

HealthProm

Ensuring vulnerable children have the best start in life

REPORT AND FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2019

Company number: 4887855

Registered Charity number: 1100459

**REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES
FOR THE YEAR ENDED 31 MARCH 2019**

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(This report does not form part of the Financial Statements)	

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2019

The Directors and Trustees present their annual report and audited financial statements for the year ended 31 March 2019.

The Directors and Trustees confirm that the annual report and financial statements comply with the current statutory requirements, the requirements of the Company's governing document and the provisions of the Statement of Recommended Practice Accounting and Reporting by Charities issued by the Charity Commission in 2015 (SORP 2015) and FRS102.

BACKGROUND

Established in 1984, HealthProm began as a Medical Exchange Programme between the United Kingdom and the former USSR, set up by doctors and allied health professionals to promote health education and exchange. With a founding emphasis on maternal and child health, HealthProm's remit today reflects an expanded focus on promoting the health and social inclusion of vulnerable children, women and families, as well as an expanded geographical focus covering Eastern Europe, Central Asia and Afghanistan.

OBJECTIVES AND ACTIVITIES

HealthProm's objective as set out in its Articles of Association is to "preserve, protect and improve the health of the public in Britain, Eastern Europe, the Caucasus and Asia, in particular the health of mothers and children".

On the basis of our current organisational "Theory of Change", HealthProm's overarching goal is to ensure vulnerable children have the best start in life.

The Trustees confirm that they have taken into account the Charity Commission's general guidance on public benefit when reviewing HealthProm's aims and objectives and in planning future activities.

VISION AND MISSION

HealthProm strives to ensure that vulnerable children have the best start in life. Our mission is to support vulnerable children and their families in Eastern Europe, Central Asia and Afghanistan and enable them to overcome the barriers of poverty, social exclusion or disability in order to have their rights realised. We do this through 1.) Strengthening families and communities, 2.) Increasing access to health and social services, 3.) Promoting education for all and 4.) Supporting and strengthening policy.

OUR VALUES

- Commitment to local engagement and partnership;
- Respect for human rights;
- Empowering individuals and communities;
- Commitment to learning, innovation and exchange, and
- Promoting inclusion and equality across sectors.

HEALTHPROM'S STRATEGY

HealthProm's current five-year Organisational Strategy (2017-2022) was launched in November 2017. This strategy highlights six strategic priority areas for the next five years:

1. **Programme Development:** strengthening and enriching our existing programmes of work, partnerships and practice.
2. **Geographical Expansion:** exploring strategic geographic expansion.
3. **Human Resources:** ensuring HealthProm has the internal organisation and capacity needed to delivery this strategy.
4. **External Engagement and Knowledge Management:** capturing and sharing models developed in our projects and growing a wider pool of expertise.

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5. **Monitoring and Evaluation:** strengthening M&E across the organisation and both evaluating and consolidating current practice.
6. **Financial Development:** securing a financially stable future.

STRATEGIC APPROACH

HealthProm acts as a catalyst to bring people and organisations together, develop the capacity of our local partners and support reforms in health and social care in the countries where we operate. We work in partnership with beneficiaries and communities as well as health, social care and education professionals, NGOs and governments to develop and implement low cost and high impact measures to improve the lives of vulnerable children and their families. We focus on the most vulnerable and marginalised.

HealthProm uses a participatory approach and is driven by the needs of the target beneficiaries. We seek to be a learning and innovative organisation which promotes best practice and also aims to ensure value for money and sustainability.

DIMENSIONS OF CHANGE / CORE ACTIVITIES

HealthProm's four "Dimensions of Change" or Core Activities are:

- (i) Strengthening families and communities;
- (ii) Improving access to health and social services;
- (iii) Promoting education for all, and
- (iv) Supporting and strengthening policy

Strengthening families and communities

HealthProm supports the mobilisation and empowerment of families and communities. We work with families and communities to raise awareness of the rights and needs of vulnerable children and support them to have a voice through awareness-raising and advocacy initiatives.

Improving access to health and social care

HealthProm supports the development of innovative, low-cost community based services by building the capacity of state and non-state service providers to develop and provide services to vulnerable children and their families, who currently have limited access to such services.

Promoting access to education

HealthProm works with education professionals at pre-school and primary school levels as well as with Ministries of Education to promote access to education for vulnerable children, particularly children with disabilities, who are frequently excluded from educational opportunities.

Supporting and strengthening policy

HealthProm works to support and strengthen policy related to the rights and needs of vulnerable children in the countries where it operates. This is done through developing the capacity of civil society organisations to advocate on behalf of key groups such as children with disabilities, and working directly with local authorities to improve awareness of the needs and rights of vulnerable children including those living in institutions and those with disabilities.

These Dimensions of Change also form the key criteria for organisational performance indicators against which we measure achievements across our projects.

METHODOLOGY

HealthProm's activities are based on the following four key approaches:

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1. Child-Centred Approach

A child-centred approach recognises that children's needs and rights are the primary focus. A child does not grow and develop in a vacuum, but as part of a family, a community, a culture and a country. Since numerous institutions are accountable for fulfilling the rights of children, a child-centred approach inevitably requires strengthening social systems for care and well-being of the entire society. This approach includes the following components:

- It is guided by best interests of the child, non-discrimination as well as other principles of the UN Convention on the Rights of the Child (UNCRC) and the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- It involves children's participation as far as possible
- It strengthens integrated community-based social services
- It emphasises investment in and a strategic focus on early childhood care, basic primary education and adolescence
- It strengthens families and the social and biological status of women

2. Rights Based Approach

HealthProm focuses on promoting the respect of children's rights, women's rights and the rights of persons with disabilities enshrined in the UN Convention on the Rights of the Child (UNCRC), the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the UN Convention on the Rights of Persons with Disabilities (UNCRPD). HealthProm champions two fundamental human rights: the right to health as an attainment of complete physical, mental and social well-being, and the right children have not to be separated from their parents.

3. Integrated and Multi-Disciplinary Approach

HealthProm takes a holistic, integrated/multi-disciplinary approach to supporting vulnerable children and their families, drawing on expertise of health, social care and education professionals.

4. Evidence-Based Approach

An evidence-based approach to practice involves combining individual practitioner expertise with the best available external evidence from published research in order to make decisions about what to do in response to a problem. HealthProm's work is guided by the promotion of evidence-based practice, which means that our activities are based on sound evidence, gained from international research, best practice and lessons learned.

ACHIEVEMENTS AND PERFORMANCE

Over the last year, we continued to strengthen our work. Of our five large projects funded by the European Commission three continued (Russia, Tajikistan and Ukraine) whilst two (Belarus and Moldova) came to a successful end. Final conferences in both Belarus and Moldova highlighted the impact of these projects, and in particular the value of promoting knowledge exchange between professionals from different regions, civil society and government. Our project in Tajikistan continues to deepen our understanding of social service reform and associated child development outcomes, whilst our project in Ukraine continues to develop and mobilise parent-led advocacy for Early Intervention services for children with disabilities. In Russia, we are consolidating our work strengthening capacity in inclusive education in Siberia and taking stock of progress as we prepare for the end of our grant. During the past year, we also continued working in Afghanistan, improving maternal and newborn health in northern Balkh province.

We also continued our efforts to maintain a constant pipeline of funding proposals, and submitted new applications to donor agencies including the European Union, DFID/UKAID, UNICEF and several UK trusts and foundations.

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We also continued to improve our operational capacity, strengthen governance and widen linkages within our regions.

