

# HealthProm

Ensuring vulnerable children have the best start in life

## **REPORT AND FINANCIAL STATEMENTS**

**YEAR ENDED 31 MARCH 2018**

**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 2018

The Directors and Trustees present their annual report and audited financial statements for the year ended 31 March 2018.

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 local 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 new five-year Organisational Strategy (2017-2022) was launched in November 2017. This new strategy was developed through a six-month participatory process carried out in 2017 involving staff, consultants and Trustees. It 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 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 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.

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### 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

#### 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 grow and strengthen our work. Our five large projects funded by the European Commission continued in Belarus, Moldova, Russia, Tajikistan and Ukraine. Our project in Tajikistan has been supplemented by two new institutional grants from Grand Challenges Canada and DFID UKAID, which has allowed for the extension and deepening of our existing work. In Ukraine, our existing programme was complemented by a new grant from UNICEF, which allowed us to extend our project to new regions, including two conflict-affected areas in Eastern Ukraine. HealthProm also continued working in Afghanistan, improving maternal and newborn health in Balkh province.

The new institutional grants secured brought a total value of more than £158,475. We also continued our efforts to maintain a constant pipeline of funding proposals, and submitted new applications to donor agencies including the European Union, the Dutch Government, UNICEF, the Eastern Partnership Civil Society Forum, 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.

We are particularly pleased about our successful new grant in Tajikistan from Grand Challenges Canada through their 'Saving Brains' initiative. With HealthProm's support, our local partner in Tajikistan (Sarchashma) was able to lead this project, providing an invaluable opportunity for capacity development. The project will explore the impact of our existing programme of work in Tajikistan on early child development and will focus on the measurement of child development outcomes. This is a new area for HealthProm, and we are delighted to have the opportunity to develop a new measurable evidence base for our work.

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 2017/18 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.

<b>Title of the project: Improving maternal, newborn and child health in Afghan rural areas (Balkh Province)</b>
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<b>Project duration:</b> from 2008 – ongoing
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<b>Budget: £143,641</b>
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<b>Partners:</b> Health for All Development and Services Organisation (HADSO), Bakhtar Development Network, Balkh Provincial Directorate of Public Health
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<b>Project Background:</b>
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HealthProm has been working to improve maternal, newborn and child health in rural areas of Balkh Province, Afghanistan since 2008. Our approach uses a range of inter-related community-based initiatives to do this, acknowledging that many factors contribute to the health and wellbeing of women and children. These include promoting knowledge and skills about health and hygiene, facilitating peer support through Safe Motherhood Groups and Men's Support Groups, improving midwife outreach for antenatal care, providing transport to health facilities for women in labour and a waiting house for women in late pregnancy living in remote areas. Our approach extends to addressing wider determinants of health through improving links with government health centres and services, facilitating greater access to clean water, and improving nutrition and livelihoods.
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The project is in the second year of a three-year transition from total project payment of emergency transport costs for women in labour to the nearest health centre, to full payment of these costs by families. Once complete, this will leave the cost of midwife outreach visits for antenatal care and health education in schools as the main obstacles to a target of 80% to 90% sustainability within four years. This target would enable this project to end and the team to move on, applying what they have learned to another district. Sustainability is a major problem in Afghanistan, where often benefits do not endure after projects end.
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### Main achievements during the year:

- 892 women in labour received support with transportation to hospitals or medical facilities.
- 1363 pregnant women received a minimum of two antenatal care visits.
- 1350 pregnant women had birth plans developed with support from midwives.
- 38 Community Health Workers received regular supervision and medical supplies to provide primary health care for their communities.
- 66 pregnant women from remote villages stayed in the maternity waiting house, ensuring access to a skilled birth attendant at the time of delivery.
- 1350 clean birth kits were distributed to pregnant women and young mothers.
- 32 Safe Motherhood Groups and 32 Men's Support Groups have been active across the programme area.

### Plans for 2018/19:

HealthProm will continue working in partnership with communities, health centres and local authorities in Balkh province through a multi-pronged intervention strategy aimed at strengthening and supporting community initiatives and outreach services to improve maternal, newborn and child health.

The programme will seek to deliver the following key outputs:

- Increasing awareness of pregnancy risks, improving management of complications and providing antenatal care through supporting outreach midwifery services, including birth planning.
- Increasing community understanding of health and hygiene and accessing early treatment of illnesses through regular supervision and provision of medical supplies to Community Health Workers.
- Supporting wider community-led initiatives to strengthen maternal and child health by contributing to improvements to shared water, nutrition and livelihoods and facilitating regular meetings with Safe Motherhood Groups and Men's Support Groups.



Children attending health education lesson in Ramza village.

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**In Belarus,** we continued our EC-funded project in partnership with the Belarusian Children's Hospice. During the year we trained more than 100 specialists, 25 volunteers and 33 parents in community-based advocacy support to children with palliative care needs and their families.

