	Reference	2021	2020
		€	€
Income from direct fundraising	5	647.538	617.599
Income from investments and bank interest	5	0	0
TOTAL INCOME		647.538	617.599
COSTS			
Various projects		468.199	354.915
Other expenses (designated funds)		10.627	10.800
Spent on target	6	504.745	392.985
Recruitment benefits:			
Costs own fundraising	6	8.640	9.090
Costs of investments and bank charges		655	856
		9.295	9.946
Others cost			
Accountants costs	6	995	989
Costs of management and administration		55.825	27.260
Office costs		8.273	7.110
Contributions		1.621	2.423
Postage		545	531
Travel cost		170	0
Board and EC meetings		5.465	82
General costs		11.104	4.793
TOTAL EXPENSES		83.998	43.188
Operating result		49.500	171.480
Appropriation:			
	3		
Entry / exit (- / -) to :			
Continuity reserves		49.500	71.880
Appropriated reserves		0	0
Destination funds		0	99.600
		49.500	171.480

CASH FLOW STATEMENT 2021

(x € 1)

	2021
Cashflow from operational activities	<hr/>
Operating results	49.500
<i>Adjustments for:</i>	
Depreciation	+ / + 1.200
<i>Changes in working capital:</i>	
Receivables and prepaid expenses	0
Cash in transit	<hr/> 0
<i>Cashflow from operational activities</i>	50.700
Cash:	
Balance January 1	182.659
Balance December 31	232.159
	<hr/>
Distance, increase funds respectively	49.500

General principles

1. General

1.1. Annual report

The financial statements are drawn up in accordance with the provisions of guideline 650 Fundraising Institutions and the Dutch Accounting Standards as published by the Dutch Accounting Standard Board.

2. Principles for the valuation of assets and liabilities

2.1. Comparison with previous year

The valuation principles and method of determining the result are the same as those used in the previous year, with the exception of the changes in accounting policies as set out in the relevant sections.

2.2. General

Assets and liabilities are generally valued at historical cost or at fair value at the time of acquisition. If no specific valuation principle has been stated, valuation is at historical cost.

2.3. Transactions, receivables and liabilities

Transactions in foreign currencies are stated in the financial statements at the exchange rate of the functional currency on the transaction date.

2.4 Cash at banks and in hand

Cash at banks and in hand represent cash in hand, bank balances and deposits with terms of less than twelve months. Overdrafts at banks are recognised as part of debts to lending institutions under current liabilities. Cash at banks and in hand is valued at nominal value.

2.6. Reserves and funds

Continuity reserve

has been formed to ensure continuity in the event of (temporary) stagnation of income and amounts to about 1 times the annual commitments of the

The restriction on spending of the reserve is determined by the Board and not a liability. The board may cancel this restriction itself.

Appropriated reserves

Appropriated reserves are funds that the board of FGIP has given a specific destination and are being kept for that purpose. These funds may have been donated to FGIP for that purpose or have been acquired from FGIP general reserves. The board has the right to alter their destination when so desired.

Destination Funds

concern the resources obtained with a specific destination specified by third parties.

Additions to and withdrawals from reserves and funds are made by means of result .

Expenditures for which purpose reserve or a designated fund is formed as an expense in the statement of income and expenses recognized.

Explanation to the balance

	31-12-2021	31-12-2020	
	€	€	
Ref.			
1 Receivables and prepaid expenses			
Interest savings	0	0	
Other receivables	7.400	8.600	
	7.400	8.600	
2 Liquid assets			
Banks	232.159	182.659	
Cash in transit	0	0	
	232.159	182.659	
The cash is disposable			
3 Reserves and funds	31-12-2021	2021	31-12-2020
	€	€	€
Continuity reserve	238.559	149.100	89.459
Appropriated reserves	0	0	0
Destination Funds	0	-/-99.600	99.600
	238.559	49.500	189.059
Total Reserves and funds	238.559	49.500	189.059
	31-12-2021	31-12-2020	
	€	€	
4 Current liabilities			
Accrued expenses	1.000	2.200	
	1.000	2.200	

