

HealthProm

(A COMPANY LIMITED BY GUARANTEE AND NOT HAVING SHARE CAPITAL)

(COMPANY NO. 4887855)
(REGISTERED CHARITY NO. 1100459)

REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

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FOR THE YEAR ENDED 31 MARCH 2013

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REFERENCE AND ADMINISTRATIVE DETAILS

FOR THE YEAR ENDED 31 MARCH 2013

Charity name: HealthProm

Charity Registration no: 1100459

Company Registration no. 04887855

Company limited by guarantee without share capital

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Trustees & Officers: Mr Simon Ray, Chairman
Mr Robert Scallon, Company Secretary
Dr Alison Hunter, Treasurer
Mr Tim Unmack
Ms Olga Johnson
Mr Ralph Land CBE
Ms Caroline Leveaux (co-opted on 1 July 2012; elected at AGM 21 November 2012)
Mr Prof Patrick Vaughan (co-opted on 21 November 2012)

Employees: CEO: Fiona McLean (appointed 01/08/2012)
Valérie Amato (resigned 10/04/2012)
Programmes & Partnerships Manager: Tanya Buynovskaya
Finance and Administration Manager: Maia Phutkaradze
Programmes & Partnerships Manager: Candice Sly

Auditors: Myrus Smith
Norman House
8 Burnell Road
Sutton
SM1 4BW

Bankers:	CAF Bank Ltd Kings Hill West Malling Kent ME19 4TA	HSBC 246 Kentish Town Road Kentish Town London NW5 2BS	Nat West Bank Camden Town Branch 166 Camden High St. London NW1 0NW
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TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2013

Structure, Governance and Management

Constitution: HealthProm is a private limited company incorporated on 4 September 2003. It is limited by guarantee. It has charitable status. Its constitution is set out in its Memorandum and Articles of Association which regulate its activities. Its Directors are also Charity Trustees.

Organisation: The Board of Directors and Trustees makes all governance, finance, strategy and policy decisions. During the financial year under review, the Board met nine times.

New trustees were appointed following a review of the skills needed on the Board.

Related parties and connected organisations: None

Structure: Since 1984, HealthProm has been working with regional health administrations, hospitals, academic institutions and non-profit organizations in the Former Soviet Union to enhance the delivery of health and social services in the region. HealthProm has relied on a team of trustees, volunteers and project staff to build partnerships throughout the Former Soviet Union and has spread projects into Afghanistan. We draw upon an extensive network of British specialists in health and social care some of whom volunteer their time. We have registered offices or local representatives as required, in each country in which we operate.

Risk Management: The charity trustees have considered the major risks to which the charity is exposed and have established systems and procedures to manage those risks.

The trustees have identified the need for internal controls, and have put in place procedures for authorising all transactions and projects. A key element in the management of financial risk is the setting of a reserves policy and its regular review by trustees.

Change in the Composition of the Board: None

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

Financial Review

Assets held on behalf of others: HealthProm does not hold any assets on behalf of others.

Investment policy: HealthProm does not hold investments and does not have an investment policy.

Policy on reserves

Reserves are an important part of planning and sound financial management. It feeds into the budgeting and decision-making process, acting as a benchmark to ensure that funds are used effectively.

Reserves are needed for HealthProm to:

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

Regular risk assessment is undertaken to ensure sufficient funds are available to cover the unexpected variance of the income and expenditure.

Trustees aim to ensure that general or unrestricted reserves do not fall below a value equivalent to three months' overheads. As at 31 March 2013, Healthprom met this requirement.

Policy is reviewed regularly to reflect the expansion plans set out in the Strategy for Growth.

Annual accounts

The Board of Trustees confirms that the accounts for 2012-2013 comply with current statutory requirements and the requirements of HealthProm's governing document. The trustees present their report with financial statements of the charity for the year ended 31 March 2013. The financial statements have been prepared in accordance with the requirements of the Statement of Recommended Practice on Accounting and Reporting by Charities issued by the Charity Commission 2005 (SORP 2005).

Incoming resources were £404,856 in 2012/2013, representing a decrease of 11.75% (from £458,737) in 2011/2012. Grants represented the principal funding source, accounting for £240,555 or 59.42% of total income (59.53% in 2011/2012). Total Resources Expended amounted to £450,071, £371,269 (or 82.49%) of which consisted of resources expended on operational programmes. This resulted in an overall deficit of £45,215 for the year (compared to a surplus of £35,235 in 2011/2012). The Restricted deficit was due to the timing differences in recognising the income in the previous year and has been covered from the brought forward funds. Net Assets at year end stood at £67,542, of which £55,584 was held in Restricted Funds.

The trustees are working for a more positive outlook in the next financial year. They believe that the resources and time spent during 2012-13 will yield results and improve the level of Unrestricted funds in future years. They continue working on fundraising strategy to ensure a sustainable future for HealthProm.