**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:** Euro 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 life-limiting conditions (CWD and CWLLC). 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:**

- The project team supported **320 families** with children with severe disabilities and life-limiting conditions in four regions: Minsk city and Minsk region, Gomel, Mogilev and Grodno. This figure includes all families who were supported by the project's regional coordinators, social workers and legal advisor. Our legal adviser provided 75 professional legal consultations to families and the regional coordinators provided 1,090 consultations via phone/skype/viber and 663 face-to-face consultations to local families.
- We helped our local partner, the Belarusian Children's Hospice, in their efforts to **strengthen their organisational capacity**. In September 2017 an organizational audit of the BCH was completed by an experienced UK expert, Megan Bick, who spent a week with the hospice team in Minsk facilitating an organisational self-assessment and health check. As a result of the audit the consultant produced a comprehensive assessment report and made valuable recommendations for the BCH on what they need to improve and focus on in the next year.
- The BCH organized **a series of capacity building and rights-based training sessions**, conferences and forum meetings for its staff, volunteers and regional coordinators. A total of 24 educational and informational events in Minsk and in the regions.
- Together with the BCH we continued developing and improving **a Belarusian model of community-based advocacy services for families of CWD and CWLLC** in pilot regions. This model and our approach have proved to be very successful and in much demand among target groups, especially in the regions. The practical work during the two years of the action resulted in a developing a first draft of the Model paper which will be finalised in the next year.
- **Mid-term project assessment** was conducted by Alena Lis, an independent external expert from ODB Brussels, in November 2017. This evaluation provided a valuable feedback for the project team on the overall progress in achieving the expected outcomes and objectives of our project activities in Belarus. The main conclusion of this evaluation report was that "as of 27 November 2017, the project has been progressing slightly ahead of the schedule in achieving the performance indicators as stated in the logical framework. The majority of activities foreseen under the project took place".

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- **Sub-grants to regional organizations.** The BHC, with support from HealthProm, developed a program of sub-grants for local civil society organizations in the Minsk region with the aim to encourage local actions supporting advocacy and palliative support services.
- As an unexpected result of the project, the BCH— in association with the State Institution "Republic Centre of Palliative Care for Children"— **developed a monitoring system for children in state care**, aimed at assessing the quality of palliative care provided to seriously ill children living in 8 state institutions for children with disabilities. The monitoring highlighted the huge problem related to the rights of children with disabilities in closed state institutions. These children are among the most vulnerable and isolated in Belarusian society and urgently require attention and support from international and national civil society.

### Plans for 2018/19:

- We will continue to provide advocacy support services to families of children with severe disabilities and life-limiting conditions in the four target regions, and finalise a model of community-based advocacy services for families of CWD and CWLLC.
- We are supporting the BCH team to develop a five-year organisation strategy and strategic KPIs.
- Organise a new sub-granting scheme for regional organisations in Mogilev and Gomel regions.
- In November 2018, we will organise an international conference with the BCH: "Paediatric palliative care and child's rights in Eastern Europe and Central Asia".
- Our plans for the next year include developing a new publication on child's rights in palliative care, aimed at human rights activists, NGO activists and parent leaders.
- Developing new proposals and ideas for the future sustainability of our work in Belarus.



Our project beneficiary Milana and her mother, Gomel



A family supported by our regional coordinator in Mogilev region

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**In Moldova**, HealthProm is a partner on a project focused on improving access to early years and preschool support for vulnerable children with special needs. HealthProm works 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 aims 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:**

The second year of the project saw the consolidation of trainings that had been initiated in year one, followed by on site observation and supervision of the new models.

**January – April 2017:** The development of the Makaton vocabulary list, signs and symbols continued through the Spring with the Foundation Course being delivered in April to 15 professionals from the 5 regions and Chisinau.

**July 2017:** Visit by UK Project Manager to all project regions for meetings with local authorities, Psycho-pedagogical Assistance Service (PPAS) teams and kindergarten staff. Supervision was provided to all those working with the new models of music, Makaton and Portage. Observation and reflective learning sheets were distributed to all practitioners.

**August 2017:** Observation sheets and video clips of work with the children were completed and returned to the supervisors for feedback and support.

**September 2017:** Second visit by UK project Manager to all project regions for further meetings with local authorities, PPAS teams and kindergarten staff. Music sessions were conducted and filmed for immediate feedback and supervision. Discussions were held on implementation of Makaton and Portage.

**December 2017:** Visit by Moldovan professionals to Wiltshire for training and observation in Portage with Portage Wiltshire, Winchester and The Promise.

**Plans for 2018/19:**

- 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.
- Delivery of on-site supervision by HealthProm for Makaton, Portage and TIMM.
- Delivery of final training in TIMM and certification of first cohort of local trainers.
- Development of roll-out strategy for the three interventions.
- Final round table conference on results of the project.

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Left: Portage study visit by Moldovan partners to Salisbury, UK (December 2017)



Right: Girl exploring the bells during TIMM session, Calarasi region (2017)

**In Russia**, we continued our 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 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, 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 focused on three Siberian regions - Krasnoyarsk, Altai and Novosibirsk –and achieved the following results:*

- KCCP and HealthProm organised eight training events for **241 specialists –123 school teachers and 118 social work and child disability practitioners** in Krasnoyarsk, Barnaul and Novosibirsk. 100% of the participants reported an increase in their knowledge and skills about inclusion and special needs education following the training. Post-training monitoring with specialists who attended our seminars in 2016 in Krasnoyarsk, showed some amazing results – all respondents told us that they had put into practice what they learned at our training, and that through their work they had supported 249 parents and 3,487 children with special needs since the training.