HealthProm's fundraising is compliant with the recognised standards of fundraising as set out in the Code of Fundraising Practice as well as those required under charity law and wider law. The Board sets a fundraising plan and monitors performance against it, supported by a fundraising subcommittee.

INTERNATIONAL PROJECTS

In 2018/19 HealthProm was active in Afghanistan, Belarus, Moldova, Russia, Tajikistan and Ukraine.

In Afghanistan, we continued working in rural areas of Balkh province to support community-based initiatives to improve maternal, newborn and child health.

Title of the project: Improving maternal, newborn and child health in Afghan rural areas (Balkh Province)

Project duration: 2008 to June 2020

Budget: £77,694

Partners: Health for All Development and Services Organisation (HADSO), Bakhtar Development Network, Balkh Provincial Directorate of Public Health

Project Background:

The project started with establishing village Safe Motherhood Groups to raise awareness of, and reduce, specific risks of pregnancy and childbirth and risks to children under five. Many women died in childbirth because of lack of transport to a health centre or distant hospital. So the project began to provide emergency transport, which greatly reduced maternal and neonatal mortality. It was, however, noticed that many children were dying after weaning from drinking contaminated water. In order to address this additional challenge, the project piped spring water to villages. This resulted in surplus water and in order to make meaningful use of that, the project bought fruit tree saplings and seed for vegetable gardens (including for schools) to address nutrition – a key wider determinant of health.

The project later introduced a voucher system by which families contribute to payment for emergency transport for women in labour to health centres, and the project's contribution gradually tapers over three years. Thanks to the irrigation and planting of fruit trees and vegetable gardens, which have improved income generation and livelihoods, most families are now able to pay for that transport. We believe that we have found a sustainable model for improving mother and child health in Afghanistan. The model, which we believe to be 80% to 90% sustainable, also consists of:

- Village Community Health Workers trained and supplied to provide oral rehydration salts to treat gastroenteritis in summer and antibiotics to treat pneumonia in winter (mainly to reduce deaths of under-fives), and contraception.
- Antenatal care outreach visits to villages by midwives. The midwives give folic acid tablets to pregnant women to prevent spina bifida and hydrocephalus and explain about birth spacing and methods of contraception. They also involve husbands, where possible, in birth planning.
- Health education for girls and boys in village schools, addressing good nutrition and prevention of anaemia, the right of girls not to be married early and birth spacing.

Additional components of this project include the provision of clean birth kits, baby towels and baby blankets to each woman in the last three months of pregnancy to prevent newborn deaths from infection

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and hypothermia, and the operation of a maternity waiting house. We will continue to support the waiting house in the central village for those women who live too far from a health centre to travel to it once they go into labour. Our work in Afghanistan is now at a watershed. Working with very poor, rural populations it has taken ten years to reach maximal sustainability of health gains.

Main achievements during the year:

- 970 Women in labour received direct support with transportation to health centres or hospitals.
- 1438 women received average of two antenatal care visits.
- Approximately 1400 women had birth plans.
- 76 Community Health Workers received regular supervision and medical supplies to provide primary health care for their communities.
- 72 women from remote village stayed in the maternity waiting house.
- 1480 baby blankets and clean birth kits were distributed.
- 75 Men's Support Groups and 78 Safe Motherhood Groups were active across the program area.

Plans for 2019/20:

We aim, with HADSO as our partner, to establish a project in another district to replicate the model implemented in Charkent district. To this end, a funding application is in development for DFID/UKAID. Similar efforts are underway to raise funds for both on-going activities of the present project as well as identifying new opportunities for funding. The sustainability of activities led by NGOs is a key challenge in Afghanistan. HADSO is a newly established local NGO and requires significant support to be able to operate and implement projects. In order to do so, a UK based project manager, with extensive experience of working with the UN and development sector in Afghanistan has been hired on a part-time basis to lead and support this process. As we continue to support HADSO, we will focus on shifting responsibility for project planning and implementation leadership to the local team. We will also identify training and mentoring opportunities for HADSO to learn from HealthProm projects and partners in other countries such as Tajikistan and Kyrgyzstan.



Left: Young mother and baby with a blanket received from the project.

Right: Children playing outside a village in Charkent.

In Belarus, we successfully completed our EC-funded project in partnership with the Belarusian Children's Hospice in February 2019.

Title of the project: Developing a pilot advocacy service in Belarus to protect the rights of children with severe disabilities and children with life-limiting conditions

Project duration: 3 years and 2 months, December 2015 to February 2019

Budget: Euro 471,137, of which the EC provides 95%

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Partners: The Belarusian Children's Hospice (BCH)

Project Background:

The aim of the project was to protect and promote the rights of children with severe disabilities and life-limiting conditions (CWSD and CWLLC). It strengthened the organisational capacity of the Belarusian Children's Hospice (BCH), developed an innovative model of community-based advocacy service for vulnerable families and raised awareness of the rights and needs of children with disabilities. The project aimed to directly help some 300 children with severe disabilities and life-limiting conditions along with their parents, in addition to indirectly supporting a further 300 children and families through awareness-raising and advocacy activities. Groups targeted included regional palliative care teams, health and social care professionals, central and local government officials and the media and general public.

Main achievements during the year:

- We directly helped **734 vulnerable children with palliative care needs** across four regions of Belarus, who benefited from regional advocacy support services provided by the BCH and its regional coordinators. This figure includes all children who were supported by the project's regional coordinators/social workers and the legal advisor across all three years of the project, through consultations, one-to-one support with specific cases and regular advocacy support.
- The project supported families and parents to **learn about their rights and legal entitlements**, and with the support from regional coordinators they were able to advocate for these rights with some positive practical outcomes, such as improved access to social housing, disabled parking and ramps. Many parents noted that they started feeling more confident and had established positive links with other parents in their communities. One of the key outcomes for families was that the number of hospital admissions for their children decreased.
- We helped the BCH in their efforts to **strengthen their organisational capacity**. Based on the recommendations of the organisational audit conducted in Year 2, the BCH worked together with HealthProm's UK experts Megan Bick and Lauren Foster Mustardé on the development of an organisational strategy. As a result, a comprehensive 5-year organisational strategy was developed and approved by the BCH's Board of Trustees. This is the first time that the BCH has developed such a strategic document and it is a key achievement for the project.
- During Year 3, we completed the development of the **Belarusian Model of Community-based Advocacy Services** for families of people with disabilities in the pilot regions. This model and our approach have been very successful and are now in great demand. We produced the description of the model, both in Russian and English, and this publication is now available for wider use.
- In November 2018, we held our final **international conference** in Minsk: "Development of palliative care for children as the realization of the right of a seriously ill child to a decent life". It was attended by more than 160 multidisciplinary participants from Belarus, UK, Belgium, Israel, Latvia, Lithuania, Russia, Ukraine, Armenia, Tajikistan, Kyrgyzstan. The conference was officially opened by Andrea Victorin, Head of the Delegation of the European Union to Belarus and Valery A. Malashko, Minister of Health of the Republic of Belarus. The conference presented the results of our EC-funded project and the newly developed model of protection and advocacy services based on the needs of a particular community for children with severe disabilities in Belarus.
- We organised a special **Parents Forum** as part of the November conference, which was unusual for such a high-profile event in Belarus. The Forum was well attended by parents from all regions of Belarus, as well as from Ukraine and the UK. Some parents presented their personal experiences and talked about challenges and achievements in protecting the rights of their children. After the event, many parents expressed their wish to be more involved in our work and similar events in the future.

