

HealthProm

Ensuring vulnerable children have the best start in life

REPORT AND FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2017

Company number: 4887855

Registered Charity number: 1100459

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REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2017

The Directors and Trustees present their annual report and audited financial statements for the year ended 31 March 2017.

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

HealthProm evolved out of the USSR-UK Medical Exchange Programme set up in 1984 by doctors and allied professionals to promote health education through tours, conferences and exchange visits between the two countries. Our activities have since evolved and now focus on supporting vulnerable children in countries of the 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 local policy. Our work is guided by the principles of building local capacity for sustainability, promoting evidence-based practice and working through partnership.

HEALTHPROM'S STRATEGY

HealthProm's Strategy for Growth 2012-2017 (approved by the Board on 11 November 2011) terminates this year. During the reporting period, HealthProm launched the process of developing a new five-year strategy by carrying out a participatory strategic review from January to May 2017. This process involved the participation of all staff, consultants and Trustees through the preparation and review of reflective papers, participation in an external organisational assessment, engagement through internal meetings and involvement of our global partner organisations.

STRATEGIC APPROACH

HealthProm works in partnership with target beneficiaries and communities as well as health, social care and education professionals, NGOs, local, regional and national governments to build local capacity to develop and implement innovative, low cost and high impact measures to improve the lives of vulnerable children. 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

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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 care
- (iii) Promoting access to education
- (iv) Supporting 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 their families) 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, who are frequently excluded from education.

Supporting 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 of vulnerable groups of children including institutionalised children and those with disabilities.

The Dimensions also form the key criteria against which we measure the success of our projects.

METHODOLOGY

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

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

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

4. Evidence-Based Approach

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 activities are based on sound evidence, gained from international research, best practice and lessons learned.

ACHIEVEMENTS AND PERFORMANCE

In the last year our ambitious plans to grow and extend our work to new countries and new areas became a reality. We now have five large EC-funded projects in Russia, Belarus, Moldova, Ukraine and Tajikistan. HealthProm also continued working in Afghanistan, successfully completed two large projects in Kyrgyzstan and Tajikistan and signed two new EC contracts for significant new programmes in Ukraine and Tajikistan. We secured a number of major institutional grants for new projects with a total value of more than £2.2m and continued to diversify our traditional income streams by successfully applying to UNICEF, FCO and Grand Challenges Canada (funded by the Government of Canada).

During the year we developed opportunities for inter-regional dialogue and partnerships between parents, professionals and partner organisations from each of our project countries. We were awarded a small multi-country grant from the Eastern Partnership Civil Society Forum in collaboration with the European Union, the National Endowment for Democracy and the Ministry of Foreign Affairs of the Czech Republic. This project brought together multi-disciplinary teams of professionals from Moldova, Belarus and Ukraine and promoted exchange of experience, skills and practice developed in multiple sectors related to disability in each country and facilitated the creation of a regional professional network.

We continued improving our operational capacity, widening linkages to the academic world and strengthening governance.

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INTERNATIONAL PROJECTS

In 2016/17 HealthProm was active in Afghanistan, Belarus, Kyrgyzstan, Moldova, Russia, Tajikistan and Ukraine.

In Afghanistan, we continued our annual programme aimed at improving maternal and child health in the rural areas of Balkh province through a range of inter-related and participatory initiatives at a community level. The programme activities cover 69 villages, with a population over 34,000.

Title of the project: Improving maternal, newborn and child health in Balkh Province, Northern Afghanistan

Project duration: 2008 – ongoing

Budget: £198,376

Partners: HealthProm Afghanistan, Bakhtar Development Network and provincial government departments

Project Background:

HealthProm has been working in Afghanistan since 2008, striving to improve maternal, newborn and child health in rural areas of Balkh province. Our approach uses a range of community-based initiatives, acknowledging that many factors contribute to the health and well-being of women and children. These include promoting knowledge and skills about health and hygiene, providing transport to health facilities, improving links with government health centres and services, facilitating greater access to clean water, and improving nutrition and livelihoods.

Main achievements during the year:

As a result of a range of participatory and inter-related initiatives at community level we have achieved sustained reduction in under-5 mortality rates. There were three maternal deaths registered in the project area, whereas in the previous 2 years there had been none. The increase in maternal mortality may be attributed to a lack of emergency transport, which is one of the key components in the provision of quality emergency obstetric care. However, maternal mortality rate in the project area remains significantly lower compared with the national estimated MMR of 1291 for the country.

Community Health:

36 Community health workers (CHWs), covering 11 villages with a total population of over 11,000, received monthly supervision and monitoring visits. Four six-days refresher trainings were held that covered the topics of maternal, newborn and child health, nutrition, use of essential medicines, family planning and disease control. All CHWs also received four quarterly supplies of medicines in accordance with the list from the Ministry of Public Health, to enable them to provide basic primary healthcare to local communities.



We conducted monthly and quarterly meetings with leaders of 80 Safe Motherhood Groups and 90 Men's Support Groups. These meetings aimed to address various issues related to communities' health, factors potentially contributing to population's morbidity and mortality, and the strategies to address those factors that sustain poor health.

We facilitated visits from local government midwives to villages

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every two months. These visits offered basic antenatal care for over 1,100 women and assisted them in making birth plans. The midwives also provided health education in schools.

To reduce infection during home births, we provided pregnant women with clean birth kits. To prevent hypothermia, a major cause of neonatal mortality, we also provided baby blankets and materials for women to make 'Kangaroo Mothercare' slings, as well as producing baby clothes. A total of 568 kits were distributed.

As one of the key elements of essential obstetric services, we provided maternity waiting house – residential facilities located near a health centre where women, who live remotely, can await their delivery and be transferred to a nearby medical facility shortly before delivery, or earlier should complications arise. Over the last year 202 pregnant women stayed in the waiting house before giving birth.

Community infrastructure:

Improvements to drinking water including access, protection and storage were completed in another five villages - three water storage tanks were built in three villages and two water reservoirs were dug in two villages. A population of approximately 3,565 have benefited. More than 21 gardens were created near fourteen villages, with a population of over 8,000. A 3,000 metres road was repaired to reconnect five villages (with a total population of 1,986) to the main roads and health facilities.