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- We also organised four seminars for **92 parents of children with disabilities** and received very positive feedback from them after the training.
- We continued **building capacity of local partners KCCP** by strengthening their internal policies and procedures and equipping them with necessary skills and knowledge on inclusive education. KCCP staff continued regular learning throughout the year – they attended numerous inclusive education trainings, met with inclusive education experts, studied specialised literature and attended various regional, national and international conferences and forums. One of the highlights of the year was the project team’s participation in the international conference “Inclusive education- linking inclusive culture and practice” that took place in Moscow in June 2018.
- To strengthen **the capacity of local parent-led and disability CSOs** we organised two large capacity building training sessions for local parent-led NGOs and initiative groups in Barnaul (April) and Novosibirsk (August) and in addition, KCCP invited local Krasnoyarsk CSOs to training sessions on capacity building, fundraising and PR.
- We also organised two **sub-granting competitions** aimed at supporting local initiatives in Altai and Novosibirsk regions, as a result of which two local projects in Altai were successfully implemented and one in Novosibirsk was agreed and will be implemented in Year 3.
- **Establishing effective cooperation with local and regional government in three regions.** Our Russian partners continued developing and improving their partnership with the Ministry of Education of the Krasnoyarsk region, they also established good working relationships with the Institute for Re-training Teaching Staff in the Altai region and established initial contacts with the Ministry of Education in Novosibirsk.

### Plans for 2018/19:

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



Pervomaiskaia Secondary school in Cheremnoye village, Altai region

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**In Tajikistan,** In Tajikistan we work with the government, local partners and UNICEF to help vulnerable children to live safely outside of institutional care.

**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 provides 13.6%; UKAid provides 15.7%. 2.7% yet to be secured and we are in discussions with UNICEF.

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

### **Project Background:**

HealthProm began work in Tajikistan in 2015. We opened our first Family Support Centre in the grounds of a Baby Home in 2008. We now have Family Support Centres in three out of the four Baby homes in Tajikistan. The fourth Baby Home has a more rural catchment area and we are developing rural outreach services there. The 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 from harm.

### **Main achievements during the year:**

As at April 2018, we are 16 months into the 42-month project.

- Support for the Ministry of Health and Social Protection of the Population to prepare revised regulations about the Baby Homes that transform them from closed institutions into Centres of Child and Family Support. The approval process for these new regulations has taken longer than we thought. The regulations are now ready and we await their approval by the President's Executive Office.
- Strengthen family support services and include baby home staff in family support work. We have begun a 'de facto' transformation of the Baby Homes in anticipation of the transformation that will happen once the regulations are approved. We continue to provide parenting support through local Mellow Parenting services with the support of Rachel Tainsh at Mellow Parenting in Glasgow.
- The number of children in the baby homes has halved during this year. Our family support services have contributed to this. Other factors are reduced work migration to Russia and fewer children referred by the Child Rights Commissions. This emphasises the need for family support and child protection services.
- We have conducted training on child protection for all staff in our project, and for many baby home staff and workers from other local NGOs, as well as middle ranking officers from

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the Ministry of Health and Social Protection, the Ministry of Justice, the Ministry of the Interior and the Ministry of Education and Science.

- During this year the Ministry of Education and Science took responsibility for foster care from the Ministry of Health and Social Protection. We are part of a cross-ministry Working Group providing support for the implementation of new foster care legislation.
- We have benefited enormously from our association with Falkirk Council, Scotland. The Children's Service Manager and three of her team, together with a foster care expert, and a management consultant have freely given their time to coach and support local partners and the HealthProm Project Manager. They have all visited Tajikistan this year to coach on best practices in care and service and change management.
- The Grand Challenges Canada funding stream brings in the means and expertise of measuring and reporting on changes in child development and organisational capacity relating to our work. We have engaged a child development psychologist. Dr Penny Holding, who has helped us develop and use 8 tools to measure change. Our local partners have risen to the challenges of child development and organisational change evaluation.
- In February 2018 we said goodbye to Kouysinoy (Sonya) Maksoudova, our Tajikistan Project Manager, and we welcomed Umeda Ergasheva as her replacement.
- Dr Ian Milligan of the Centre for Excellence in Looked After Children Scotland (CELSIS) conducted an independent evaluation of the first year of the project. His report can be seen on our website.
- Match funding contributions from Grand Challenges Canada and UKAid have both come on stream in this reporting period. We anticipate full funding when UNICEF contributes to activities that will happen once the Baby Home regulations are approved. In addition to their professional coaching, our Falkirk colleagues have also raised a substantial amount of money at local functions.

### **Plans for 2018/19:**

The coming year will see the mid-point of the project and we anticipate these developments in our three specific objectives:

1. Baby Home transformation. We expect these regulations will be approved this year, but we do not know when. We will continue to provide family support services that will increasingly involve the Baby Homes. We will further develop rural outreach in the Baby Home in Istaravshan. We will arrange a study tour for 10 decision-makers and practitioners. They will visit Scotland to experience how family support, foster care and child protection all work together within the framework of 'Getting it Right for Every Child'. Our colleagues in Falkirk will arrange learning experiences that span the Scottish Government and grass-roots practice. Mellow Parenting groups will diversify to include dads and pregnant women.
2. Foster care is the objective that has proved hardest to take forward. After stagnation for much of 2017, we now have a place with UNICEF at the inter-ministerial working group. We will use this to advocate for best practices in foster care, and the implementation of the new legislation that includes foster care in Tajikistan social services. We will continue to support the foster placements we made in our last project; of the 8 we initially made, one child returned to his biological parents, two were adopted by the foster parents, and five remain as foster placements. Alternative family care is an essential accompaniment to the transformation of the Baby Homes into Centres of Child and Family Support because some children do not have birth or extended families to provide care. We will additionally promote Guardianship/Kinship care to bring in extended family as a first resort.