This trustees' annual report is for an international development charity operating in the areas of maternal and child health. The trustees consider that HealthProm meets the Public Benefit requirement because

- ❖ the trustees have had regard to the Charity Commission's general guidance on public benefit
- ❖ significant activities have been undertaken to further its charitable purposes for the public benefit.

The reporting narrative demonstrates that the charity is established for purposes which are for the public benefit and explains how the trustees have operated the charity in furtherance of these purposes. In particular, the report provides a summary of its objects and describes the benefits its activities bring to improving the health of mothers and children.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

Objectives and Activities

Objects of the Charity

As set out in its Memorandum of Association (as amended), "the object for which the Company is established is to preserve, protect and improve the health of the public in Britain, Eastern Europe, the Caucasus and Asia, and in particular the health of mothers and children".

Background and Approach

HealthProm is an international development NGO whose origins go back to 1984. It started as a USSR-UK Medical Exchange Programme founded 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 promoting the health and social care of vulnerable women and children in the former soviet union and neighbouring countries, with priority to prevention and early intervention. We work specifically on safe motherhood as the point in the life cycle at which the least expenditure can deliver the most health gain, and supporting vulnerable parents to care for their children, especially children with disabilities. As well as improving child development, we aim to reduce institutionalisation of babies and small children.

The key principles guiding our activities are **capacity-building for sustainability**, **evidence-based practice** and **partnership working**, underpinned by the following values:

- 1 - a participatory approach driven by the needs of beneficiaries
- 2 - expertise, commitment and sharing
- 3 - integrated and multi-disciplinary approach
- 4 - value-for-money
- 5 - learning and innovation
- 6 - flexibility and adaptability to local needs and situations
- 7 - respect for diversity and promotion of equality of opportunity
- 8 - openness and transparency

HealthProm is a learning organisation bringing values from health and social care. Our work depends on the high expertise and the mix of skills upon which HealthProm draws from health and social care specialists and staff, with many years of experience of health and social care and development work. It is the voluntary input of health and social care professionals working in the areas of our programmes, primarily safe childbirth, child mental health, prevention of institutionalisation (especially of children with disabilities) that makes HealthProm's vital work possible.

Because HealthProm does not normally provide services directly but aims to build the capacity of its overseas partners, mostly through in-service training and service development, the success of its partnership projects depends crucially on its overseas partners, which range from NGOs to UN organizations and government ministries. Training provided by HealthProm teams supports evidence-based practice. All of HealthProm's projects fall into sectors in which good practice depends on training and co-operation between specialists representing different disciplines, such as obstetricians and midwives, psychologists and social workers.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

Aims and Strategic Objectives

HealthProm's aim is to work with its overseas partners to achieve sustainable, culturally appropriate dissemination of best practices in health and social care to improve the health of vulnerable groups in the THE FORMER SOVIET UNION and neighbouring countries. The partnership projects focus on evidence-based training, support of effective service delivery and improved access to information. HealthProm has identified two key strategic areas in which it wants to pursue its work: (1) maternal and child health – specifically safe childbirth and the social care of babies; and (2) supporting family care and prevention of institutionalisation of children, especially children with disabilities.

The Board of Trustees approved a new Strategic Plan for Growth for the next 5 years on 15th of November 2011 with the following strategic objectives:

- increase outreach and impact through new and larger programmes and projects, in more countries
- support locally-initiated reforms of health and social care
- re-evaluate the costs and benefits of increasing our direct presence in existing target countries
- secure a financially sustainable future
- strengthen our governance and financial systems

In setting our strategic objectives we have regard to both the Charity Commission's general guidance on public benefit and the improvement of health for the public benefit. The trustees always ensure that the activities we undertake are in line with our charitable objects and aims.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

Activity Report

A – Project Activities

Overview

HealthProm's teams of experts have worked closely with its office and voluntary staff and in-country partners to design, deliver and evaluate projects and to disseminate best practices and lessons learnt to wider communities. In order to leverage past successes and maximise impact, HealthProm's approach is to roll over or replicate existing pilots or projects for scaling up purposes, whilst testing new concepts and innovative approaches. As highlighted below, in most instances, new projects build on the knowledge and expertise acquired through past and existing project work, with the inclusion of new activities.

During the financial year under review, we pursued activities in Central Asia and Afghanistan. HealthProm worked in Kyrgyzstan and Tajikistan to improve social care of children, and in Uzbekistan and Northern Afghanistan for safe motherhood.

Where projects are completed, there is a thorough financial audit of the work and final reports provided to the funders and the Trustees.