Plans for 2017/18:

- Contributing to further development of the rural primary health care system in Balkh province, acting in conjunction with the Ministry of Public Health and Basic Package of Health Services providers.
- Supporting improvements to shared infrastructure (water supply, food production/storage, road repairs) through wider community-led initiatives and regular meetings with SMGs and MSGs.



Registration of local Afghan NGO and capacity building.

In Afghanistan we also developed and implemented a very successful advocacy project for funding and improved delivery of the Afghan health service. Much of this work was funded by the Advocacy for Development Fund.

The initial aim of this advocacy was to slow the reduction of donor funding for the service at the Brussels Conference on Afghanistan in October 2016 by upward revision of the estimate of the national maternal mortality ratio, as a main indicator of effective health services. As well as meeting with decision makers in the Ministry of Public Health and with UN organisations, we contracted a report on some recent maternal deaths in four provinces, which was published in full in two leading Afghan newspapers on the day before the conference.

We have since advocated for improved contracting and delivery of the service across the country. The advocacy team interviewed service users and providers in two provinces as well as UN agencies. They recorded on film that health centres were closed for the day at noon, doctors were often absent, leaving people waiting sometimes for days for an appointment, and painkillers were often the only medication dispensed. Funding, by the World Bank, USAID and the EU, and delivery had been reduced by coupling of contracting to the lowest bidder who proposed an apparently satisfactory package of service delivery with

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failure to inspect and verify delivery. Once a contract had been awarded, some successful bidders found that they could not provide all the services required for the sum they have stated and cut services or reduced standards, by supplying reduced quantities of low-quality, ineffective medicines. They could do this knowing that provincial public health departments, whose responsibility it is to inspect and verify service delivery, rarely inspect. The advocacy team challenged the Ministry of Public Health. Their film was aired in April on three television channels. As a result the President discussed the situation with the Minister of Public Health. It became clear that the government was taking note of advocacy and taking action in response to it. In Brussels we fed this advocacy work into the EU development of its country strategy for the next two years.

In Belarus, we started a new three-year project with the Belarusian Children's Hospice (BCH). The project is funded by the EU and covers four regions- Minsk, Gomel, Grodno and Mogilev.

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, December 2015-December 2018

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

Partners: The Belarusian Children's Hospice (BCH)

Project Background: The aim of the project is to protect and promote the rights of children with severe disabilities and with life-limiting conditions. It will strengthen the organisational capacity of the BCH, develop an innovative model of community-based advocacy service for vulnerable families and raise awareness of the rights and needs of children with disabilities. The project will 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 will include 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:

During the year both project partners made very good progress and achieved the following results:

1) Much work was done to **build the capacity of the Hospice** to enable them to become more effective in protecting the rights of children with disabilities and their families in all pilot regions. First draft of the organisational capacity building plan was developed as a working document and it will be updated every year. BCH was also strengthened internally through new staff recruitment – they hired a lawyer, three social workers in Minsk and six regional coordinators/social workers in pilot regions. In September 2016 HealthProm organised a very successful UK study visit for a team of eight people from Belarus. Throughout the year HealthProm's UK Project Manager and UK Social Work Expert provided regular individual support and mentoring to the BCH project team with a focus on project management, monitoring and evaluation, right-based approach and community-based family support.

In Year 1 BCH organized a series of capacity building and rights-based training sessions, conferences and forum meetings for their 31 staff and 89 volunteers and also for 125 health, education and social care professionals – in total they organised 17 educational and informational events in Minsk and in the other regions. These activities built the knowledge and understanding of the BCH staff and other specialists in the area of the rights-based approach to palliative care in general and of the protection and promotion of the rights of children with severe disabilities in particular.

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2) **Number of beneficiaries.** At the start of the project 29 children and their families were consulted as part of the needs assessment to identify the needs of families in the regions. More than 100 families of CWD and CWLLC in Minsk received professional legal assistance from the lawyer and at least 15 families received support from the hospice's social workers. In addition, BCH regional teams provided consultations to 193 families and helped 16 families to realise their rights e.g. in Mogilev they helped one family to receive benefits for housing services and another family to collect all the necessary documentation and apply for a nurse/carer to look after their terminally ill child 22 hours per month.



One of the most positive examples of such family support is in Minsk, where social workers helped two families with the process of getting a special stair-lift installed in their house – this process took almost a year and the installation will start in 2017.

3) **Publications and events** BCH produced a new leaflet for parents and printed 150 copies of this leaflet, which were distributed by BCH's social worker amongst both parents and specialists. BCH also published a booklet for parents "*Little book of big rights*" about all available benefits and rights of families with CWD/CWLLC in Belarus. The booklet was printed with a circulation of 100 copies and is in great demand by both professionals and parents. During the year BCH organised a number of events for general public, health and social care professionals, its own staff and volunteers and other key stakeholders. These events included a conference, round-tables, training sessions and informal meetings.

Plans for 2017/18:

- Continue building capacity of the Belarussian Children's Hospice
- Develop and implement a series of training sessions for health and social care professionals in four pilot regions
- Organise sub-granting scheme for regional organisations
- Provide support to more families of children with severe disabilities and life-limiting conditions in four pilot regions

In Kyrgyzstan, HealthProm completed its three-year Big Lottery funded project "Supporting Disabled Children in Kyrgyzstan".

Title of the project: Supporting Disabled Children in Kyrgyzstan

Project duration: September 2013 – August 2016

Budget: £568,430 (£499,870 from the BIG Lottery plus match funding from Tarim Charitable Trust and Brian Guinness Trust)

Partners: Kelechek HP, ICCO, Uplift

Project Background: The project contributed to the prevention of institutionalisation of children with

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disabilities (CWD) in the country by improving community-based services that support CWD and their families, with focus on early intervention and family support; improving access to education, by supporting day centres (DC) to provide pre-school education; by strengthening the capacity of parent-led NGOs and parent networks through regional and national information exchanges, support and training; and finally also campaigning to reduce negative attitudes in society and promoting inclusion and integration of CWD in local communities.

Main project achievements:

The project succeeded in bringing about all the changes we wanted to achieve:

1) We directly helped **3,462** children with disabilities in seven regions of Kyrgyzstan. We did this by supporting the work of nine day centres around the country, improving the skills and knowledge of their staff and parents, organising study visits and providing training. The final evaluation showed that all parents whose children attended these centres believed that these centres were the only opportunity for education and socialisation for their children in their local community. Parents told us that these centres supported their children's development and learning and became a stepping stone for schools.