Plans for 2019/20:

- The BCH and HealthProm have recently submitted a new EC project proposal to continue and expand the project and its activities, the proposal is titled "Building effective advocacy mechanisms to better protect the rights of children with severe disabilities and life-limiting conditions in Belarus". If successful, it will build upon our track record and established

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partnerships, to further develop the successful advocacy model established and extend it to additional two regions, thus covering the whole country. It will also seek to mobilise emerging activism amongst interested parents and grass-roots organisations and strengthen their capacity as a new group of human rights defenders for children with severe disabilities and life-limiting conditions in Belarus.

- Some of the project's activities will continue independently after the end of the grant:
 - The BCH has secured additional funding to ensure that the project's Legal Adviser will be able to continue her work providing legal advice to families of CWSD and LLC.
 - The BCH will continue implementing their 5 Year Organisational Strategy.
 - Some regional coordinators and other members of the project team will continue working in either the BCH or other similar organisations and will use their new skills and knowledge to continue protecting the rights of CWSD and LLC.
 - The BCH will continue developing advocacy and support services for young adults and regional support to families and professionals through their new rehabilitation programme, which is funded by the UK's Friends of the Belarusian Children's Hospice.



Legal aid handbook developed by the project

In Moldova, we successfully completed our EC-funded project in December 2018, which was focused on improving access to early years and preschool support for children with special needs. HealthProm worked in collaboration with Partnerships for Every Child (Moldova) and Mellow Parenting (UK).

Title of the project: Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova.

Project duration: January 2016 – December 2018

Budget: €660,000, the EC

Partners: Partnerships for Every Child (P4EC), Mellow Parenting

Project Background:

The project aimed to strengthen capacity and cooperation between local authorities and civil society organisations to improve access to early years support services for children with special needs, and to develop a model of community-based services with a view to informing national policy.

Main achievements during the year:

- Consolidation of Makaton, Portage and Therapeutic Interactive Music Making (TIMM) in kindergartens and other settings in the 5 pilot regions.
- Development of manuals and remaining training materials.

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- Delivery of on-site supervision by HealthProm for Makaton, Portage and TIMM.
- Design and implementation of training evaluation tools.
- Development of a roll-out strategy for the three interventions.
- Final round table conference on results of the project.

One of the most notable achievements of the project is that the Moldovan Ministry of Education has indicated its commitment to officially integrate these trainings in Makaton, Portage and TIMM into professional development programmes going forward. This is a notable accomplishment that will ensure the on-going capacity development of local professionals working with children with disabilities in Moldova.

Plans for 2019/20:

HealthProm will remain in contact with partner organisations and explore relevant funding opportunities that would support further work in Moldova.



Music therapy session at a kindergarten

In Russia, we continued our EC-funded project which promotes and strengthens capacity in inclusive education across four regions of Siberia.

Title of the project: "Siberian Initiative for Inclusion"

Project duration: December 2015 – June 2019

Budget: €438,418, the EC and British and Foreign School Society

Partners: Tsentr Sotrudnichestvo (KCCP - Krasnoyarsk Centre for Community Partnerships)

Project Background:

The project promotes the inclusion of children with disabilities in mainstream education in four regions of Siberia. We work with local community groups, parents of disabled children, schools and local departments of education in Krasnoyarsk, Novosibirsk, Tomsk and Altai regions. As part of the project we train local schools in inclusive education, how to make schools more accessible, and how to improve educational facilities and skills in working with children with various disabilities including autism, Down's syndrome and cerebral palsy. We also support parents of disabled children to better develop their children's skills and knowledge, help them to access schools and increase their overall well-being and opportunities.

Main achievements during the year:

During the year we started work in Tomsk region and achieved the following results:

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- This year was very busy for the project team - KCCP and HealthProm organised seven seminars in Tomsk region, two round table discussions in Tomsk and Krasnoyarsk region and one **regional conference in Krasnoyarsk**, which was attended by teachers and parents from all four regions. In total we trained **138 specialists** –66 school teachers and 64 social work and child disability practitioners. We also conducted training for **72 parents** of children with special needs. The themes of these training sessions included “Inclusion in schools: inclusive policies, inclusive practice and inclusive culture”, “Assessment of the quality of education for students with disabilities”, “Inclusive teaching methods” and “Supporting your child with special educational needs at home and at school”.
- Our Russian partner NGO KCCP continued developing effective collaboration with local authorities in all regions– for example, in **Krasnoyarsk region** they regularly participated in the meetings of the Public Council on Inclusive Education by the regional Ministry of Education. In **Altai region** this relationship was developed through the working group created at Teachers’ Training Institute. In **Novosibirsk region** this collaboration was facilitated through working meetings on inclusive education organised together with the regional Centre for Diagnostics and Consulting and Teachers’ Training Institute. In **Tomsk region** we worked in close partnership with the regional Education Department and 15 school teams participated in all regional activities.
- We continued **building the capacity of KCCP** by encouraging and supporting their learning, not only in inclusive education but also in organizational development and financial sustainability. During the year they were awarded two “Presidential Grants” from the national government to continue their work on inclusive education in Krasnoyarsk region.
- Our online Facebook group Siberian Network for Inclusion has been growing and currently has more than 170 members.
- Three to six months after each training we conduct post-training monitoring on specific indicators and ask training participants how they have used the skills and knowledge received at the trainings, how useful the international experience has been for them, how many children have benefited from their work after the training and how else they have used the training materials and information. Post-training monitoring of the work in Novosibirsk region showed the following:
 - 93% of participants felt the training was useful to them due to its practice-oriented focus.
 - 73% of participants reported changes in their professional understanding of inclusion.
 - 85% of participants reported that knowledge gained during training influenced their practice working with children, teachers and parents.
 - 100% of participants commented on more positive working dynamics with children with special needs as a result of training.

Plans for April to June 2019:

- To consolidate the learning and progress made during the course of the project and prepare for its completion in June.



Photos from regional conference in Krasnoyarsk

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In Tajikistan, we work with three local partners, with UNICEF, and with professional colleagues from Falkirk Council, Mellow Parenting and the Fostering Network to support the Government of Tajikistan to change four long-standing closed institutional Baby Homes, into open community oriented Family and Child Support Centres (FCSCs).

Title of the project: Putting Families First, safe, sustainable families in urban and rural communities in Tajikistan.

Project duration: 42 months from December 2016 to June 2020

Budget: €1,228,226 total of which the EC provides 68%; Grand Challenges Canada (GCC) provides 13.6%; UKAid provides 15.7%.

Partners: Sarchashma, Iroda and Hayot Dar Oila. Associate: UNICEF
In addition, we work closely with Falkirk Council, Mellow Parenting and The Fostering Network.

Project Background:

HealthProm began work in Tajikistan in 2005. We opened our first Family Support Centre in the grounds of a Baby Home in 2008. We now have established Family Support Centres in all four of the Baby homes in Tajikistan. This project builds on several previous projects funded by the European Union and the British Government. Previous projects laid the foundations for major transformations in social policy about how children up to age 4 are cared for and their families supported. This project picks up on a new commitment by the Government of Tajikistan for family support services to replace institutional group care of children away from their families.

Our project has three specific objectives:

1. Work with the Government of Tajikistan and UNICEF to transform the country's four Baby Homes into Centres of Child and Family Support.
2. Develop foster care services and support the implementation of associated legislation.
3. Strengthen the capacity of Local Authorities and non-state actors to protect children.

Main achievements during the year:

In the year 2018/19 we have continued to advocate for change with the Government of Tajikistan and to support their new initiatives with advice and coaching. Our local partners have maintained a high level of contact with the Ministry of Health and Social Protection of the Population (MOHSPP) by helping them to write the new regulations about how the new FCSCs will function, and to coach senior decision-makers about the rationale for the change. In September 2018 the Minister of Health signed the new regulations, and circulated them to the three Local Government Authorities (LGAs) with a request that they pass by-laws to authorise local implementation.