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3. Child protection. As fewer vulnerable children reside in the Baby Homes and instead live in the community with their families, the need for child protection services increases. We will improve our means of identifying children at risk in vulnerable families, and will try to include them in family support services. We will work with the Child Rights Commission and the Child Rights Units to diversify child protection practices and emphasise the need for a safer child care approach.

We will conclude the data-gathering part of the Grand Challenges Canada funding and embark upon data analysis. Our colleagues from Falkirk will continue their coaching, both remotely and in person. Rachel Tainsh will visit to support and evaluate the delivery of enhanced Mellow Parenting programmes. Dr Milligan will conduct an evaluation of year 2.



Tajik Project Manager Umeda Ergasheva with Dr Penny Holding and the team discussing implementation of child development measurement tools.

**In Ukraine**, we built a strong foundation for parents of children with disabilities to advocate for Early Intervention services: developing an interim structure for the All-Ukrainian Parents Forum for Early Intervention; and equipping parent leaders with advocacy skills, research evidence and the tools to produce first-person stories and powerful journalism that demonstrate the need for Early Intervention.

**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:** Sep 2016-Sep 2019

**Budget:** €585,528 (€439,146 from the EU)

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

**Project Background:** The project responds to a window of opportunity in Ukraine, created by the placing of Early Childhood Intervention (EI) 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 (MoU), 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. Our parent advocate, Viktoriya Pirogova - who was one of the first parents in Ukraine to benefit from Early Intervention - was one of the speakers at the signing of the MoU.

## REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2018

We support Ukrainian parent-led organisations in ten regions to develop a strong understanding of Early Intervention 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 highly valued by the policy-makers and service-providers of these countries.

### **Main achievements during the year:**

#### **Mobilisation and regional activity**

The process of mapping and mobilising parent organisations was completed across ten regions of Ukraine: the four regions in which the government has made a commitment to pilot Early Intervention: Lviv, Zakarpattia, Odessa and Kharkiv; the four regions most affected by the conflict and internal displacement in East Ukraine – Luhansk, Donetsk, Zaporozhia and Dnipro; Kiev city, where most national child disability organisations are based; and Vinnitsiya, which has an exceptional record of parent activism. In all regions, parent organisations have had positive engagement with decision-makers, service providers and media representatives, strengthening linkages already built in some cases with local and regional authorities. Two working groups have been set up with city authorities in Kharkiv and Mariupol, to work to develop Early Intervention services. Peer mentoring by experienced parent advocates, and training and study tours to the Early Intervention centres in Kharkiv and Lviv, have increased parent leaders' understanding of Early Intervention and the need for constructive engagement with local administrators and professionals.

#### **Development of the All-Ukrainian Forum for Early Intervention (AUPFEI)**

Eighty parents and supporters took part in the first conference of the AUPFEI, voting in favour of a membership statement and a code of conduct for the Forum. Two working groups took responsibility for proposals for an interim structure for the Forum and for the development of a consistent, shared description of Early Intervention – a term which many find confusing. Processes for the selection of Regional Parent Representatives, to lead advocacy initiatives, and for Link Parents, to support monitoring and information-sharing, were agreed and implemented. Dame Philippa Russell, HealthProm patron, presented on the history and development of the UK parents movement, and provided briefing notes on the evolution of structures of relevant UK parent platforms, which have been key to developing parents' contribution to policy.

#### **Research**

Nine parents were trained to work closely with the Kiev International Institute of Sociology, to contribute to a highly innovative participatory research study, *'Heeding the Voice of Parents - Families' experience of services for children with disabilities and/or special needs, aged 0-4, in Ukraine, including experience of an innovative Early Intervention Service'*. The study used quantitative and qualitative methods to examine the experience of 238 parents of children with disabilities / special needs in two regions. Parent leaders have presented the findings widely, and initially at a meeting of the National Early Intervention Policy Platform in Kyiv, which brings together high-level government representatives and stakeholders.

#### **Communication**

Twelve parents were trained to interview each other, and a further three parents each, about their personal experience of the birth and early years of their children's lives. For many this was a transformative experience, as the stories brought to light the level of stigma and isolation experienced by individual parents, who until this point have thought themselves alone. The raw material was then transcribed and professionally edited to form a powerful archive of 50 Life Stories, which illustrate the huge struggle faced by many parents, the pressure on many to give up their babies to institutions, and the difference that Early Intervention support has made to those few who are able to access it. The parent interviewers worked with regional journalists to prepare substantive media coverage based on the Life Stories, to convey the need for Early Intervention to the public.

## REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2018

Over 1,100 parents and allies share experience and information about their efforts to achieve Early Intervention through membership of our 'Parents for Early Intervention' Facebook Group.