2) These centres became a real alternative to institutional care as they proved to be a model of sustainable community-based rehabilitation, education and family support in their locations. As part of the project we supported **93 families at risk** of institutionalisation, with all cases resulting in prevention.

3) The project had a huge positive impact on parents – many became very active and empowered by the end of project (as seen through KIPAF, case studies of parents' involvement, the conference in May and the final Forum in September and independent evaluation). All parents in KIPAF sessions told us they learnt about their child's disability, their rights, child development and available community services. **1,980 parents** received access to information and training and **1,136 parents** were actively involved in project activities. 99 became leaders and active members of parents' committees.

4) All our day centres proved very successful in preparing children for school - **697 children** with disabilities were assessed by them at the start of each academic year, **111** received regular pre-school support and **59 started school!** As part of the project we also provided educational support to **183 disabled children living in state orphanages** for CWDs – before our project many of these children would have been considered as “non-educable” and were denied the right to education.

5) All parents involved in KIPAF evaluations and final evaluation focus groups reported positive changes in attitudes among the general public towards children with disabilities. **1,595 disabled children** participated in project inclusive events. All centres are now very active on social media and became confident in dealing with media and the public.

6) **1,586** children with disabilities living in **rural and remote areas** of Kyrgyzstan received **medical assessment by mobile medical teams** from the Bishkek Republican Children's Hospital.



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In Moldova, HealthProm is one of the implementing partners of the EC-funded project focused on improving access to early years and preschool support for vulnerable children with special needs in Moldova. HealthProm works alongside the Moldovan NGO, Partnerships for Every Child and UK-based, Mellow Parenting, to implement this project.

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: P4EC, Mellow Parenting

Project Background: The project aims to strengthen capacity and cooperation between local authorities and civil society organisations to improve access to early years and preschool support services for children with special needs, and to establish and test a model of community-based services in this regard with a view to informing national policy.

Main achievements during the year:

- A Memorandum of Cooperation between P4EC, the Ministry of Education (MoE) and the Ministry of Labour, Social Protection and Family (MLSPF) on piloting the new early years support programmes for CWSN and their integration into national policies was signed on 3rd of March, 2016. Cooperation agreements between P4EC and local authorities (LAs) from Nisporeni, Calarasi, Ungheni, Falesti and Cahul were negotiated and approved by District Councils. 1 national and 5 local kick-off meetings to launch the project were organised in the period February 1st – March 31st.
- National and Local Steering Groups in all 5 project districts were established with the aim to govern the project implementation, to ensure transparency, participation and ownership of all stakeholders.
- A National Steering Committee led by the MoE to develop and adjust the Makaton language to the local context was established by a ministerial order. The committee consists of professionals, practitioners and parents that work with /or have children with various disabilities, including autism. 3 meetings were held during the reporting period working on revision of the Makaton language. In total 273 out of 450 words from the Core and Additional Makaton Vocabulary have been analysed. The steering committee members agreed on the symbols and signs to be used for each of these words. All the revised signs were filmed and sent for consideration and approval to Makaton charity.
- Mapping and needs assessment exercises were conducted in all 5 districts aiming at providing a baseline on types of educational and support services provided at local level for CWSN aged 0-7 and at highlighting areas of unmet needs. The findings of these exercises



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informed the design of the project's training concept and programme.

- An initial comprehensive training programme was designed and delivered to a group of professionals from 5 districts. All in all 65 professionals working in educational or social assistance fields in 5 districts as well as representatives of MoE, MLSPF and civil society organisations were trained in Mellow Parenting Programme, Therapeutic Interactive Music Making, Portage Programme and Makaton Language. Informational meetings on project programmes for professionals working in the fields of education and social assistance and parents were carried out in the reporting period in all project districts.
- A study visit to London was organised in May 2016 for key policy and decision-makers from national and local governments aimed at reaching an understanding of international models of pre-school education practices and support in working with CWSN and their families.

Plans for 2017/18:

- We will continue providing on-going long-distance support to the practitioners trained in Year 1
- We will deliver a second part of the music therapy training in September 2017
- The work on adapting and implementing Makaton and Portage in Moldova will continue in Years 2 and 3

In Russia, we successfully launched a new EC-funded project "**Siberian Initiative for Inclusion**". This project promotes inclusion of children with disabilities through developing and strengthening partnerships between local civil society organisations, parents and local government across four regions of Siberia: Krasnoyarsk, Novosibirsk, Tomsk and Altai.

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 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, how to improve educational facilities and skills in working with children with various disabilities – e.g. autism, Down syndrome, cerebral palsy. We also support parents of disabled children in how they can help their children develop their skills and knowledge, access schools and lead a happy and interesting life.

Main project achievements:

In Year 1 our work was focused on the Krasnoyarsk region and we achieved the following results:

1) Much work was done to **strengthen the capacity of local partner NGO** to enable them to become more effective in promoting inclusive education in Siberia. This included an organisational audit, conducted at the start of the project. In addition KCCP staff and volunteers participated in the strategic development session and came up with recommendations for building their fundraising capacity. In November 2016 HealthProm organised a very successful UK study visit for a team of four people from Siberia. Throughout the year HealthProm's UK Project Manager and UK Inclusive Education Expert provided regular individual support and mentoring to the KCCP project team with a focus on strategic development, project management, financial management and inclusive education.

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2) Establishing effective cooperation with local and regional government in Krasnoyarsk region

In Year 1 local project partners successfully established good working relationship with local NGOs, parents and local and regional authorities, including the Ministry of Education of the Krasnoyarsk region, The Headquarters of Krasnoyarsk City Administration and the Department of Social Policies of the Krasnoyarsk City.

3) Increasing awareness, understanding and knowledge

In Year 1 KCCP and HealthProm organised a number of events in Krasnoyarsk to raise awareness and increase knowledge of inclusive education among various stakeholders – training sessions, workshops, forum meetings and round-tables. The analysis of these activities showed that all these events received positive feedback and involved key stakeholders from education and social work. Through these activities we now receive offers



for partnerships from local authorities, e.g. Department of Social Policies of the Krasnoyarsk City approached KCCP with an offer to continue their collaboration in the field of support of CWDs further, and they are now discussing the ideas for future collaboration and joint activities.