In October 2018 we welcomed a party of 11 from Tajikistan to Scotland for a study tour. The visitors included deputy Ministers of Health and Education, the Head of the Child Rights Department in the President's Executive Office and the Head of Mother and Child Health in the MOHSPP. A full 8-day programme showed best practices in alternative family care and child protection; the Scottish Government explained how it applies its 'Getting it right for every child' approach to policy and legislation; and Strathclyde University gave a short course in managing change.

Following the Study Tour, in early 2019, the LGAs for Khujand and Istaravshan passed by-laws formally transforming their two Baby Homes into FCSCs and ensuring the family support approach of our project will be sustained in Tajik law and practice.

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In child protection we have strengthened our 'Safe care and development' approach with the help of Falkirk colleagues who visited to teach and coach in best practices, and we are reaching out to many new families through our rural outreach service that commenced this year in Sughd Province.

Foster care has not gone according to plan because the Government has decided that the Family Code must be amended before we can resume foster care placements. Last year we focused on a kinship care approach instead, appropriate because most of the children in the Baby Homes have kin. The numbers of children in the 4 Baby Homes reduced from 209 to 174, a drop of 17%.

During the year we have reached 560 beneficiaries, including 60 rurally isolated families. 10 Mellow Parenting groups were completed, 30 respite care placements were made, 4 mother/baby places were created and 13 child protection training courses were delivered. We have concluded data collection for our GCC funded work and will publish results in the coming year that we hope will create an evidence base to our work.

Plans for 2019/20:

The coming year is the last of the project. We will be working to:

- Fulfil the transformation of all four Baby Homes into FCSCs and embed our existing project into the new government FCSC services;
- Prepare the workforce to make new foster placements when the government allows; we are training a cohort of foster care trainers, and working with the Ministry of Education on the Foster Care Procedures.
- Continue to change attitudes and raise awareness about child protection through example and partnerships with the Child Rights Units and other government agencies.



Left: Our team with the new 'Child and Family Support Centre' sign in Istaravshan.
Right: A child protection training exercise.

In Ukraine, we continued to build a strong foundation for parents of children with disabilities to advocate for Early Childhood Intervention (ECI) services: positioning the All-Ukrainian Parents Forum for Early Intervention (AUPFEI) as a national body and working to ensure its future; building parent leaders' understanding of evidence-based practice in ECI; developing parents' capacity to work with media; enabling alliances between parents and professionals; and running the first phase of a small grants scheme for parent organisations to design and manage initiatives to advocate for ECI at local and regional level.

Title of the project: Strengthening the capacity of parent-led Civil Society Organisations (CSOs) to take an active role in developing and delivering key reforms that address the rights and needs of young children with disabilities

Project duration: September 2016 to September 2019

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Budget: €585,528 (€439,146 from the EU, plus additional match funding from UNICEF Ukraine, the Foreign and Commonwealth Office and Open Society Foundations)

Partners: The National Assembly of People with Disabilities, Kyiv; the Charitable Foundation Early Intervention Institute, Kharkiv

Project Background:

The project responds to a window of opportunity in Ukraine, created by the placing of Early Childhood Intervention (ECI) on the national government reform agenda, and complementary efforts being undertaken by a range of stakeholders. In April 2017, HealthProm was invited to attend the signature of a Memorandum of Understanding put together by UNICEF, and signed by the Ministries of Health, Social Policy and Education, the Ombudsmen for the Rights of People with Disabilities, and for the Rights of Children, other INGOs and both our NGO partners. The reform process moves slowly at national level but the All-Ukrainian Parents Forum for Early Intervention (AUPFEI) is now recognised by the government as a national body, and has recently successfully lobbied, alongside our partners, for the Ministry of Health to be replaced as coordinator of the ECI reform process by the Ministry of Social Policy.

We support Ukrainian parent-led organisations in ten regions to develop a strong understanding of ECI and advocacy expertise. We draw on the lessons of parent leaders in EC countries, who have played a pivotal role in the development of children's services, and who are now valued by the policy makers and service providers of these countries.

Main achievements during the year:

Mini-grants

Through the first phase of a competitive small grants programme we enabled parent organisations to design and manage a range of 'advocacy for ECI' projects within their regions. Grant recipients used their funds to raise awareness among parents and other stakeholders of the importance of ECI, and organised local and regional events to bring disparate stakeholders together across ministerial and professional boundaries. These attracted real interest: for instance in Dnipropetrovsk a series of events in the capital city and three other towns culminated in a one day event in Dnipro attended by 90 stakeholders and parents. In two regions the projects culminated in significant forward movement: in Vinnitsiya the governor was persuaded to apply to the Ministry of Social Policy to request that Vinnitsiya become a pilot region for ECI, and the cross-ministerial working group that has been set up as a result will be chaired by the lead parent organisation director. In Mariupol the lead parent organisation has achieved the formal commitment of the city administration to a programme of service development for child disability services which will include ECI services in two locations.

Workshops to support the development of advocacy alliances with professionals

Efforts to achieve ECI are strengthened if parent leaders and professionals undertake joint advocacy initiatives. We ran five 'partnership workshops', bringing together parents and professionals from all ten regions, to examine the challenges and areas of difference that have historically created conflict and division between professionals and parents – the consequence of Ukraine's 'medical model' of services. A conflict resolution expert worked with the participants to examine the issues, build common ground and bridge differences. Parent organisations in several regions reported that the workshops helped transform their relationships with teams of professionals who have had initial training in ECI.

Effective parent leader participation in the international EURLY AID Early Intervention conference

We raised funds for 50 parent leaders from 16 regions of Ukraine to attend the international EURLY AID annual ECI conference in Kharkiv Ukraine, in October 2018. The voices and experience of so many parents grounded all conference discussions in the realities of their lives.

We ran two streams of training for parent leaders, which maximised effective parent participation at the conference. One stream introduced parent leaders to the concept of evidence-based practice, principles of early child development, and the research base for ECI. The workshop series strengthened parent

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2019

leaders' understanding of research processes and has enabled them to advocate for policy and services based on research evidence. Parents who had participated in the workshops, and the research study produced in the previous year, worked in partnership with ECI professionals to give joint presentations on the research findings and the process of participatory research at the international conference.

We also ran training for parent leaders on working with journalists, and on their own use of social media to communicate the need for ECI. Two professional journalists, both mothers of children with disabilities, ran the training and supported parents to produce content before and during the conference. Checklists produced through the training enable parents to assess and mitigate the risks they face when working with journalists, and using social media.

Production of targeted publications

We produced publications on the value of ECI, individually targeted specifically at parents, professionals and administrators/policy-makers, to support parent leaders' advocacy efforts.

Plans for April-September 2019:

We are currently running a second phase of the small grants programme, to enable parent organisations to build on the advocacy initiatives they developed in the first phase.

We are producing three further publications: for journalists on the need to report on ECI, offering suggestions and advice on ethical issues, avoidance of stereotypes and use of language when reporting on child disability; a collection of thirty of the most powerful and moving Life Stories, produced by parents in year one of the project; and a practical handbook for parent leaders on how to develop an advocacy strategy for ECI, drawing on the experience and lessons learned by parents involved in the project as well as parents from other countries.

We will also run our final conference and enable the parent leaders to finalise work on a three-year Strategic Plan for the All-Ukrainian Parents Forum.