A - Active Projects

A1. Keeping and Finding Families: Inclusive Social Services for vulnerable young children in Dushanbe

Partners:	Disabled Women's League "Ishtirok" Social Legal Centre "Sarchasma"
Donors and Budget:	€706,841 (EU 80% and other donors 20%)
Project start and end:	1 February 2013 – 31 January 2016

Background and overview

The overall objective of this action is to reduce social exclusion and protect the rights of young vulnerable children in Tajikistan in line with the Tajik PRSP and UNCRF.

Investment in Early Childhood Development is critical to help to break the cycle of inequities, poverty and social exclusion that many children and families in Tajikistan face. Early stimulation, adequate nutrition, and health/hygiene are key in promoting optimal child health, welfare and development. There are four domains of childhood development: physical, cognitive, language and social/emotional. Developmental delays before age six are difficult to compensate for later in life because early childhood is a particularly sensitive period for brain formation. Children require a safe, stimulating and loving environment in which to thrive.

This action will target all of these 4 domains and therefore improve the situation for vulnerable groups of children and their families. It will create modern social services through new centres and teams at Baby Homes in Dushanbe and Sughd. Following the development of the Kishti centre through an earlier EU funded Project, this action targets the remaining three baby homes in Tajikistan. The Family Support Centres and Mobile Outreach Teams will provide inclusive community based social services for vulnerable young children in Tajikistan and their families.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

They will focus on:

- providing quality care and education in Early Childhood Development.
- establishing a gatekeeping service to prevent institutionalisation of young children.
- managing volunteers in a Befriending service.
- linking with Child Right Units to pilot and set up alternative family care and fostering.
- supporting families in crisis and families who have young children with disabilities.

This action will build the **technical and management capacity** of key target groups, including Health and Social Care professionals, Baby Home staff and Child Rights Units by providing them with up to date knowledge and useful tools to help vulnerable children and their families. It will link professionals and others together through the Early Years Network and give them a framework for continuous learning and sharing of best practice.

Recent Developments

We have been working on set up and getting the new teams in place. Sarchasma have reviewed all their foster care training and have been building relationships with the Child Rights Centre and Baby Home in Kujand. The Ishtirok team have received excellent inputs on foster care during the Falkirk study tour in April 2013. Rachel Tainsh will be visiting in May 2013 and will review progress on the ground.

A2. An Early Years Service for families in Dushanbe: Creating an alternative to the institutionalisation of vulnerable and disabled children under 6 years old, Tajikistan

Partners:	Ishtirok NGO (Disabled Women's League of Tajikistan), Eurasia Foundation of Central Asia based in Tajikistan, Kyrgyzstan and Kazakhstan.
Donors and Budget:	£218,250 (£178,238 DFID, £7,475 Caritas, £4,204.80 Soros, £ 28,332.2 other donors)
Project start and end:	August 2011 – July 2013

Background and overview

HealthProm is one of six organisations that have been successful in gaining funding from DFID's new Global Poverty Action Fund (GPAF), under the Innovation Window.

The project created an innovative system of community-based services for families, as an alternative to the institutionalisation of vulnerable and disabled young children under 6 years old. This is achieved by expanding the work of the Kishti centre, which offers a community alternative to institutional care, based at Baby Home 1 in Dushanbe. The specialist teams were created who focus on different aspects of Early Years care across Dushanbe and therefore improve and expand on current provision. Five new teams were developed to enhance the current service.

The project outcomes are that (a) parents are strengthened through new skills in child care, economic and social support; and (b) children with additional needs because of disability or deprivation are enabled to grow up in their families and access mainstream education. The project is needed because there is an established practice of abandoning young children to institutions. When children enter a baby home, they start on a road of social and educational exclusion, developmental impairment and human suffering. The project contributes to the achievement of the UN Millennium Development Goals 1 and 2 through the social inclusion of vulnerable families in line with the UNCRC and Tajik government's Poverty Reduction goals.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

Key Achievements to date

In total 286 children (children with disabilities and their non disabled peers) have benefited from 30 activity club events which have been in run in local schools, kindergartens and in the 2 Baby Homes in Dushanbe. Training inputs in April 12 really helped the team to develop the activity clubs and they have taken on a unique identity and become inclusive awareness raising events with a strong advocacy component. The clubs have exceeded our expectations in numbers and impact.

The crisis team have increased their work in the Baby Home and in Nov 12 were given permission to start work with the babies under 1 year old. Twice a week they run a stimulation programme for the children which includes music, massage. These activities are done in conjunction with Baby Home staff who have received training inputs in massage and attachment. The Baby Home staff have already noticed changes in the children e.g. one boy has started playing with his toes, others are laughing and vocalising. It is hoped that getting know these young children will enable to crisis team to reconnect them with their families and decide which children could benefit from a new foster care service. The joint working between the Baby Home and Kishti Centre has also lead to children being prevented from being placed in the institution.