### Plans for 2018/19:

- A strategy process conducted in late 2017 set out the direction for the remainder of the project. We will build the capacity of parent organisations to develop, fundraise for and manage a range of advocacy initiatives for Early Intervention at regional level, through two phases of mini-grants, the first of which is currently being implemented.
- We also seek to build advocacy partnerships between parent leaders and professionals with a commitment to the development of Early Intervention. To do this we will draw on conflict resolution methodologies in a series of workshops, to build common ground and bridge areas of difference.
- Training events on social services commissioning for parent organisations considering taking on local authority contracts, and on project development/fundraising, are also envisaged.
- Two further conferences of the AUPFEI are planned, preceded by leaders' meetings. Advocacy publications will be produced for key target audiences.



Left: Parents discuss the structure of the Parents Forum for Early Intervention (AUPFEI)



Right: Presentation of the participatory research study of parents' experience of services for young children with special needs at a press conference with UNICEF.

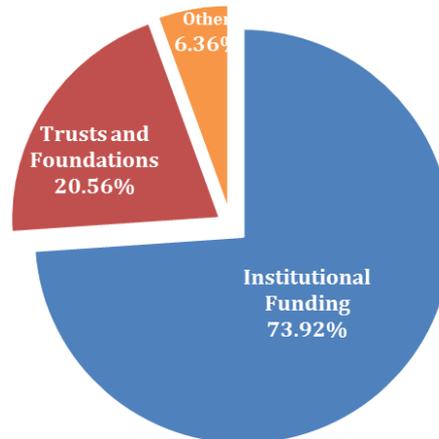
## REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2018

### FINANCIAL OVERVIEW

#### Income

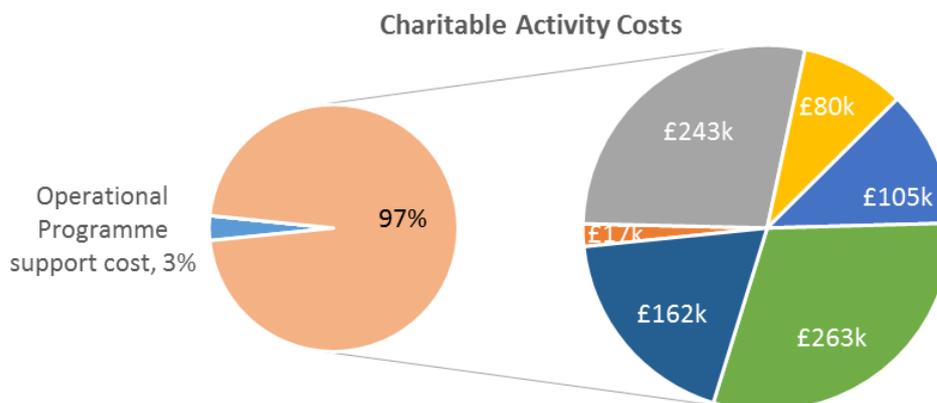
Total income and endowments were £945,700 in 2017/2018, representing an increase of 29.57% above £729,862 in 2016/2017. HealthProm secured two new institutional donors for project in Tajikistan which has a positive impact on the sustainability of the organisation and it's activities.

Grants represented the principal funding source, accounting for £893,470 or 94.48% of the total income (93.64% in 2016/2017).



#### Expenditure

Total expenditure amounted to £908,385, £900,374 (or 99.12%) of which consisted of expenditure on operational programmes and 0.88% cost of raising income. Operational programme support costs represent 3% of the 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 2018**

The overall surplus for the year was £37,375 (compared to a deficit of £21,265 in 2016/2017), out of which £11,506 was unrestricted. The net assets were £105,509 at the year-end, made up of £79,700 unrestricted reserves and £25,809 restricted reserves.

### **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 2018 HealthProm auto enrolled 6 employees, 5 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.

### **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 2018, HealthProm met this requirement.

### **PLANS FOR 2018/2019**

Whilst ensuring the successful implementation of on-going projects, the priority for 2018/19 will be to roll out the new five-year organisational strategy, agreed in November 2017. For each of the priority areas in the strategy, key internal performance indicators have been agreed for the first three years. Designing ways to continue or expand existing programmes, Identifying new sources of project financing to ensure these can be smoothly introduced, mobilising additional unrestricted funding and ensuring we have the staff and expertise to roll out the strategy will all be key. We will use a revised Monitoring, Evaluation and Learning (MEL) Framework to guide how externally we measure and report on HealthProm's performance.

## **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 (resigned Apr 2018)  
Treasurer: Ms Elena Nikolaeva  
Ms Olga Johnson  
Mr Tim Unmack (resigned Apr 2018)  
Mr Gordon Alexander  
Mr Ismayil Tahmazov (resigned May 2017)  
Mr Joe Long  
Ms Tina Bajec  
Ms Olena Vinareva  
Mr Gary Lawson (co-opted Apr 2018)  
Mr Daniel Robert Tickle (co-opted Apr 2018)

### STAFF

Director of Operations: Tanya Buynovskaya  
Senior Programme Development Adviser: Lauren Foster Mustardé  
Finance and Administration Manager: Natalia Sorokina  
Finance and Projects Assistant: Irina Maiseniene