In total **149 people participated in 4 training sessions** during Year 1 - 46 educators, 23 parents, 80 social workers (the original target for Y1 was 60 people). 29 representatives of local authorities from 19 departments/organisations were actively involved in the action during Year 1 – they participated in our training sessions, forum meetings and other activities.

Plans for 2017/18:

- Continue building capacity of the Russian partners and parents' groups
- Develop and implement a series of training for Altai and Novosibirsk regions
- Organise sub-granting scheme for regional organisations in Altai region

In Tajikistan, we began a new EC funded project to continue our work to support vulnerable children in their families.

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: €1.05 mln of which the EC provides 80%.

Partners: Sarchashma, Iroda and Hayot Dar Oila. Associate: UNICEF

Project Background: This project builds on the work of the previous EC funded project, Keeping and Finding Families (KFF), as reported in last year's Annual Report. The Putting Families First (PFF) project helped create conditions where the institutionalisation of babies and young children is no longer acceptable to the Ministry of Health (MoHSPP). At the end of the last project, the MoHSPP and UNICEF

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worked together with the support of our local partners to write new regulations for the baby homes. These new regulations transform the baby homes from 'orphanages' into centres where families receive support and where health and social care workers promote child development. This is our key achievement: after 10 years of advocacy work by HealthProm and partners about supporting families to keep their children, the MoHSPP has taken the initiative to reform the baby homes. No longer are we agitating for reform; now the MoHSPP is asking us to support them in their initiative.



By the time the PFF project began, three tasks were evident: first, to help the MoHSPP and work with UNICEF to enact the new regulations that transform the baby homes from institutions to family support and child development centres; second, to continue with the pilot of a new foster care service that started in the KFF project; third, to develop awareness and best practice about child protection in response to more children being cared for at home with their parents.

Main achievements during the year: The work was unfunded until mid-December 2016, when the activities of the Putting

Families First project began. During the last quarter of 16/17 we have completed the inception phase of the PFF project. This involved recruiting and training staff members.

We have, with support from Keda Consulting, submitted bids for match funding. We have succeeded in obtaining funds, through the office of Sarchashma, from the 'Saving Brains' fund of Grand Challenges Canada; we await word from DFID for 'UK Aid Direct' funding.

Plans for 2017/18: The project activities begin under the headings of the three specific objectives:

1. To help transform the baby homes from institutions into centres of family support and child development. Our plans are to :
 - a. conduct training and mentoring of staff;
 - b. research on how to develop services for those families who are isolated rurally;
 - c. continue with mellow parenting groups;
 - d. establish informal parent to parent support groups in the family support centres;
2. Develop further foster care services. Progress will depend on government agreement on the way forward
3. Strengthen the capacity of local authorities and other stakeholders in child protection. We will:
 - a. recruit and train child protection workers;
 - b. conduct introductory child protection training for a wide range of professionals and administrators;
 - c. conduct more specialised child protection training for key child protection workers;
 - d. work with the children's rights units on child protection protocols.

Our colleagues from Falkirk Council will visit in support of all of the three specific objectives to offer

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practical examples, training and mentoring about case management, and a ‘team around the child’ approach.

The grant from Grand Challenges Canada requires that we produce an evidence base for how this project ‘saves brains’; i.e., promotes young child development to potential. Through GCC, we have engaged a Developmental Psychologist to help us use tools to measure child development and we are pleased to be about to garner a measurable evidence base for our work.

In Belarus, Moldova and Ukraine we implemented our first multi-country project funded jointly by the Eastern Partnership Civil Society Forum (EaP CSF), the European Commission, the National Endowment for Democracy and the Ministry of Foreign Affairs of the Czech Republic.

“Communities, Classrooms and Civil Society: Sharing Experience and Developing Regional Approaches to Addressing the Rights and Needs of Children with Disabilities in Belarus, Moldova and Ukraine”

May 2016 – December 2016

Budget: 24,680 EUR

Partners: Belarusian Children’s Hospice, Partnerships for Every Child (Moldova), Charity Fund Early Intervention Institute, Kharkiv (Ukraine)

Project Background: This project set out to support existing regional commitment to the rights and needs of children with disabilities and aid the development of regional approaches to this end. Too often, professionals working in this area do so in isolation, without the benefit of regional knowledge exchange. This project addressed this challenge by promoting the exchange of experience, skills and innovation developed in each country. The project was led by HealthProm in collaboration with local partners the Belarusian Children’s Hospice, Moldovan NGO Partnership for Every Child and the Ukrainian Charity Fund Early Intervention Institute, Kharkiv.

Main project achievements: Baseline analyses of the policy and service climates in each country were carried out and documented in a report: “Contexts of Child Disability in Belarus, Moldova and Ukraine”. A Regional Forum event was held in Kiev, Ukraine in November 2016. This event brought together experts from various professional sectors related to child disability in each country to share innovations, practice and approaches to common challenges. An online professional network was also created to support ongoing regional exchange.

In Ukraine, we developed two projects to build the capacity of parent organisations to advocate for Early Intervention services.

“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 ”

“Equipping parents of children with disabilities to be effective partners in the development of Early Intervention in Eastern Ukraine”

Sep 2016-Sep 2019
Nov 2016 – Sep 2017

Budget: €585,528 (€439,146 from the EU) and \$246,2015 from UNICEF

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

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2017

Background to projects

The projects respond to a window of opportunity in Ukraine, created by the placing of Early Childhood Intervention (EI) on the national government reform agenda, and complement efforts to influence policy of a wide range of stakeholders. They support Ukrainian parent organisations to develop a strong understanding of Early Intervention and the advocacy expertise gained by parent leaders in EC countries, who have played a pivotal role in the development of children's services, and who are now highly valued by the policy-makers and service-providers of these countries.

Main achievements during the year

During the six months that the projects have been running the project team, made up of four parents of children with disabilities, have begun to mobilise parent organisations in seven of the ten regions of Ukraine that we plan to work in. These include four regions, Kharkiv, Lviv, Zakarpattia and Odessa, which are designated Early Intervention pilot regions. In some regions parent CSOs have invited politicians, service-providers and media providers to meetings to introduce the concept of Early Intervention and the project team, which they have organised on behalf of the project



organised on behalf of the project

A key objective of the projects is to ensure a strong parent voice in national policy, through the development of a parent platform: the All-Ukrainian Parents Forum for Early Intervention. The first meeting of the Forum took place in December 2016, attended by forty-seven representatives of parent-led NGOs from the ten regions. Parent representatives included experienced parent advocates and the leaders of disability-specific All-Ukrainian parent-led organisations; parents who have experienced Early Intervention in the pilot regions; and some parents from other regions, including those

affected by the conflict in East Ukraine, with no previous experience of Early Intervention or campaigning. The first Forum meeting provided a day's introduction to the concept of Early Intervention, and to policy advocacy.