The local NGO Ishtirok has been successful for second year running in winning the MLSP tender to provide services for young children from the community. This means the project is now actively cooperating with 2 government ministries and beginning to span the divide between health and social care. The funds from the MLSP now go some way to providing sustainability for the 'core' Kishti service thus enabling new innovations and initiatives to develop. The team has been successful in getting a new EU grant to help develop foster care and this will build on the good foundation of the Early Years Service and begin the journey of real alternative family care for children in the Baby Home.

"Before I made my child wear gloves everywhere. Now I have changed my mind, I feel free."

"The neighbour had a 5yr old son who was lying down and couldn't move. I showed exercises; how to massage his lips and I gave advice on feeding".

Mothers have shared the skills they have learnt with others in the community.

Nargiz had 2 children both of whom had visual problems. Her husband's family blamed her for bringing shame on the family. Under a lot of pressure she wanted to place the children in the Baby Home and go to Russia to find work. The crisis team began to work with the family. Both children had free medicals and her son had an operation. She got legal advice and attended Mellow Parenting group. A beauty demonstration was given and Nargiz started earning, selling and distributing cosmetics. The wider family including her mother in law are now supporting Nargiz, looking after the children at home.

A3. Increasing access to basic services for children with intellectual disabilities in the Talas region, Kyrgyzstan

Partners: Kelechek,
Nur Bala
Association of Parents of Disabled Children (ARDI),
Shoola-Kol

Donor and budget: ICCO, £165,562

Project start and end: January 2011 – December 2012

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

Background and overview

This two-year project completed in December 2012, it progressed well during all stages of its lifetime and all outcomes were achieved. Together with our Kyrgyz partners we succeeded in extending the benefits of the project to more children and parents than originally planned.

The overall objective of this project was to support children with severe and multiple intellectual disabilities and their families in the Talas region through establishing and strengthening sustainable community-based support mechanisms. We also worked closely with the country's main children's homes for disabled children in Belovodsky (Chuy region) and Manas (Talas region), which are both under the jurisdiction of the State Agency on Social Provision.

Key Achievements to date

The main achievement of the project is a significant increase in number of children with disabilities (including intellectual) and their parents in three project locations who have received access to improved community-based support services. In total, **2,088 children with disabilities (at least 60% of them with intellectual disabilities)** directly benefited from the project, some of the most significant positive changes to the lives of these children and their families are:

- Children with intellectual and physical disabilities in three regions (Talas region, Bishkek City and Bokonbaevo village of Issyk-Kul district) received access to improved community-based educational, health and social services. We achieved this by further adapting and developing our model of community-based support for disabled children and their families with a focus on early childhood intervention and empowerment of local parents. 10 family support centres in Bishkek city, Bokonbaevo village and Talas region were established and further strengthened as local centres of expertise and examples of good practice in providing family support and educational services. We are planning to expand this model in all seven regions of Kyrgyzstan and are currently expecting a response from UK's Big Lottery Fund about funding for this work.
- The project built local networks and our partners' ability to mobilize local communities and relatives of disabled children to become active in three targeted regions. It is such a network of active parents and community members that will ensure the sustainability of established family support centres and the on-going fight for the rights of disabled children and for the improvement of services for these children and their families.
- Children with disabilities and their families became more visible in their communities and now regularly participate in various inclusive activities and events.
- The project built the capacity of **ARDI day centre** in Bishkek and helped them to secure free premises from the Kyrgyzstan government through the Ministry of Social Development, which allowed them to expand their work and support more children and parents.
- **260** children with severe and multiple intellectual disabilities living in state care in two internats/residential homes in Belovodsky and Pokrovka villages attended annual summer camps, received anti-epilepsy medication Depakin and benefited from a newly opened day centre in Pokrovsky internat
- We helped **41** children with disabilities of those regularly attending our centres to successfully start school—some went to special needs schools and the majority went to mainstream state schools.

Janyl Junusheva, mother of a girl with intellectual disabilities and a leader of a parents group in Bokonbaevo village, was delighted that her daughter Ayelita entered mainstream school: "The year before she couldn't go to school as she didn't have enough skills to study. After preparation at the Shoola Kol day centre she became much more confident, learning to write and read the alphabet. At school, Ayelita has learnt to concentrate, adhere to rules, and doesn't get so naughty. She now understands that studying is a part of her life."

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

"I have learnt a lot about my rights and the rights of my child. I have learnt how to defend my rights when going to medical or social services, shops and everywhere where it is needed. I've learnt to accept my child for who he is, not to regret having him, and to treat him as an equal of my other child who doesn't have a disability." Saltanat Torobekova, ARDI day centre's a senior member of staff and a mother of a disabled child

A4. Clinical trainings of trainers in use of equipment for newborn care and treatment of respiratory disorders of the newborn in Uzbekistan

Partners: UNICEF

Donors and budget: Karl Mayer Foundation, British Embassy and British School in Tashkent, Gardant Communications Limited

Background and project update

In early 2011 a monitoring report on use of equipment for care of the sick newborn, for which HealthProm has provided trainings of trainers since 2008, indicated that, though equipment at regional perinatal centres was used well, in some districts only half of new equipment was being used. This accords with WHO's finding that up to three quarters of medical devices in developing countries remains unused (2010).