Left: Training for AUPFEI parent leaders.



Right: Parent leaders attending the EURLY AID Conference.

NEW PROJECTS

This year we launched a **new UK-based initiative** aimed at supporting migrant women from Eastern Europe and Central Asia living in London.

This work will support this vulnerable group to address and overcome challenges such as isolation and barriers to accessing services and employment. We will specifically target unemployed women, those in low-paid employment, those who do not speak English and those struggling to adapt to life in the UK.

The project "Open Doors" started with focus groups and interviews with migrant women from the targeted regions to help us better understand the issues they face. In March, we led a web-based questionnaire to

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2019

further understand the needs of this vulnerable group. The results identified several specific areas where assistance was most needed, including psychological support, free English classes, career support and help understanding the UK education and healthcare systems. Based on the results of this survey, we developed and piloted a range of support activities including peer support group, individual consultations and mentoring, community events and targeted trainings. These activities will increase confidence, knowledge and transferrable skills.

HealthProm is delighted to have the opportunity to extend its expertise supporting vulnerable women and families living in Eastern Europe and Central Asia, to those living locally in London.

In December 2018 we raised money through the Big Give Christmas Challenge for a **small pilot project in Georgia** aimed at improving the quality of life of severely disabled children in Tbilisi. We worked with our local partners First Step Georgia to develop a specialist training programme for local child disability professionals, including Psychologists, Occupational and Speech Therapists. During the year we recruited the UK Occupational Therapy Consultant, developed the content of the training and organised the logistics of the training, which was planned for June 2019.

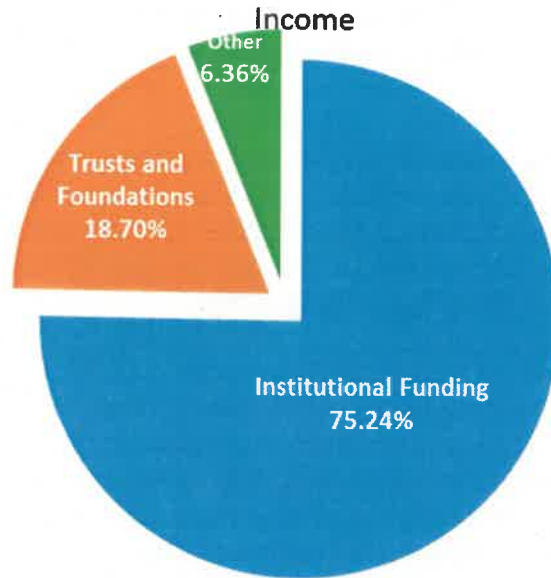
REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2019

FINANCIAL OVERVIEW

Income

Total income and endowments were £912,919 in 2018/2019, representing a decrease of 3.46% from £945,700 in 2017/2018.

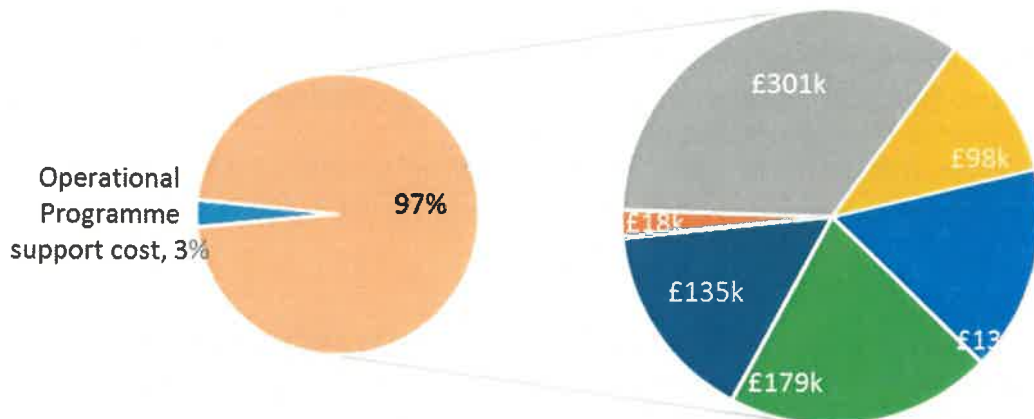
Grants represented the principal funding source, accounting for £857,603 or 93.94% of the total income (90.74% in 2017/2018).



Expenditure

Total expenditure amounted to £902,080, £900,017 (or 99.77%) of which consisted of expenditure on operational programmes and 0.23% cost of raising income. Operational programme support costs represent 3.2% of the charitable activity costs.

Charitable Activity Costs



- Improving access to community-based early years support services, Moldova
- Putting Families First & Keeping and Finding Families, Tajikistan
- Siberian Initiative for Inclusion, Russia
- Developing a pilot advocacy service, Belarus
- Strengthening the capacity of parent-led CSOs, Ukraine
- Reducing Maternal and infant Deaths, Afghanistan

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2019

The overall surplus for the year was £10,839 (compared to a surplus of £37,375 in 2017/2018), out of which £9,297 was unrestricted deficit due to the exchange losses on the restricted projects covered from unrestricted funds. The net assets were £116,348 at the year-end, made up of £70,403 unrestricted reserves and £45,945 restricted reserves.

Pension

HealthProm operates occupational pension scheme with NEST. Eligible employees are entitled to 2% pension contribution from HealthProm from Oct 2017, increasing to 3% from Oct 2018. As at 31 March 2019 HealthProm auto enrolled 5 employees and all of them had opted in to remain in the scheme.

RISK MANAGEMENT

The charity trustees have established systems to identify potential risks and regularly review these at Board meetings. Internal controls are in place to authorise all transactions and projects. Board review of monthly management accounts are undertaken to monitor the financial position and ensure sufficient funds are available to cover unexpected variance of income and expenditure. Staff capacity and expert inputs needed to deliver agreed priorities are regularly reviewed.

HealthProm faces three major risks. The first is a deterioration in the political and/or security situation in the countries in which we operate or a withdrawal of cooperation from national or local authorities. These could affect our ability to support local projects and pursue our wider objectives. We monitor the situation through established bodies that review local risks as well as taking advice from the local partners with whom we work. We have contingency plans in place should sudden changes in operations be needed. The second risk is our current dependence on a few funding sources, in particular the EU. We have agreed a strategy to diversify our future financial support and engaged additional resources to pursue it. The third is that project funding does not yet cover all our overhead costs. Again we are addressing this through our fundraising strategy.

POLICY ON RESERVES

Reserves are an important part of planning and sound financial management. Reserves are needed for HealthProm to:

- continue to meet its financial commitments
- deploy funds promptly, in a planned way and to react to new opportunities
- manage short-term volatility in income or liquidity

Trustees aim to ensure that general or unrestricted reserves do not fall below a value equivalent to three months' overheads. As at 31 March 2019, with unrestricted reserves of £70,403, HealthProm met this requirement.

PLANS FOR 2019/2020

Whilst ensuring the successful completion of on-going projects and the evaluation and dissemination of results, the priority for 2019/2020 will be to design and mobilise funding for new activity that builds on existing activities and partnerships, responds to local demand for what HealthProm can offer and reflects the evidence base that we have been developing. We will continue to be guided by the five-year organisational strategy, agreed in November 2017. Internal performance indicators will be kept under regular review and adapted as needed to the changing political, staffing and funding situation.

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2019

STRUCTURE, GOVERNANCE AND MANAGEMENT

Structure

HealthProm has a Board of Directors and Trustees (currently 9) and a core staff of 4 employees plus project managers. They are supported by a number of consultants and associates, interns and volunteers.