### 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
- Beatrice Lang Trust
- British and Foreign School Society
- Bryan Guinness Charitable Trust
- Bryan Lancaster Trust
- CAF Advocacy for Development Fund
- Cauda Trust
- CELSIS
- Charities Aid Foundation
- Department for International Development (DFID)
- Doris Pacey Charitable Foundation
- Dr Michael and Anna Brynberg Charitable Foundation
- Eleanor Rathbone Charitable Trust
- European Commission
- Evan Cornish Foundation
- Falkirk Council
- Foreign & Commonwealth Office
- The Funding Network
- Grand Challenges Canada
- GV and SJ Britten Trust
- H.O.B. Trust
- Karen Woo Foundation
- Linda Norgrove Foundation
- MPM Charitable Trust
- Oakdale Trust
- Open Gate Trust
- Overseas Aid & Development Commission of the States of Guernsey
- Peter Stebbings Memorial Charity
- Philip Henman Trust
- Purley Overseas Trust
- RA and VB Reekie Charitable Trust
- Rotary Club of London
- Souter Charitable Trust
- St James' Place Foundation
- Tarim Charitable Trust
- The Almond Tree Cafe in Falkirk
- The Toy Trust
- UNICEF
- Wallace Bell Charitable Trust
- 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.

## TRUSTEES' RESPONSIBILITIES STATEMENT FOR THE YEAR ENDED 31 MARCH 2018

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  
9/7/2018

**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 2018 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 2018, 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

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

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](http://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: 13 JULY 2018

**STATEMENT OF FINANCIAL ACTIVITIES  
FOR THE YEAR ENDED 31 MARCH 2018**  
(Incorporating an Income and Expenditure Account)

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

	Notes	Unrestricted funds 2018 £	Restricted funds 2018 £	Total funds 2018 £	Total funds 2017 £
<b>INCOME AND ENDOWMENTS</b>					
Donations and Legacies	2	33,312	18,791	53,103	44,380
Investment Income		-	-	-	-
Other Income		127	-	127	2,068
<b>Income From Charitable Activities:</b>					
Grants	3	-	893,470	893,470	683,414
<b>Total Income</b>		33,439	912,261	945,700	729,862
<b>EXPENDITURE</b>					
Expenditure on Raising Funds	4	8,010	-	8,010	3,503
<b>Expenditure on Charitable activities:</b>					
Operational programmes	5, 8	29,216	871,159	900,375	747,624
<b>Total Expenditure</b>		37,226	871,159	908,385	751,127
<b>Net Income Before Transfers</b>		(3,787)	41,102	37,315	(21,265)
Net Transfers between funds	9	15,293	(15,293)	-	-
<b>Net Movement of Funds in Year</b>		11,506	25,809	37,315	(21,265)
<i>Reconciliation of funds</i>					
Total funds brought forward		68,194	-	68,194	89,459
<b>Total funds carried forward</b>		79,700	25,809	105,509	68,194

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 2018**

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

	Notes	2018 £	2017 £
<b>Fixed assets</b>			
Office equipment, fixtures and fittings	10	4,411	7,412
<b>Current assets</b>			
Debtors	11	155,089	109,737
Cash at bank and in hand		200,383	322,123
		355,472	431,860
<b>Creditors: amounts falling due within one year</b>	12	(254,374)	(371,078)
<b>Net current assets</b>		101,098	60,782
<b>Total net assets</b>		105,509	68,194
<b>Fund balances</b>			
<b>Charitable funds:</b>			
Unrestricted funds: General reserves		49,700	43,194
Unrestricted funds: Designated		30,000	25,000
Restricted funds		25,809	-
	13,15	105,509	68,194

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 9 July 2018  
and signed on their behalf by**

  
Simon Ray  
Chairman  
9/7/18

**STATEMENT OF CASH FLOW  
FOR THE YEAR ENDED 31 MARCH 2018**

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

<b>STATEMENT OF CASH FLOW</b>	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>
<b>Cash flows from operating activities:</b>		
<b>Net cash provided by (used in) operating activities</b>	<b>(121,740)</b>	<b>32,188</b>
Cash flows from investing activities:		
Purchase of property, plant and equipment	-	-
<b>Net cash provided by (used in) investing activities</b>	<b>-</b>	<b>-</b>
<b>Cash flows from financing activities</b>	<b>-</b>	<b>-</b>
Net cash provided by (used in) financing activities	-	-
<b>Change in cash and cash equivalents in the reporting period</b>	<b>(121,740)</b>	<b>32,188</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>	<b>322,123</b>	<b>289,935</b>
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>200,383</b>	<b>322,123</b>

<b>RECONCILIATION OF NET INCOME/(EXPENDITURE) TO NET CASH FLOW FROM OPERATING ACTIVITIES</b>	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	37,315	(21,265)
Adjustments for:		
Depreciation charges	3,001	3,004
(Increase)/decrease in debtors	(45,352)	(34,762)
Increase/(decrease) in creditors	(116,704)	85,211
<b>Net cash provided by (used in) operating activities</b>	<b>(121,740)</b>	<b>32,188</b>

<b>ANALYSIS OF CASH AND CASH EQUIVALENTS</b>	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>
Cash in hand	200,383	322,123
<b>Total cash and cash equivalents</b>	<b>200,383</b>	<b>322,123</b>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2018

### 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 fund-raising, 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 2018

### 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 £	2018 £	2017 £
Committed Giving	485	-	485	705
Donations, Appeal, Fundraising Events	32,827	18,791	51,618	43,675
	33,312	18,791	52,103	44,380

Of the £44,380 income recognised in 2017, £10,855 was unrestricted funding and £33,525 was restricted funding.