We concluded that it was necessary to learn the attitudes, motivations and problems of the intended users of the equipment in district maternity departments. We therefore organised a small survey of staff in two regions. The report, in Russian and English, to the Ministry of Health and UNICEF, revealed some major problems and made recommendations for addressing them. After reading it the Deputy Minister of Health for Women and Children asked HealthProm to provide more training of trainers.

The training was revised, taking into account the findings of the survey on methods needed for district level training. HealthProm then provided a week's further theoretical training for regional trainers from the perinatal centres of three regions. It was delivered by lead national trainers, not international trainers as before, so reducing costs. It was followed by a week's training in each of the three regions for regional trainers to put their skills into practice under supervision of a national trainer.

Monitoring in the three regions in which we provided training found improvement of skills of the perinatal centre staff. Simpler equipment was being widely used there, but use of the most complex ventilation apparatus and monitors was limited by weak knowledge and skills and lack of, for example, uninterrupted supply of electricity. At district level even simple equipment was not used effectively. Staff simply referred sick and pre-term babies to the regional perinatal centres, which were overloaded. Clearly, there are factors operating which only the Ministry of Health can remedy, such as poor infrastructure and a referral system which militates against improvement of skills in district maternity units.

Results to date

According to UNICEF the Infant Mortality Rate for Uzbekistan for 2010, the last year for which statistics are available, was 44 per 1,000 live births (and Neonatal Mortality Rate 23 per 1,000 live births). According to data from the State Statistics Committee of Uzbekistan IMR for 2010 was 11 per 1,000 live births. According to the figures of either, there has been a substantial reduction in IMR over the previous ten years, and HealthProm is probably responsible for a small but significant part in that reduction.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

A5. Reducing maternal and newborn deaths in Charkint District, Northern Afghanistan

Partner: Co-ordination for Humanitarian Assistance

Donor and budget: £131,401 for 2012
The Funding Network, W F Southall Charitable Trust, Karl Mayer Foundation, Overseas Aid Commission of Guernsey, T & J Meyer Family Foundation, the GV & SJ Britten Trust, Quaker Peace and Social Witness and anonymous donors

Project start and end: September 2008 to 2015

Project overview

The project aims to achieve Millennium Development Goal 5A, to reduce by three quarters the maternal mortality ratio by 2015, and to reduce newborn and under-5 mortality, in 40 villages by increasing the number of births in health facilities and improving the quality of rural maternity care. We aim to publicise in Afghanistan how this can be done.

Key Achievements to date

- Births in health facilities increased from under 10% to a peak of 83%, though this cannot be sustained when snow is heavy and our vehicles cannot reach all villages.
- Maternal mortality has been reduced from 12 in the two years before the project started in the first 20 villages to one in the two years since. A second woman has died since this period.
- Neonatal deaths have been reduced from 36 in the two years before the start of the project in the first 20 villages to 10 in the two-year average since the start.
- The project now covers 38 villages.
- Clean water sources have been provided to six villages to reduce gastroenteritis in children. In four of the villages a water tank was built and a pipe laid from spring to village. In two villages new hand pumps were provided for wells or existing pumps repaired.
- Prototypes of donkey saddles for emergency transport of women in labour to health facilities have been made in UK and tested in the district.
- The project's building in the central village has been much used as a waiting house for women living too far from the central health centre to reach it once they go into labour, and for their husbands and female attendants.
- Clean birth kits and baby blankets have been provided for all women in the last three months of pregnancy.
- Roads to villages have been repaired where damaged by snow melt, enabling access for emergency transport.
- 400 egg laying chickens were distributed to the 40 poorest families in eight villages to improve nutrition of mothers and children.

Sustainability and dissemination

- Activities by villagers become sustainable when they see improvement, generally within six months. Villagers find that they can often prevent death.
- The main activities, low-cost transport to health centres and village safe motherhood and men's groups, are sustainable and replicable at little cost.
- Project methods and results are shared at the monthly meetings of the provincial healthcare administration.