Governance

The Board of Directors and Trustees has responsibility for all governance, policy, strategy and financial matters. The Board of Directors met six times during the year.

The Trustees are recruited through open advertisements, shortlisting and interviews by the Board. The new Trustees are given a full programme of induction, meeting all staff and consultants and being involved in events bringing together wider HealthProm contacts.

Management

The Director of Operations is responsible for the overall management and coordination of HealthProm's activities. She advises the Board and implements decisions taken by trustees. She reports to the Chair of the Board.

Financial Management

The Finance and Administration Manager is responsible for the management of HealthProm's financial and administrative procedures, supported by the financial adviser. She reports to the Board through the Director of Operations.

Key management remuneration

These are set by comparison with civil society organisation equivalents, and regularly reviewed. In setting the remuneration of the key management the Board takes into account how appropriate any increase is in terms of the performance of HealthProm and the individuals against goals and objectives, the ability of HealthProm to pay and whether the cost is sustainable.

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2019

LEGAL AND ADMINISTRATIVE DETAILS

HealthProm was incorporated and registered as a private company limited by guarantee on 4 September 2003 (Company number: 4887855). It was registered as a charity on 03 November 2003 (Charity number: 1100459).

The company's Directors are also the charity's Trustees.

BOARD OF DIRECTORS/TRUSTEES

Chairman: Mr Simon Ray

Company Secretary: Ms Olena Vinareva

Ms Olga Johnson

Mr Gordon Alexander (resigned October 2018)

Mr Joe Long

Ms Tina Bajec

Mr Gary Lawson

Mr Daniel Robert Tickle

Ms Olga Dzhumaeva (co-opted on 14 January 2019)

Mr Richard Holland (co-opted on 14 January 2019)

Mr Robert Scallon (resigned April 2018)

Ms Elena Nikolaeva (resigned October 2018)

Mr Timothy Unmack (resigned April 2018)

STAFF

Director of Operations: Tanya Buynovskaya

Senior Programme Development Adviser: Lauren Foster Mustardé

Finance and Administration Manager: Natalia Sorokina (resigned June 2018)

Finance Manager: Chinara Isherwood (joined December 2018)

Finance and Projects Officer: Irina Maiseniene

Tajikistan Project Manager: Jonathan Watkins

PATRONS

Mr John Hart

Mr Ralph Land CBE

Prof Martin McKee, CBE FMedSci

Prof Neena Modi

Mr Harun Najafizada

Dame Philippa Russell, DBE

Mr Robert Scallon

REGISTERED OFFICE

200A Pentonville Road, Kings Cross, London N1 9JP

AUDITORS

Myrus Smith, Norman House, 8 Burnell Road, Sutton, SW1 4BW

BANKERS

CAF Bank Ltd, Kings Hill, West Malling, Kent, ME19 4TA

HSBC, 246 Kentish Town Road, London, NW5 2BS

NatWest Bank, Camden Town Branch, 166 Camden High St., London, NW1 0NW

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2019

ACKNOWLEDGEMENT AND THANKS

The Trustees would like to thank HealthProm's partner organisations, whose drive and enthusiasm have continued to bring about the success of our shared projects.

The Trustees would also like to thank staff, consultants, interns and volunteers who have all invested much time and effort to develop and implement projects, organise fundraising events etc.

HealthProm could only carry out its work thanks to generous support provided by:

- Beatrice Lang Trust
- Bryan Lancaster's Trust
- British and Foreign School Society
- Department for International Development (DFID)
- Eleanor Rathbone Charitable Trust
- European Commission
- Evan Cornish Foundation
- Falkirk Council
- Foreign & Commonwealth Office
- Grand Challenges Canada
- GV and SJ Britten Trust
- Imperium Investment/Dmitry Leus
- Karen Woo Foundation
- Linda Norgrove Foundation
- National Lottery Awards for All
- Oakdale Trust
- Open Gate Trust
- Overseas Aid & Development Commission of the States of Guernsey
- Philip Henman Trust
- RA and VB Reekie Charitable Trust
- Souter Charitable Trust
- The Almond Tree Cafe in Falkirk
- The Bryan Guinness Charitable Trust
- UNICEF
- The Fulmer Charitable Trust
- The Raindance Charitable Trust
- W F Southall Trust
- W. Howarth Charitable Settlement
- Zubeida Charitable Trust

The Trustees would also like to thank HealthProm members and many other individuals whose contributions through membership fees and/or donations have helped us to carry out our important work.

**REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES
FOR THE YEAR ENDED 31 MARCH 2019**

**TRUSTEES' RESPONSIBILITIES STATEMENT
FOR THE YEAR ENDED 31 MARCH 2019**

The trustees (who are also directors of HealthProm for the purposes of company law) are responsible for preparing the Report of the Board of Directors and Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:


- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2015 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The maintenance and integrity of the HealthProm website is the responsibility of the trustees; the work carried out by the auditors does not involve consideration of these matters and accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements if they are presented on the website.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

This report has been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by the trustees and signed on their behalf by:


Simon Ray
Chairman
_____ 2019
23 September

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF**

**HealthProm
(A Company Limited by Guarantee and Not Having Share Capital)
Registered Charity No. 1100459
(Company No: 4887855)**

OPINION

We have audited the financial statements of HealthProm (the 'charitable company') for the year ended 31 March 2019 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2019, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
HealthProm**

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' report (incorporating the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report has been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the directors' report and from the requirement to prepare a strategic report.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

USE OF OUR REPORT

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



K.C. Fisher BA FCA CTA (Senior Statutory Auditor)
For and on behalf of **MYRUS SMITH**
Chartered Accountants and Statutory Auditor

Norman House
8 Burnell Road
Sutton, Surrey
SM1 4BW

Date: 7 October 2019

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2019**
(Incorporating an Income and Expenditure Account)

HealthProm
(company limited by guarantee and not having share capital)
(COMPANY NO: 04887855)

	Notes	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
INCOME AND ENDOWMENTS					
Donations and Legacies	2	19,164	4,578	23,742	52,103
Investment Income		-	-	-	-
Other Income		-	-	-	127
Foreign Exchange Gains/(Losses)			31,574	31,574	35,273
Income From Charitable Activities:					
Grants	3	-	857,603	857,603	858,197
Total Income		19,164	893,755	912,919	945,700
EXPENDITURE					
Expenditure on Raising Funds	4	2,063	-	2,063	8,010
Expenditure on Charitable activities:					
Operational programmes	5, 8	28,442	871,575	900,017	900,375
Total Expenditure		30,505	871,575	902,080	908,385
Net Income Before Transfers	7	(11,341)	22,180	10,839	37,315
Net Transfers between funds	9	2,044	(2,044)	-	-
Net Movement of Funds in Year		(9,297)	20,136	10,839	37,315
<i>Reconciliation of funds</i>					
Total funds brought forward		79,700	25,809	105,509	68,194
Total funds carried forward		70,403	45,945	116,348	105,509

All income and expenditure derives from continuing activities.