## 3. Income from charitable activities: Grants

	Unrestricted £	Restricted £	2018 £	2017 £
The Big Lottery Fund	-	-	-	78,095
The GV & SJ Britten Trust	-	68,788	68,788	47,705
European Commission	-	533,467	533,467	388,307
UNICEF	-	136,438	136,438	49,007
Grand Challenges Canada	-	21,295	21,295	-
The Linda Norgrove Foundation	-	6,354	6,354	4,949
DFID	-	7,836	7,836	19,180
British and Foreign School Society	-	10,720	10,720	8,775
Karen Woo Foundation	-	3,617	3,617	3,492
The Overseas Aid Commission of Guernsey	-	19,985	19,985	6,300
St. James Place Foundation	-	10,000	10,000	-
The Doris Pacey and The Dr M&A Brynberg Charitable Foundations	-	34,898	34,898	8,951
Eleanor Rathbone Charitable Trust	-	-	-	2,000
Advocacy for Development Fund	-	-	-	14,249
Phillip Henman Trust	-	10,000	10,000	-
MPM Charitable Trust	-	5,000	5,000	4,000
The H.O.B. Trust	-	-	-	2,000
Open Gate Trust	-	2,500	2,500	2,518
FCO	-	-	-	18,000
The Peter Stebbings Memorial Charity	-	-	-	2,500
The Beatrice Lang Trust	-	5,000	5,000	-
Souter Charitable Trust	-	3,682	3,682	800
Evan Cornish Foundation	-	5,390	5,390	2,240
W F Southall Trust	-	2,000	2,000	3,000
Others	-	2,500	2,500	17,346
	-	893,470	893,470	683,414

All of the £683,414 income recognised in 2017 was restricted funding.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2018**

**Expenditure**

**4. Expenditure on Raising Funds:**

	2018 £	2017 £
Costs of Fundraising events	<b>8,010</b>	<b>3,503</b>

All of the £3,503 expenditure recognised in 2017 was charged to unrestricted funds.

**5. Charitable activities:**

**Operational Programmes**

	2018 £	2017 £
Reducing Maternal and Infant Deaths, Afghanistan	<b>162,483</b>	198,376
Putting Families First & Keeping and Finding Families, Tajikistan	<b>243,426</b>	67,712
Supporting Disabled Children, Kyrgyzstan	-	83,514
Improving access to community-based early years support services, Moldova	<b>17,398</b>	36,808
Strengthening the capacity of parent-led CSOs, Ukraine	<b>262,723</b>	156,992
Developing advocacy service, Belarus	<b>105,162</b>	89,598
Siberian Initiative for Inclusion, Russia	<b>79,967</b>	73,487
Communities, Classrooms and Civil Society, Belarus, Moldova and Ukraine	-	15,340
<b>Total restricted expenditure</b>	<b>871,159</b>	721,827
Operational Programme support costs (Unrestricted expenditure)	<b>29,216</b>	25,797
	<b>900,375</b>	747,624

Expenditure on operational programmes comprised:

**Direct Costs**

Professional fees and implementation costs	<b>620,243</b>	477,644
Travel & subsistence	<b>52,069</b>	57,384
Communications	-	-
Publications, Research & Other costs	<b>11,633</b>	25,138

**Support Costs**

Staff costs	<b>178,699</b>	155,787
Office and Premises costs	<b>31,063</b>	22,801
Communications	<b>1,728</b>	2,952
Other Support Costs (note 6)	<b>4,940</b>	5,918
Project Development	-	-
	<b>900,375</b>	747,624

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2018**

<b>6. Governance</b>	<b>2018</b>	2017
	<b>£</b>	<b>£</b>
Audit and accountancy	<b>3,600</b>	5,160
AGM and strategy meetings	<b>886</b>	664
Trustees expenses for attendance at meetings	<b>454</b>	94
	<b>4,940</b>	5,918
<b>7. Net Incoming Resources for the year</b>	<b>2018</b>	2017
	<b>£</b>	<b>£</b>
These are stated after charging:		
Depreciation	<b>3,001</b>	3,004
Auditor's remuneration – audit services	<b>3,600</b>	5,160
Property rent and service charges	<b>14,160</b>	5,565
<b>8. Staff Costs and numbers</b>	<b>2018</b>	2017
	<b>£</b>	<b>£</b>
Staff costs were as follows:		
Salaries and wages	<b>132,255</b>	105,826
Social security costs	<b>9,180</b>	6,846
Pensions	<b>1,103</b>	183
	<b>142,538</b>	112,855

The average number of employees during the year was five (four in 2017). No employee received total employee benefits (excluding employer pension costs) of more than £60,000 in 2018 or 2017. Total remuneration of the one key personnel for the year was £44,339 (one key personnel at £42,765 in 2016-17). 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**

<b>Cost</b>	<b>£</b>
At 1 April 2017	24,255
Additions	-
At 31 March 2018	24,255
<b>Depreciation</b>	
At 1 April 2017	16,843
Charge for the year	3,001
At 31 March 2018	19,844
<b>Net Book Value</b>	
At 31 March 2018	<b>4,411</b>
At 31 March 2017	7,412