A mullah in one of the Uzbek villages in Charkint District at first would not let his wife go to the health centre to give birth. She gave birth at home, but then developed postpartum haemorrhage. The leader of the village men's group encouraged the mullah to seek help from the health centre and he let his wife be transferred there. After the midwife controlled the bleeding and she was returned by the project's vehicle, the mullah was very happy. Since then he has encouraged all the village men to let their wives go to health centre to give birth and many of the health centre deliveries are from villages around where the mullah lives.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

A6. A summer holiday at Lake Issyk-Kul for children with disabilities from Pokrovsky and Belovodsky children's homes, Kyrgyzstan

Partner: Kelechek

Donor and budget: £5,000 for 2013, Anonymous donor

Project start and end: 2009 - ongoing

In summer 2012 Kelechek-HP, HealthProm's local partner organisation in the Kyrgyz Republic, organised two summer holiday camps at Lake Issyk-Kul for 85 children with disabilities living in institutional care from two residential homes, Belovodsky Children's Home and Pokrovsky Children's Home. The children were accompanied by 36 staff and volunteers. The holiday camps took place in August and September 2012 at the Children's Health Centre near Zhenish on the southern shore of Lake Issyk-Kul.

At the summer camp children enjoyed the sun, swam in the lake and played with their friends, as well as participated in many activities organised by staff and volunteers.

This is the fourth consecutive year that HealthProm funded and supported summer camps for children from Belovodsky Children's Home and the second year for Pokrovsky Children's Home.

"Children have been looking forward to this summer camp at Lake Issyk-Kul all year".

Lyubov Protasenko, the deputy director of education

"This is an opportunity for them to go outside the internat's gates, make friends, see that they are just like everyone else and visit new places, to sunbathe and swim. After visiting Issyk-Kul, the children become different people, they become more sociable, when they sunbathe they get less ill; for those who had skin problems their skin heals; those who had cough or bronchitis get less ill. And this Issyk-Kul holiday is a great help for our internat as it improves children's health and provides a summer treat."

B – Fundraising and PR Activities

HealthProm has seen continued interest from strategic funders such as the UK's Department for International Development (DFID) and European Union. We have started to build relationships with new donors.

We engaged consultants and continued work on developing our fundraising activities, including raising funds from charitable trusts and major individual donors.

HealthProm successfully organised number of small charitable events to raise the profile of the charity as well as raise additional funds.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

Plans for 2013/2014

HealthProm is in the process of taking forward its five year growth strategy approved by the Board in November 2011, to scale up past successes and launch new programme and project initiatives for wider impact. The Board has decided to invest financial and human resources to support these ambitions. HealthProm has received new support from a key benefactor to build its capacity to deliver this growth strategy through project development and income generation activities.

Based on the approach set out we are working to:

- consolidate and expand our work on reducing the role of institutions in favour of early years' family care in Central Asia. This will build on our existing presence and promote cross-country cooperation
- expand our activity in Afghanistan on maternal and child health, scaling up by means of radio and multimedia for awareness raising and advocacy to reduce risks
- re-engage in Russia on reducing institutionalisation in favour of family care for children, including children with disabilities, across regions
- open up new activity in the other FSU countries
- complement project work by developing new partnerships to support cross-regional research and advocacy
- explore cross-sector approaches that link work on safe motherhood and social care
- develop project work contracted by UN agencies (UNICEF and UNFPA) and larger NGOs with DFID Partnership Programme Arrangements in sectors where HealthProm has a niche advantage

An implementation plan has been established to develop these priorities. This is reviewed by the Board of Trustees on a 6-month rolling basis.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

Acknowledgements and thanks

All of this work has only been able to take place thanks to the generous support provided by:

- Ashworth Charitable Trust
- Assembly House Pub
- Barbican Centre
- Barclays Bank PLC
- British Embassy Dushanbe
- Department for International Development (DFID)
- Edith M Ellis 1985 Charitable Trust
- European Union
- Falkirk Council
- GV & SJ Britten Trust
- ICCO
- Karl Mayer Foundation
- Kentish Town Sports Centre
- Mari Vanna Ltd
- Marjorie Barnabe
- Mark Hunter
- Matthew Barley
- Mimino Ltd
- Mujda Power Dushanbe
- N Smith Charitable Settlement
- Penguin Group
- Quaker Peace and Social Witness
- RA & VB Reekie Charitable Trust
- Reinis Zarins
- Sambrooks Brewery
- T&J Meyer Family Foundation
- The British Embassy in Tashkent
- The British School in Tashkent
- The Bryan Guinness Charitable Trust
- The Funding Network
- The Lindsay Foundation
- The Overseas Aid Commission of the States of Guernsey
- The Pushkin House in London
- Vernon Ellis Foundation
- W F Southall Trust
- Many other individuals and anonymous donors

The Directors/Trustees also wish to thank the many individuals whose contributions to HealthProm have strengthened the organisation to carry out its project work. The work was also supported by the contributions of individual members through their subscriptions and donations. The trustees want especially to thank the volunteers, specialists and members of project and fundraising groups, who have given much time and effort to develop and implement projects, organise fundraising events and develop PR and information materials. We would like also to thank those who have represented and hosted HealthProm and its teams in countries. It is the contributions of time and energy, freely and enthusiastically given, which enable HealthProm to deliver effectively and efficiently. Each of our partnership projects has involved the collaboration of teams of dedicated people both in Britain and in the countries with which HealthProm works.