The parent organisations represented at the meeting and those mobilised in the regions clearly recognise the need for state Early Intervention for children with disabilities and their families, and the need for parent organisations to take a key role in working to achieve these services.

The project will provide parent advocates with local evidence of the need for Early Intervention in the form of participatory research data on the needs and experience of parents of young children with disabilities. It will also train parent interviewers to document the life stories of families during their children's first years, in order to generate powerful communication content that can be used to build public support for Early Intervention. Both these project components have a strong participatory ethos, which is highly innovative in the Ukrainian context.

Parent advocates from Dnipropetrovsk and Kharkiv have worked closely with the research provider, the Kiev International Institute for Sociology, to strengthen the design of quantitative and qualitative research in both regions, and have supported the recruitment of respondents.

The first of two Life Story (Oral Testimony) workshops was held in Kiev. This trained 12 parents over four days to interview a further three parents of children with disabilities about the first years of their children's lives.

A three-day training event was held in Vinnitsa for twenty-three prospective policy advocacy parents, at least two from each of the ten regions. This was run by specialists in policy advocacy and communication, and included presentations on the current policy environment and the experience of parents who have undertaken policy advocacy.

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2017

Key messages on Early Intervention have been agreed, and 1,000 copies printed of a leaflet for parent organisations to use to reach out to other parents. The leaflet explains how and why parents should get involved in the movement.

Plans for 2017-2018

Parent mobilisation in all ten regions will be completed, and further meetings of the All-Ukrainian Parents Forum for Early Intervention will be held. A leadership group will develop an interim structure and policy advocacy strategy for the Forum, working closely with the project Steering Group.

We anticipate that we will focus on developing the capacity of an 'Expert Parent Group' which will have input into the national policy initiatives planned to support the development of Early Intervention. We also plan to support parent organisations in the regions to explain and create demand for Early Intervention, and to develop advocacy capacity.

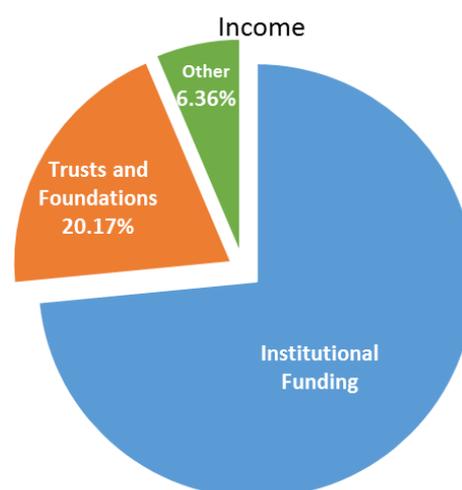
To support advocacy efforts parents will participate in the analysis of the research data and the production and dissemination of the research report. Thirty-six life stories will be produced and edited, and will be used by parents to provide a powerful demonstration of the impact on families of the first years of life with a child with a disability, and the difference that Early Intervention can make for the few who are able to access it. Relationships between regional parent organisations and regional media providers built through this initiative will be further strengthened.

FINANCIAL OVERVIEW

Income

Total income and endowments were £729,862 in 2016/2017, representing an increase of 17.6% above £620,612 in 2015/2016. HealthProm secured two new EC contracts for significant new programmes in Ukraine and Tajikistan which has a positive impact on the sustainability of the organisation and its activities.

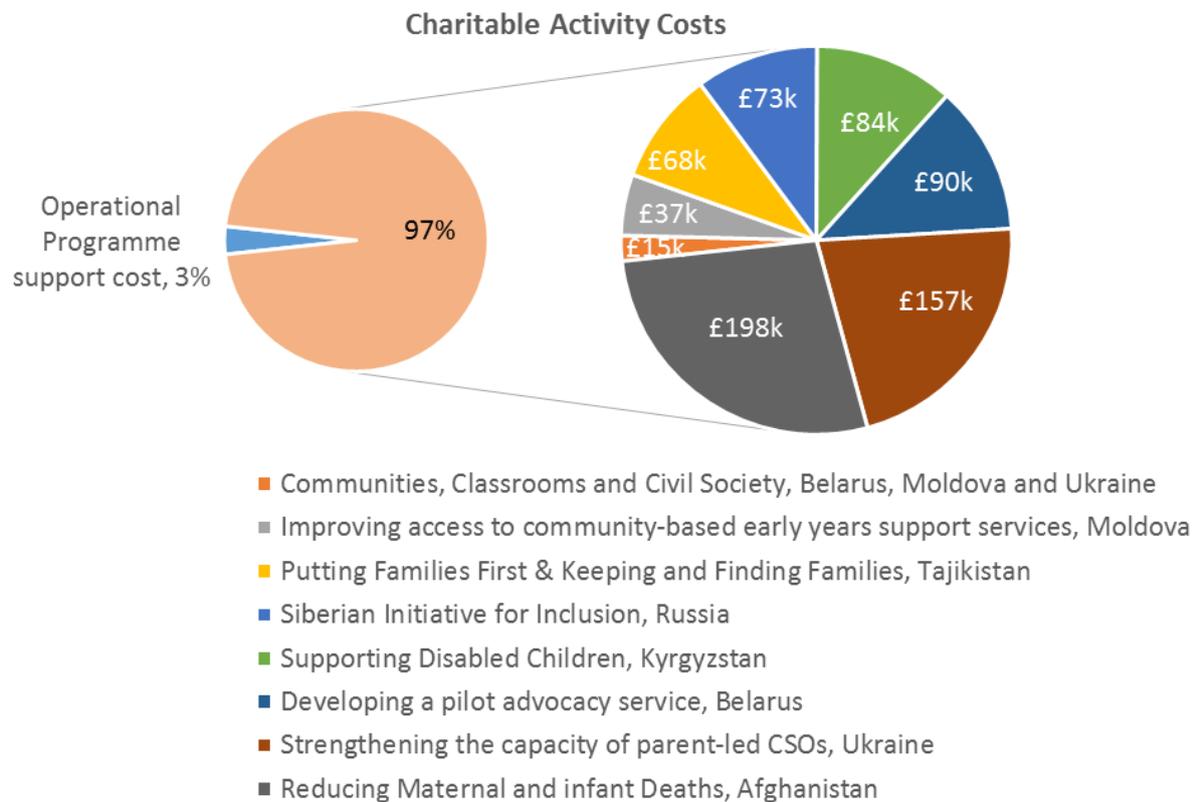
Grants represented the principal funding source, accounting for £683,414 or 93.64% of the total income (83.97% in 2015/2016).