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

**BALANCE SHEET
AS AT 31 MARCH 2019**

**HealthProm
(company limited by guarantee and not having share capital)
(COMPANY NO: 04887855)**

	Notes	2019 £	2018 £
Fixed assets			
Office equipment, fixtures and fittings	10	1,520	4,411
Current assets			
Debtors	11	78,058	155,089
Cash at bank and in hand		289,286	200,383
		367,344	355,472
Creditors: amounts falling due within one year	12	(252,516)	(254,374)
Net current assets		114,828	101,098
Total net assets		116,348	105,509
Fund balances			
Charitable funds:			
Unrestricted funds: General reserves		40,403	49,700
Unrestricted funds: Designated		30,000	30,000
Restricted funds		45,945	25,809
	13,15	116,348	105,509

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by the Board of Trustees on 23 Sept 2019
and signed on their behalf by

Simon Ray
Chairman



**STATEMENT OF CASH FLOW
FOR THE YEAR ENDED 31 MARCH 2019**

**HealthProm
(company limited by guarantee and not having share capital)
(COMPANY NO: 04887855)**

STATEMENT OF CASH FLOW	2019	2018
	£	£
Cash flows from operating activities:		
Net cash provided by (used in) operating activities	88,903	(121,740)
Cash flows from investing activities:		
Purchase of property, plant and equipment	-	-
Net cash provided by (used in) investing activities	-	-
Cash flows from financing activities	-	-
Net cash provided by (used in) financing activities	-	-
Change in cash and cash equivalents in the reporting period	88,903	(121,740)
Cash and cash equivalents at the beginning of the reporting period	200,383	322,123
Cash and cash equivalents at the end of the reporting period	289,286	200,383
RECONCILIATION OF NET INCOME/(EXPENDITURE) TO NET CASH FLOW FROM OPERATING ACTIVITIES	2019	2018
	£	£
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	10,839	37,315
Adjustments for:		
Depreciation charges	2,891	3,001
(Increase)/decrease in debtors	77,031	(45,352)
Increase/(decrease) in creditors	(1,858)	(116,704)
Net cash provided by (used in) operating activities	88,903	(121,740)
ANALYSIS OF CASH AND CASH EQUIVALENTS	2019	2018
	£	£
Cash in hand	289,286	200,383
Total cash and cash equivalents	289,286	200,383

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2019

1. Principal accounting policies

Basis of preparation

HealthProm is a private company (no. 4887855), limited by guarantee and registered in England and Wales. The address of the registered office is given in the Legal and Administrative Details on page 21.

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2015) and the Companies Act 2006.

HealthProm meets the definition of a public benefit entity under FRS102.

Going concern

The accounts have been prepared on the going concern basis.

Income

Income is recognised in the period in which the company is entitled to receipt and the amount can be measured with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or when the donor has specified that the income is to be expended in a future accounting period.

Grants from the government and other agencies have been included as income from activities in furtherance of the charity's objects where these relate to grant agreements with strict budgets, but as donations where the money is given with greater freedom of use.

Expenditure and basis of apportioning costs

Expenditure is included when incurred and liabilities are established for all services once provided. Expenditure includes amounts of irrecoverable VAT where charged. Expenditure on operational programmes is recognised in the period in which it is incurred. A designated fund is established for expenditure which has been committed to projects but remains unspent at the year end.

The majority of costs are attributable to specific activities. Certain shared costs are apportioned to activities in furtherance of the objects of the charity by reference to the level of activity as reflected by the amount of staff utilisation. Staff costs and premises expenses are allocated in proportion to the time spent on different activities.

Support costs represent the cost of the London office and the costs incurred by London office based staff, directly providing support for the international programmes including management and supervision where those costs have not been attributed to specific activities in furtherance of the objects of the charity.

Operational programme support costs

Operational programme support costs are allocated to operational programmes based on the average staff time spent on running projects.

Fundraising costs

These include the salaries, direct expenditure and overhead costs of head office staff who promote fundraising, including events.

Governance costs

Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include the audit fees and costs linked to the strategic management of the charity.

Capitalisation and depreciation of tangible fixed assets

All assets costing more than £100 are capitalised.

Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost, less estimated residual value, of each asset over its estimated useful life, as follows:

Office equipment, fixtures and fittings - Over five years

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2019

Fund accounting

Funds held by the charitable company are:

Unrestricted general funds - these are funds which can be used in accordance with the charitable objects at the discretion of the Trustees.

Restricted funds - these are funds that can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Foreign currencies

General policy on foreign currency is to use the actual exchange rates as per the conversion reflected on the bank account or cash transaction. The policy is then adapted where necessary to meet the specific requirements of the funders.

Taxation

As a registered charity, the company is not liable to corporation tax on surpluses arising from its activities.

2. Donations and Legacies

	Unrestricted £	Restricted £	2019 £	2018 £
Committed Giving	440	-	440	485
Donations, Appeal, Fundraising Events	18,724	4,578	23,302	51,618
	19,164	4,578	23,742	52,103

Of the £52,103 income recognised in 2018, £33,312 was unrestricted funding and £18,791 was restricted funding.

3. Income from charitable activities: Grants

	Unrestricted £	Restricted £	2019 £	2018 £
The Big Lottery Fund	-	9,950	9,950	-
The GV & SJ Britten Trust	-	90,282	90,282	68,788
European Commission	-	527,105	527,105	498,194
UNICEF	-	39,586	39,586	136,438
Grand Challenges Canada	-	46,829	46,829	21,295
The Linda Norgrove Foundation	-	-	-	6,354
DFID	-	65,288	65,288	7,836
British and Foreign School Society	-	12,076	12,076	10,720
Karen Woo Foundation	-	3,617	3,617	3,617
The Overseas Aid Commission of Guernsey	-	19,985	19,985	19,985
St. James Place Foundation	-	-	-	10,000
The Doris Pacey and The Dr M&A Brynberg Charitable Foundations	-	-	-	34,898
Phillip Henman Trust	-	-	-	10,000
Anonymous	-	5,000	5,000	5,000
Open Gate Trust	-	-	-	2,500
FCO	-	24,885	24,885	-
The Beatrice Lang Trust	-	5,000	5,000	5,000
Souter Charitable Trust	-	3,500	3,500	3,682
Evan Cornish Foundation	-	-	-	5,390
W F Southall Trust	-	2,000	2,000	2,000
Others	-	2,500	2,500	2,500
	-	857,603	857,603	858,197

All of the £858,197 income recognised in 2018 was restricted funding.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2019**

Expenditure

4. Expenditure on Raising Funds:

	2019 £	2018 £
Costs of Fundraising events	2,063	8,010

All of the £8,010 expenditure recognised in 2018 was charged to unrestricted funds.

5. Charitable activities:

Operational Programmes

	2019 £	2018 £
Reducing Maternal and Infant Deaths, Afghanistan	135,189	162,483
Putting Families First & Keeping and Finding Families, Tajikistan	301,050	243,426
Improving access to community-based early years support services, Moldova	17,599	17,398
Strengthening the capacity of parent-led CSOs, Ukraine	179,465	262,723
Developing advocacy service, Belarus	139,164	105,162
Siberian Initiative for Inclusion, Russia	98,364	79,967
Pilot project, Georgia	57	-
Migrant Women Support Group, UK	687	-
Total restricted expenditure	871,575	871,159
Operational Programme support costs (Unrestricted expenditure)	28,442	29,216
	900,017	900,375

Expenditure on operational programmes comprised:

Direct Costs

Professional fees and implementation costs	578,693	620,243
Travel & subsistence	74,128	52,069
Publications, Research & Other costs	38,515	11,633

Support Costs

Staff costs	172,201	178,699
Office and Premises costs	29,382	31,063
Communications	1,861	1,728
Other Support Costs (note 6)	5,237	4,940
	900,017	900,375

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2019**

6. Governance	2019	2018
	£	£
Audit and accountancy	3,380	3,600
AGM and strategy meetings	1,496	886
Trustees expenses for attendance at meetings	361	454
	5,237	4,940
7. Net Incoming Resources for the year	2019	2018
	£	£
These are stated after charging:		
Depreciation	2,891	3,001
Auditor's remuneration – audit services	3,380	3,600
Property rent and service charges	14,092	14,160
8. Staff Costs and numbers	2019	2018
	£	£
Staff costs were as follows:		
Salaries and wages	127,599	132,255
Social security costs	9,289	9,180
Pensions	2,421	1,103
	139,309	142,538

The average number of employees during the year was five (five in 2018). No employee received total employee benefits (excluding employer pension costs) of more than £60,000 in 2019 or 2018. Total remuneration of the one key personnel for the year was £50,543 (one key personnel at £49,271 in 2017-18). Key management remuneration includes gross salary, employers NI and employers pension contribution. Directors and trustees are not remunerated but reasonable travel expenses incurred in pursuance of their duties are reimbursed (see note 16).