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2018**

<b>11. Debtors</b>	<b>2018</b>	2017
	£	£
Project advances	<b>84,497</b>	59,762
Prepayments	<b>1,349</b>	5,879
Other debtors	<b>3,262</b>	2,468
Other debtors: Grants Due	<b>65,981</b>	41,628
	<b>155,089</b>	109,737

<b>12. Creditors</b>	<b>2018</b>	2017
	£	£
PAYE and NIC	-	-
Deferred Income	<b>175,086</b>	341,298
Accruals	<b>5,998</b>	22,934
Other creditors	<b>73,290</b>	6,846
	<b>254,374</b>	371,078

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**

	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total 2018</b>	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total 2017</b>
	£	£	£	£	£	£
Tangible fixed assets	4,411	-	<b>4,411</b>	7,412	-	7,412
Current assets	79,671	275,801	<b>355,472</b>	68,678	363,182	431,860
Current liabilities	(4,382)	(249,992)	<b>(254,374)</b>	(7,896)	(363,182)	(371,078)
Net assets	79,700	25,809	<b>105,509</b>	68,194	-	68,194

**14. Lease Commitments**

The total minimum lease payments falling due under non-cancellable operating lease agreements at 31 March 2018 amounted to £3,540 (2017: £3,540) and these commitments fall due within one year (2017: within one year).

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2018**

**15. Movement in funds**

	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)	-
Unrestricted funds	43,194	33,439	(37,226)	10,293	49,700
Designated funds	25,000	-	-	5,000	30,000
	<b>68,194</b>	<b>945,700</b>	<b>(908,385)</b>	<b>-</b>	<b>105,509</b>
	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)	-
Unrestricted funds	64,459	11,032	(29,300)	(2,997)	43,194
Designated funds	25,000	-	-	-	25,000
	<b>89,459</b>	<b>729,862</b>	<b>(751,127)</b>	<b>-</b>	<b>68,194</b>

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 £454 has been reimbursed towards one trustee travel expenses during the period of 01 Apr 2017 – 31 Mar 2018 (total of £94 during the period of 1 Apr 2016 – 31 Mar 2017 towards one trustee travel expenses).

**INCOME AND EXPENDITURE ACCOUNT  
FOR THE YEAR ENDED 31 MARCH 2018**

(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 2018	Total to 31 March 2017
	£	£	£	£
<b>INCOME</b>				
Grant Income – Restricted	-	893,470	<b>893,470</b>	683,414
Donations Received	12,260	4,505	<b>16,765</b>	2,937
Proceeds from Fundraising Events and Activities	17,327	238	<b>17,565</b>	11,625
Membership fees	485	-	<b>485</b>	705
Gifts and Services in Kind	3,240	14,048	<b>17,288</b>	29,113
Sundry Income	127	-	<b>127</b>	2,068
<b>Total Income</b>	<b>33,439</b>	<b>912,261</b>	<b>945,700</b>	<b>729,862</b>
<b>EXPENDITURE</b>				
Project payments to Local Partners	-	455,021	<b>455,021</b>	342,827
Project travel, accommodation, subsistence	-	52,069	<b>52,069</b>	57,384
Project Training and other costs	-	11,633	<b>11,633</b>	25,138
Project Consultants' Fees	-	165,222	<b>165,222</b>	134,816
Fundraising Costs & Event Expenses	8,000	10	<b>8,010</b>	3,503
Rent, Rates & Services	1,618	12,542	<b>14,160</b>	5,565
Travel	115	894	<b>1,009</b>	51
Telephone & postage	197	1,530	<b>1,727</b>	2,953
Stationery, Printing & Photocopying	408	3,163	<b>3,571</b>	2,926
Publications & Subscriptions	147	1,137	<b>1,284</b>	1,262
Premises Expenses	-	-	<b>-</b>	846
Other Office Costs	608	4,710	<b>5,318</b>	6,028
Office & Charity Insurance	223	1,728	<b>1,951</b>	1,783
Depreciation	343	2,658	<b>3,001</b>	3,004
Staff Salaries & Employer's N.I.	16,290	126,248	<b>142,538</b>	112,855
Staff Recruitment & Training	309	2,393	<b>2,702</b>	305
Governance Costs	1,340	-	<b>1,340</b>	758
Bank Charges	73	565	<b>638</b>	218
Audit and Accountancy Fees	3,600	-	<b>3,600</b>	5,160
Office Move Costs	131	-	<b>131</b>	1,118
Consultancy & Professional Fees	3,824	29,636	<b>33,460</b>	42,627
<b>Gross Expenditure</b>	<b>37,226</b>	<b>871,159</b>	<b>908,385</b>	<b>751,127</b>
<b>Trustees Authorised Transfers</b>	<b>(15,293)</b>	<b>15,293</b>	<b>-</b>	<b>-</b>
<b>Total Expenditure</b>	<b>21,933</b>	<b>886,452</b>	<b>908,385</b>	<b>751,127</b>
<b>Total Income less Expenditure</b>	<b>11,506</b>	<b>25,809</b>	<b>37,315</b>	<b>(21,265)</b>