Expenditure

Total expenditure amounted to £751,127, £747,624 (or 99.53%) of which consisted of expenditure on operational programmes and 0.47% cost of raising income. Operational programme support costs represent 3% of the charitable activity costs.

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2017



The overall unrestricted deficit was £21,265 for the year (compared to a deficit of £19,698 in 2015/2016). The deficit was covered from the unrestricted funds brought forward resulting in net unrestricted assets of £68,194 at the year-end.

Pension

HealthProm operates occupational pension scheme with NEST. Eligible employees are entitled to 1% pension contribution from HealthProm from Jan 2017, increasing to 2% from Oct 2017 and 3% from Oct 2018. As at 31 March 2017 HealthProm auto enrolled 5 employees, 4 of which 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.

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2017

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 2017, HealthProm met this requirement.

PLANS FOR 2017/2018

As we are approaching the end of the current five-year strategy, the Board will prioritise the development of the organisation's new five-year strategy. The strategy development process thus far has actively involved the entire HealthProm team, Trustees and partners and has focused on consolidating achievements to date, building on existing activities and experience in the region and drawing on lessons learnt. Priority areas identified for the new strategy (2017-2022) include: Programme Development, strategic Geographical Expansion, strengthening External Relations and Communications, strengthening Monitoring & Evaluation and Financial Development.

In parallel to the new strategy document, a detailed strategy implementation plan will also be developed and agreed, setting out and outlining the priority areas, Key Performance Indicators, baselines and targets. This plan will link strategic objectives to concrete actions and will ensure that HealthProm has adequate resources for its implementation.

We will continue to develop opportunities for inter-regional dialogue and extend and strengthen our networks with professional bodies and international organisations who share our mission and can assist in delivering change.

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.

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: Mr Robert Scallon

Treasurer: Ms Elena Nikolaeva

Ms Olga Johnson

Mr Tim Unmack

Mr Gordon Alexander

Mr Ismayil Tahmazov (resigned May 2017)

Mr Joe Long (appointed November 2016)

Ms Tina Bajec (appointed November 2016)

Ms Olena Vinareva (co-opted December 2016)

STAFF

Director of Operations: Tanya Buynovskaya

Finance and Administration Manager: Natalia Sorokina

Senior Programme Development Adviser: Lauren Foster Mustardé

Projects and Fundraising Assistant: Liz Kuda

PATRONS

Mr John Hart

Mr Ralph Land CBE

Prof Martin McKee, CBE FMedSci

Prof Neena Modi

Mr Harun Najafizada

Ms Dame Philippa Russell, DBE

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

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:

- Bearsden Baptist Church
- British and Foreign School Society
- Charities Aid Foundation
- Department for International Development (DFID)
- Eleanor Rathbone Charitable Trust
- European Commission
- Evan Cornish Foundation
- Falkirk Council
- Foreign & Commonwealth Office
- Karen Woo Foundation
- Open Gate Trust
- Philip Henman Trust
- RA and VB Reekie Charitable Trust
- Souter Charitable Trust
- The Almond Tree Cafe in Falkirk
- The Big Lottery Fund
- The Doris Pacey Charitable Foundation
- The Dr Michael and Anna Brynberg Charitable Foundation
- The GV & SJ Britten Trust
- The H.O.B Trust
- The Linda Norgrove Foundation
- Overseas Aid & Development Commission of the States of Guernsey
- The Peter Stebbings Memorial Charity
- UNICEF
- W F Southall 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.

STATEMENT OF TRUSTEES' RESPONSIBILITIES FOR THE YEAR ENDED 31 MARCH 2017

STATEMENT AS TO DISCLOSURE OF INFORMATION TO AUDITORS

So far as the directors are aware, there is no relevant audit information (as defined by Section 418(3) of the Companies Act 2006) of which the company's auditors are unaware, and each director has taken all steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the company's auditors are aware of that information.

STATEMENT OF RESPONSIBILITIES OF THE BOARD OF DIRECTORS AND TRUSTEES

Company law requires the Board of Directors and Trustees to prepare financial statements for each financial year which give a true and fair view of the affairs of HealthProm and of the surplus or deficit of the charity for that period. In preparing those financial statements, the board is required to:

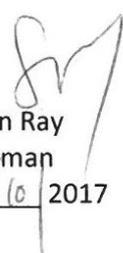
- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the charity will continue in business.

The Board of Directors and Trustees is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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 Board of Directors and Trustees is responsible for ensuring that its report is prepared in accordance with Company and Charity law in England and Wales.

Approved by the trustees and signed on their behalf by:


Simon Ray
Chairman
2/10 2017

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)

We have audited the financial statements of HealthProm for the year ended 31 March 2016 on pages 18 to 27 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet, Statement of Cash Flows and related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members as a body, in accordance with Companies Act 2006, Ch.3, Pt.16. 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 auditors' 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 its members as a body, for our audit work, for this report, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

As explained more fully in the Trustees' Responsibilities Statement set out on page 15, the trustees (who are also the directors of HealthProm 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.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

A description of the scope of an audit of financial statements is provided on the APB's website at www.frc.org.uk/apb/scope/private.cfm.

OPINION ON FINANCIAL STATEMENTS

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 2017, 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.
- have been prepared in accordance with the Companies Act 2006.