Notes to the Statement of Income and Expenses

	2021	2020
	€	€
5 BENEFITS		
Donations from private persons	5.654	17.557
Income from governmental subsidies	345.473	366.034
Income from connected organizations	6.000	1.200
Income from other charitable organizations	156.196	132.416
Income from human resource and other deliverables	134.215	100.392
Other income micellaneous	0	0
Earmarked	0	0
General gifts	0	0
Income from direct fundraising	647.538	617.599
Income from investments (interest)		
Interest savings	0	0
TOTAL INCOME	647.538	617.599
6 COSTS		
Various projects	494.118	382.185
Other expenses (designated funds)	10.627	10.800
Spent on target	504.745	392.985
Costs own fundraising	8.640	9.090
Cost of investments and bank charges	655	856
Accountants costs	995	989
Costs of management and administration	55.825	27.260
Office costs	8.273	7.110
Contributions	1.621	2.423
Postage	545	531
Travel cost	170	0
Board and EC meetings	5.465	82
General costs	11.104	4.793
TOTAL EXPENSES	93.293	53.134
Result	49.500	171.480

Accountant's compilation report

To: Foundation Human Rights in Mental Health-FGIP
Amsterdam

The financial statements of Foundation human Rights in Metal Health-FGIP based in Amsterdam have been compiled by us using the information provided by you. The financial statements comprise the balance sheet as at 31 December 2020 and the profit and loss account for the year 2020, with the accompanying explanatory notes. These notes include a summary of the accounting policies which have been applied.

This compilation engagement has been performed by us in accordance with Dutch law, including the Dutch Standard 4410, 'Compilation engagements', which is applicable to accountants. The standard requires us to assist you in the preparation and presentation of the financial statements in accordance with Part 9 of Book 2 of the Dutch Civil Code. To this end we have applied our professional expertise in accounting and financial reporting.

In a compilation engagement, you are responsible for ensuring that you provide us with all relevant information and that this information is correct. Therefore, we have conducted our work, in accordance with the applicable regulations, on the assumption that you have fulfilled your responsibility. To conclude our work, we have read the financial statements as a whole to consider whether the financial statements as presented correspond with our understanding of Foundation human Rights in Metal Health-FGIP. We have not performed any audit or review procedures which would enable us to express an opinion or a conclusion as to the fair presentation of the financial statements.

During this engagement we have complied with the relevant ethical requirements prescribed by the 'Verordening Gedrags- en Beroepsregels Accountants' (VGBA, Dutch Code of Ethics). You and other users of these financial statements may therefore assume that we have conducted the engagement in a professional, competent and objective manner and with due care and integrity and that we will treat all information provided to us as confidential.

We have compiled these financial statements for the management of Foundation human Rights in Metal Health-FGIP to enable Foundation human Rights in Metal Health-FGIP to comply with the obligation to prepare the financial statements. Our compilation report is intended solely for the management of Foundation human Rights in Metal Health-FGIP and should not be distributed to or used by other parties.

For further information on the nature and scope of a compilation engagement and the VGBA we refer you to www.nba.nl/uitleg-samenstellingsverklaring.

Hoogland, 27 May 2022

H.J. Scherrenberg
Accountant-Administratieconsulent

OPERATIONAL BUDGET 31-12-2022 EXPENSES

description	unit	2022		
		cost/unit	no. units	total cost
Human resources				
Chief Executive salary	month	3.600	12	43.200
Financial administrator (contract base)	month	1.000	12	12.000
Logistics manager conferences and events	month	1.750	12	17.500
administrative support Lithuania (contract base)	month	250	12	3.000
Vorwerk	lumpsum	5.000	1	5.000
Operational expenses				
Operational budget Chief Executive	month	800	12	9.600
EC meeting	lumpsum	6.000	1	6.000
International travel	month	600	12	7.200
Office expenses	month	300	12	3.600
Bookkeeping on line	month	100	12	1.200
Euventures	month	99	12	1.188
Project related costs				
Belarus office in Vilnius for meetings	month	450	12	5.400
Publications				
Promotional materials	lumpsum	2.500	1	2.500
Website	month	100	12	1.200
				109.488

INCOME

Human resources				
EU project PIN-NHC		3.000	12	36.000
EU project EU-LT		825	2	1.650
Project Sri Lanka		5.040	12	60.480
Project Russia		470	12	5.640
Membership dues				
Membership Federation fee		1.200	5	6.000
Operational expenses				
EU project PIN-NHC		470	12	5.640
EU project Belarus		1.400	12	16.800
Project Sri Lanka		1.850	12	22.200
				154.410