9. Transfers between funds
Apportionment

The transfers between Unrestricted Funds and Restricted Funds represent net contributions to/from the projects after allocating the overhead costs to the projects using the average staff time.

10. Tangible fixed assets

**Office Equipment
Fixtures and Fittings**

Cost	£
At 1 April 2018	24,255
Additions	-
At 31 March 2019	24,255
Depreciation	
At 1 April 2018	19,844
Charge for the year	2,891
At 31 March 2019	22,735
Net Book Value	
At 31 March 2019	1,520
At 31 March 2018	4,411

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2019**

11. Debtors	2019	2018
	£	£
Project advances	-	84,497
Prepayments	2,258	1,349
Other debtors	4,264	3,262
Other debtors: Grants Due	71,536	65,981
	78,058	155,089

12. Creditors	2019	2018
	£	£
PAYE and NIC	-	-
Deferred Income	232,767	175,086
Accruals	8,520	5,998
Other creditors	11,229	73,290
	252,516	254,374

Deferred income reflects income received in advance for the following financial year, to be expended in accordance with agreed budgets.

13. Analysis of net assets between funds

	Unrestricted Funds	Restricted Funds	Total 2019	Unrestricted Funds	Restricted Funds	Total 2018
	£	£	£	£	£	£
Tangible fixed assets	1,520	-	1,520	4,411	-	4,411
Current assets	74,169	293,175	367,344	79,671	275,801	355,472
Current liabilities	(5,286)	(247,230)	(252,516)	(4,382)	(249,992)	(254,374)
Net assets	70,403	45,945	116,348	79,700	25,809	105,509

14. Lease Commitments

The total minimum lease payments falling due under non-cancellable operating lease agreements at 31 March 2019 amounted to £3,540 (2018: £3,540) and these commitments fall due within one year (2018: within one year).

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2019**

15. Movement in funds

	At 1 April 2018 £	Incoming Resources £	Outgoing Resources £	Transfers £	At 31 March 2019 £
Reducing Maternal and Infant Deaths, Afghanistan	25,809	128,008	(135,189)	16,154	34,782
Putting Families First & Keeping and finding Families, Tajikistan	-	311,786	(301,050)	(10,736)	-
Improving access to community-based early years support services, Moldova	-	21,496	(17,599)	(3,897)	-
Strengthening the capacity of parent-led CSOs, Ukraine	-	170,936	(179,465)	8,529	-
Developing a advocacy service, Belarus	-	133,167	(139,164)	5,997	-
Siberian Initiative for Inclusion, Russia	-	115,259	(98,364)	(16,895)	-
Pilot project, Georgia	-	3,153	(57)	12	3,108
Migrant Women Support Group, UK	-	9,950	(687)	(1,208)	8,055
Restricted Funds	-	893,755	(871,575)	(2,044)	45,945
Unrestricted funds	49,700	19,164	(30,505)	2,044	40,403
Designated funds	30,000	-	-	-	30,000
	105,509	912,919	(902,080)	-	116,348

	At 1 April 2017 £	Incoming Resources £	Outgoing Resources £	Transfers £	At 31 March 2018 £
Reducing Maternal and Infant Deaths, Afghanistan	-	168,952	(162,483)	19,340	25,809
Putting Families First & Keeping and finding Families, Tajikistan	-	252,635	(243,426)	(9,209)	-
Improving access to community-based early years support services, Moldova	-	23,707	(17,398)	(6,309)	-
Strengthening the capacity of parent-led CSOs, Ukraine	-	242,962	(262,723)	19,761	-
Developing a advocacy service, Belarus	-	124,544	(105,162)	(19,382)	-
Siberian Initiative for Inclusion, Russia	-	99,461	(79,967)	(19,494)	-
Restricted Funds	-	912,261	(871,159)	(15,293)	25,809
Unrestricted funds	43,194	33,439	(37,226)	10,293	49,700
Designated funds	25,000	-	-	5,000	30,000
	68,194	945,700	(908,385)	-	105,509

The movement in funds shows the reconciliation of the opening and closing balances of the funds where transfers represent the net contributions to/from the projects. Description of the restricted funds can be found in the Trustees' report.

Designated funds represent a bridge funding facility set aside for the restricted projects to bridge the funding gaps in between the donor reporting periods, until the further grant instalments are released.

16. Payments to Trustees for services

No payments were made to Trustees but total of £361 has been reimbursed towards one trustee travel expenses during the period of 01 Apr 2018 – 31 Mar 2019 (total of £454 during the period of 1 Apr 2017 – 31 Mar 2018 towards one trustee travel expenses).

**INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 MARCH 2019**

(This page does not form part of the statutory accounts)

**HealthProm
(Company limited by guarantee and not having share capital)
(COMPANY NO: 04887855)**

	General Fund £	Projects Fund £	Total to 31 March 2019 £	Total to 31 March 2018 £
INCOME				
Grant Income – Restricted	-	857,603	857,603	858,197
Donations Received	14,778	1,000	15,778	16,765
Proceeds from Fundraising Events and Activities	3,946	3,578	7,524	17,565
Membership fees	440	-	440	485
Gifts and Services in Kind	-	-	-	17,288
Foreign exchange gains/(losses)	-	31,574	31,574	35,273
Sundry Income	-	-	-	127
Total Income	19,164	893,755	912,919	945,700
EXPENDITURE				
Project payments to Local Partners	-	483,956	483,956	455,021
Project travel, accommodation, subsistence	-	74,128	74,128	52,069
Project Training and other costs	-	38,515	38,515	11,633
Project Consultants' Fees	-	94,737	94,737	165,222
Fundraising Costs & Event Expenses	2,017	46	2,063	8,010
Rent, Rates & Services	1,611	12,481	14,092	14,160
Travel	75	579	654	1,009
Telephone & postage	213	1,648	1,861	1,727
Stationery, Printing & Photocopying	237	1,834	2,071	3,571
Publications & Subscriptions	216	1,674	1,890	1,284
Premises Expenses	-	-	-	-
Other Office Costs	652	5,055	5,707	5,318
Office & Charity Insurance	187	1,454	1,641	1,951
Depreciation	330	2,561	2,891	3,001
Staff Salaries & Employer's N.I.	15,921	123,388	139,309	142,538
Staff Recruitment & Training	132	1,019	1,151	2,702
Governance Costs	1,857	-	1,857	1,340
Bank Charges	49	386	435	638
Audit and Accountancy Fees	3,380	-	3,380	3,600
Office Move Costs	-	-	-	131
Consultancy & Professional Fees	3,628	28,114	31,742	33,460
Gross Expenditure	30,505	871,575	902,080	908,385
Trustees Authorised Transfers	(2,044)	2,044	-	-
Total Expenditure	28,461	873,619	902,080	908,385
Total Income less Expenditure	(9,297)	20,136	10,839	37,315