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 ON OTHER MATTER PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion the information given in the Trustees Annual Report for the financial year for which the financial statements are prepared:

- is consistent with the financial statements;
- has been prepared in accordance with applicable legal requirements; and
- in the light of the knowledge and understanding of the company and its environment obtained during the course of the audit, we have not identified any material misstatement in the Trustees Annual Report.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

Except for the matter referred to above, we have nothing to report in respect of the following matters where 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 trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit;



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

Norman House
8 Burnell Road
Sutton, Surrey
SM1 4BW

Date: 4 October 2017

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2017**
(Incorporating an Income and Expenditure Account)

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

	Notes	Unrestricted funds 2017 £	Restricted funds 2017 £	Total funds 2017 £	Total funds 2016 £
INCOME AND ENDOWMENTS					
Donations and Legacies	2	10,855	33,525	44,380	99,010
Investment Income		-	-	-	31
Other Income		177	1,891	2,068	449
Income From Charitable Activities:					
Grants	3	-	683,414	683,414	521,122
Total Income		11,032	718,830	729,862	620,612
EXPENDITURE					
Expenditure on Raising Funds	4	3,503	-	3,503	5,458
Expenditure on Charitable activities:					
Operational programmes	5, 8	25,797	721,827	747,624	634,852
Total Expenditure		29,300	721,827	751,127	640,310
Net Income Before Transfers		(18,268)	(2,997)	(21,265)	(19,698)
Net Transfers between funds	9	(2,997)	2,997	-	-
Net Movement of Funds in Year		(21,265)	-	(21,265)	(19,698)
<i>Reconciliation of funds</i>					
Total funds brought forward		89,459	-	89,459	109,157
Total funds carried forward		68,194	-	68,194	89,459

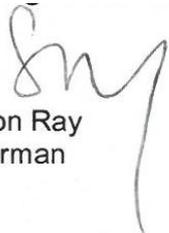
**BALANCE SHEET
AS AT 31 MARCH 2017**

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

	Notes	2017 £	2016 £
Fixed assets			
Office equipment, fixtures and fittings	10	7,412	10,416
Current assets			
Debtors	11	109,737	74,975
Cash at bank and in hand		322,123	289,935
		431,860	364,910
Creditors: amounts falling due within one year	12	(371,078)	(285,867)
Net current assets		60,782	79,043
Total net assets		68,194	89,459
Fund balances			
Charitable funds:			
Unrestricted funds: General reserves		43,194	64,459
Unrestricted funds: Designated		25,000	25,000
Restricted funds		-	-
	13,15	68,194	89,459

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 2/10/2017
and signed on their behalf by


Simon Ray
Chairman

**STATEMENT OF CASH FLOW
FOR THE YEAR ENDED 31 MARCH 2017**

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

STATEMENT OF CASH FLOW	2017	2016
	£	£
Cash flows from operating activities:		
Net cash provided by (used in) operating activities	32,188	91,689
Cash flows from investing activities:		
Purchase of property, plant and equipment	-	(4,800)
Net cash provided by (used in) investing activities	-	(4,800)
Cash flows from financing activities	-	-
Net cash provided by (used in) financing activities	-	-
Change in cash and cash equivalents in the reporting period	32,188	86,889
Cash and cash equivalents at the beginning of the reporting period	289,935	203,046
Cash and cash equivalents at the end of the reporting period	322,123	289,935

RECONCILIATION OF NET INCOME/(EXPENDITURE) TO NET CASH FLOW FROM OPERATING ACTIVITIES	2017	2016
	£	£
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	(21,265)	(19,698)
Adjustments for:		
Depreciation charges	3,004	2,494
(Increase)/decrease in debtors	(34,762)	18,574
Increase/(decrease) in creditors	85,211	90,319
Net cash provided by (used in) operating activities	32,188	91,689

ANALYSIS OF CASH AND CASH EQUIVALENTS	2017	2016
	£	£
Cash in hand	322,123	289,935
Total cash and cash equivalents	322,123	289,935

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2017

1. Principal accounting policies

Basis of preparation

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 amount to a contract for services, 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 2017**

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 £	2017 £	2016 £
Committed Giving	705	-	705	655
Donations, Appeal, Fundraising Events	10,150	33,525	43,675	98,355
	10,855	33,525	44,380	99,010

3. Income from charitable activities: Grants

	Unrestricted £	Restricted £	2017 £	2016 £
The Big Lottery Fund	-	78,095	78,095	176,930
The GV & SJ Britten Trust	-	47,705	47,705	14,007
European Commission	-	388,307	388,307	123,664
UNICEF	-	49,007	49,007	-
The Linda Norgrove Foundation	-	4,949	4,949	9,360
DFID	-	19,180	20,766	117,919
British and Foreign School Society	-	8,775	8,775	4,990
Karen Woo Foundation	-	3,492	3,492	-
The Overseas Aid Commission of Guernsey	-	6,300	6,300	32,799
SPANAN	-	-	-	2,000
St. James Place Foundation	-	-	-	7,490
The Doris Pacey and The Dr M&A Brynberg Charitable Foundations	-	8,951	8,951	14,325
Eleanor Rathbone Charitable Trust	-	2,000	2,000	-
Advocacy for Development Fund	-	14,249	14,249	-
MPM Charitable Trust	-	4,000	4,000	-
The H.O.B. Trust	-	2,000	2,000	-
Open Gate Trust	-	2,518	2,518	-
FCO	-	18,000	18,000	-
The Peter Stebbings Memorial Charity	-	2,500	2,500	-
The Tarim Trust	-	-	-	1,500
Toy Trust	-	-	-	2,500
Souter Charitable Trust	-	800	800	5,000
Evan Cornish Foundation	-	2,240	2,240	1,760
W F Southall Trust	-	3,000	3,000	1,000
Others	-	17,346	15,760	5,877
	-	683,414	683,414	521,122

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017**

Expenditure

4. Expenditure on Raising Funds:

	2017 £	2016 £
Costs of Fundraising events	3,503	5,458

**5. Charitable activities:
Operational Programmes**

	2017 £	2016 £
Reducing Maternal and Infant Deaths, Afghanistan	198,376	246,442
Putting Families First & Keeping and Finding Families, Tajikistan	67,712	161,668
Summer Camp Holiday, Kyrgyzstan	-	2,261
Supporting Disabled Children, Kyrgyzstan	83,514	157,572
Improving access to community-based early years support services, Moldova	36,808	7,377
Strengthening the capacity of parent-led CSOs, Ukraine	156,992	6,218
Developing advocacy service, Belarus	89,598	4,676
Siberian Initiative for Inclusion, Russia	73,487	4,042
Communities, Classrooms and Civil Society, Belarus, Moldova and Ukraine	15,340	-
	721,827	590,256
Operational Programme support costs	25,797	44,596
	747,624	634,852