The success of our shared projects has depended on the drive and enthusiasm of, above all, our overseas partners. These are the organisations and individuals whose continuing work makes improvements happen.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2013

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 234ZA of the Companies Act 1985) of which the company's auditors are unaware, and each director has taken all steps that he 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 are 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 appropriate 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 1985. They are also responsible for safeguarding the assets of the charity and hence 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
July 2013


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 2013 on pages 18 to 27 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet and related notes. The financial reporting framework that has been applied in their preparation is applicable law and the Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities).

This report is made solely to the charitable company's members, as a body, in accordance with Section 495 and 496 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 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 2013, 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 (applicable to Smaller Entities).
- have been prepared in accordance with the Companies Act 2006.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

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.

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; 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 exemption in preparing the Trustees' Annual Report



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: 18 July 2013

STATEMENT OF FINANCIAL ACTIVITIES

FOR THE YEAR ENDED 31 MARCH 2013
(Incorporating an Income and Expenditure Account)

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

	Notes	Unrestricted funds 2013 £	Restricted funds 2013 £	Total funds 2013 £	Total funds 2012 £
INCOMING RESOURCES					
Incoming resources from generated funds:					
Voluntary Income (VI)	2	126,455	19,031	145,486	169,240
Investment income (II): deposit interest		106	72	178	183
Other incoming resources		18,637	-	18,637	16,215
Incoming resources from charitable activities:					
Grants	3	-	240,555	240,555	273,099
Total incoming resources		<u>145,198</u>	<u>259,658</u>	<u>404,856</u>	<u>458,737</u>
RESOURCES EXPENDED					
Cost of generating funds:					
Fundraising costs	4	3,392	-	3,392	2,912
Charitable activities:					
Operational programmes	5, 8	72,604	371,269	443,873	414,950
Governance costs	6	2,806	-	2,806	5,640
Total resources expended		<u>78,802</u>	<u>371,269</u>	<u>450,071</u>	<u>423,502</u>
Net incoming (outgoing) resources before transfers	7	66,396	(111,611)	(45,215)	35,235
Net Transfers between funds	9	(79,871)	79,871		-
Net movement of funds in year		<u>(13,475)</u>	<u>(31,740)</u>	<u>(45,215)</u>	<u>35,235</u>
<i>Reconciliation of funds</i>					
Total funds brought forward		25,433	87,324	112,757	66,310
Prior Year Adjustments					11,211
Total funds carried forward		<u>11,958</u>	<u>55,584</u>	<u>67,542</u>	<u>112,756</u>

BALANCE SHEET

AS AT 31 MARCH 2013

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

	Notes	2013 £	2012 £
Fixed assets			
Office equipment, fixtures and fittings	10	<u>545</u>	<u>837</u>
Current assets			
Debtors	11	35,491	15,545
Cash at bank and in hand		<u>176,558</u>	<u>177,988</u>
		212,049	193,533
Creditors: amounts falling due within one year	12	<u>(145,052)</u>	<u>(81,614)</u>
Net current assets		<u>66,997</u>	<u>111,919</u>
Total net assets		<u><u>67,542</u></u>	<u><u>112,756</u></u>
Fund balances			
Charitable funds:			
Unrestricted funds: General reserves	13	11,958	25,433
Restricted funds	13,15	<u>55,584</u>	<u>87,323</u>
		<u><u>67,542</u></u>	<u><u>112,756</u></u>

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 16 July 2013
and signed on their behalf by

Simon Ray
Chairman

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

1. Principal accounting policies

Accounting convention

The financial statements are prepared under the historical cost convention and in accordance with applicable accounting standards. In preparing the financial statements the charity follows best practice as set out in the Statement of Recommended Practice "Accounting and Reporting by Charities" (SORP) issued in March 2005. The incorporated charity took over the activities and assets and liabilities of HealthProm, charity number 801884 with effect from 1st April 2004.

Going concern

The accounts have been prepared on the going concern basis.

Cashflow

The company is exempt from the requirement to prepare a cashflow statement on the grounds that it is a small company.

Incoming resources

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 fulfill 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.

Resources expended 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 head office and the costs incurred by head 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.

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 2013

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

Transactions in foreign currencies are translated at the exchange rates prevailing at the date of the transaction. Balances denominated in foreign currencies are translated at the exchange rates prevailing at the year end.