Expenditure on operational programmes comprised:

Direct Costs		
Professional fees and implementation costs	477,644	429,256
Travel & subsistence	57,384	32,564
Communications	-	-
Publications, Research & Other costs	25,138	24,286
Support Costs		
Staff costs	155,787	119,244
Office and Premises costs	22,801	21,055
Communications	2,952	3,247
Other Support Costs (note 6)	5,918	5,200
Project Development	-	-
	747,624	634,852

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017**

6. Governance	2017	2016
	£	£
Audit and Accountancy fees	5,160	3,607
AGM and Strategy Meetings	664	1,316
Trustees expenses for attendance at meetings	94	277
	5,918	5,200
7. Net Incoming Resources for the year	2017	2016
	£	£
These are stated after charging:		
Depreciation	3,004	2,494
Audit and accountancy	5,160	3,607
Property rent and service charges	5,565	5,675
Property Council Tax and charges	-	-
8. Staff Costs and numbers	2017	2016
	£	£
Staff costs were as follows:		
Salaries and wages	105,826	89,147
Social security costs	6,846	5,571
Pensions	183	-
	112,855	94,718

The average number of employees during the year was four (four in 2016). No employee was paid more than £60,000. Total remuneration of the two key personnel for the year was £42,693.15 (one key personnel at £56,692 in 2015-16). 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 2016	24,255
Additions	-
At 31 March 2017	24,255
Depreciation	
At 1 April 2016	13,839
Charge for the year	3,004
At 31 March 2017	16,843
Net Book Value	
At 31 March 2017	7,412
At 31 March 2016	10,416

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017**

11. Debtors	2017	2016
	£	£
Project advances	59,762	63,650
Prepayments	5,879	2,489
Other debtors	2,468	1,931
Other debtors: Grants Due	41,628	6,905
	109,737	74,975

12. Creditors	2017	2016
	£	£
PAYE and NIC	-	-
Deferred Income	341,298	230,367
Accruals	22,934	3,400
Other creditors	6,846	52,100
	371,078	285,867

13. Analysis of net assets between funds	Unrestricted Funds	Restricted Funds	Total 2017	Total 2016
	£	£	£	£
Tangible fixed assets	7,412	-	7,412	10,416
Current assets	68,678	363,182	431,860	364,910
Current liabilities	(7,896)	(363,182)	(371,078)	(285,867)
Net assets	68,194	-	68,194	89,459

14. Lease Commitments

At 31 March 2017 the company had annual commitments under non-cancellable operating leases as follows:

Expiry Date	Land and Buildings		Other	
	2017	2016	2017	2016
	£	£	£	£
Within 1 year	-	-	-	2,462
Within 2-5 years	-	-	-	-

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2017**

15. Movement in restricted funds	At 1 April 2016	Incoming Resources	Outgoing Resources	Transfers	At 31 March 2017
	£	£	£	£	£
Reducing Maternal and Infant Deaths, Afghanistan	-	166,443	(198,376)	31,933	-
Putting Families First & Keeping and finding Families, Tajikistan	-	61,901	(67,712)	5,811	-
Supporting Disabled Children, Kyrgyzstan	-	85,024	(83,514)	(1,510)	-
Improving access to community-based early years support services, Moldova	-	45,139	(36,808)	(8,331)	-
Strengthening the capacity of parent-led CSOs, Ukraine	-	144,960	(156,992)	12,032	-
Developing a advocacy service, Belarus	-	105,032	(89,598)	(15,434)	-
Siberian Initiative for Inclusion, Russia	-	91,904	(73,487)	(18,417)	-
Communities, Classrooms and Civil Society, Belarus, Moldova and Ukraine	-	18,427	(15,340)	(3,087)	-
	-	718,830	(721,827)	2,997	-

The movement in funds shows the reconciliation of the opening and closing balances of the restricted funds where transfers represent the net contributions to/from the projects.

16. Payments to Trustees for services

No payments were made to Trustees but total of £94 has been reimbursed towards trustee travel expenses during the period of 01 Apr 2016 – 31 Mar 2017 (total of £277 during the period of 1 Apr 2015 – 31 Mar 2016).

**INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 MARCH 2017**

(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 2017	Total to 31 March 2016
	£	£	£	£
INCOME				
Grant Income – Restricted	-	683,414	683,414	521,122
Donations Received	2,937	-	2,937	67,084
Proceeds from Fundraising Events and Activities	6,850	4,775	11,625	17,670
Membership fees	705	-	705	655
Bank interest received	-	-	-	31
Premise costs recovered	-	-	-	-
Gifts and Services in Kind	363	28,750	29,113	13,601
Sundry Income	177	1,891	2,068	449
Total Income	11,032	718,830	729,862	620,612
EXPENDITURE				
Project payments to Local Partners	-	342,827	342,827	371,131
Project travel, accommodation, subsistence	-	57,384	57,384	32,564
Project Training and other costs	-	25,138	25,138	24,286
Project Consultants' Fees	-	134,816	134,816	58,125
Fundraising Costs & Event Expenses	3,444	59	3,503	5,458
Rent, Rates & Services	636	4,929	5,565	5,675
Travel	5	46	51	223
Telephone & postage	337	2,616	2,953	3,247
Stationery, Printing & Photocopying	334	2,592	2,926	3,949
Publications & Subscriptions	145	1,117	1,262	2,215
Office Machine Maintenance	-	-	-	291
Premises Expenses	97	749	846	442
Other Office Costs	689	5,339	6,028	3,812
Office & Charity Insurance	204	1,579	1,783	1,810
Depreciation	343	2,661	3,004	2,494
Staff Salaries & Employer's N.I.	12,898	99,957	112,855	94,718
Staff Recruitment & Training	35	270	305	4,135
Governance Costs	758	-	758	1,593
Bank Charges	25	193	218	144
Audit and Accountancy Fees	3,360	1180	5,160	3,607
Office Move Costs	1,118	-	1,118	-
Consultancy & Professional Fees	4,872	37,755	42,627	20,391
Gross Expenditure	29,300	721,827	751,127	640,310
Trustees Authorised Transfers	2,997	(2,997)	-	-
Total Expenditure	32,297	718,830	751,127	640,310
Total Income less Expenditure	(21,265)	-	(21,265)	(19,698)