Taxation

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

Incoming Resources from generated funds:

2. Incoming Resources from voluntary donations

	Committed giving £	Donations, appeals and fundraising events £	Total £
Unrestricted 2013	925	125,530	126,455
Restricted 2013	-	19,031	19,031
Total 2013	925	144,561	145,486
Unrestricted 2012	940	125,866	126,806
Restricted 2012	-	42,434	42,434
Total 2012	940	168,300	169,240

3. Incoming Resources from charitable activities:

Grants receivable	2013 £	2012 £
The Big Lottery Fund Grant – Kyrgyz	-	2,324
The GV & SJ Britten Trust	45,366	40,000
European Union	20,999	61,537
ICCO	43,716	61,933
DfID	82,931	58,519
Southall Trust	4,000	-
The Funding Network	5,463	5,700
T&J Meyer Family Foundation	10,000	10,000
Karl Meyer Foundation	6,582	7,038
Quaker Peace and Social Witness	4,000	-
Lloyds Trust	-	600
Guernsey Trust	17,000	25,448
RA and VB Reekie Charitable Trust	500	-
	240,556	273,099

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

Resources Expended

4. Costs of Generating Funds:

Fundraising costs of grants and donations

	2013 £	2012 £
Costs of Fundraising events	3,392	2,912
	<u>3,392</u>	<u>2,912</u>

5. Charitable activities:

Operational Programmes

	2013 £	2012 £
Reducing Maternal and Infant Deaths, Afghanistan	159,638	82,247
Supporting Young Disabled Children, Kyrgyzstan	782	1,655
Training of Trainers - Respiratory Care, Uzbekistan	6,316	1,017
Keeping and Finding Families, Tajikistan	26,763	-
Community Midwives - Safe Childbirth, Azerbaijan	-	1,632
Summer Camp Holiday, Kyrgyzstan	6,981	7,885
Supporting Families of Children with Intellectual Disabilities, Kyrgyzstan	53,138	76,197
Early Years Support Centre, Tajikistan	34,720	131,682
Early Years Support Centre, Tajikistan (DfID funded)	82,931	58,519
Project Development	-	489
	<u>371,269</u>	<u>361,323</u>
Operational Programme support costs	72,604	53,627
	<u>443,873</u>	<u>414,950</u>

Resources expended on operational programmes comprised:

Direct Costs

Professional fees and implementation costs	238,224	222,047
Travel & subsistence	20,635	18,358
Communications	61	181
Publications, Research & Other costs	7,080	12,991

Support Costs

Staff costs	135,015	129,724
Office and Premises costs	40,711	29,437
Communications	2,147	2,212
	<u>443,873</u>	<u>414,950</u>

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

6. Governance	2013 £	2012 £
Audit and Accountancy fees	2,430	4,870
AGM and Strategy Meetings	79	301
Trustees expenses for attendance at meetings	297	469
	2,806	5,640
7. Net Incoming Resources for the year	2013 £	2012 £
These are stated after charging:		
Depreciation	495	905
Audit and accountancy	2,430	4,870
Property rent and service charges	17,487	16,819
Property Council Tax and charges	1,582	1,264
8. Staff Costs and numbers	2013 £	2012 £
Staff costs were as follows:		
Salaries and wages	92,684	85,157
Social security costs	8,805	8,174

The average number of employees during the year was four (four in 2012). No employee was paid more than £60,000. Directors and trustees are not remunerated but except for the reasonable expenses incurred whilst performing their duties are reimbursed (see note 17).

9. Transfers between funds Apportionment

The transfer from the Unrestricted Funds to the Restricted Funds is in respect of HealthProm's contribution to the costs of the projects. The transfer of balances from one project fund to another (see note 15) is an adjustment to clear the previous year's balances on completed projects and has no overall net effect.

10. Tangible fixed assets

	Office Equipment Fixtures and Fittings £
Cost	
At 1 April 2012	9,524
Additions	203
Disposals	-
At 31 March 2013	9,727
Depreciation	
At 1 April 2012	8,687
Charge for the year	495
At 31 March 2013	9,182
Net Book Value	
At 31 March 2013	545
At 31 March 2012	837

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

11. Debtors	2013	2012
	£	£
Project cash advances	20,785	1,885
Prepayments	8,099	2,035
Other debtors	6,607	1,935
Other debtors: Grants Due	-	9,690
	<u>35,491</u>	<u>15,545</u>

12. Creditors	2013	2012
	£	£
PAYE and NIC	9,047	5,788
Deferred Income	115,329	60,646
Accruals	6,215	13,670
Other creditors	14,461	1,510
	<u>145,052</u>	<u>81,614</u>

13. Analysis of net assets between funds	Unrestricted Funds	Restricted Funds	Total 2013	Total 2012
	£	£	£	£
Tangible fixed assets	545	-	545	837
Current assets	30,684	181,365	212,049	193,533
Current liabilities	(19,271)	(125,781)	(145,052)	(81,614)
Net assets	<u>11,958</u>	<u>55,584</u>	<u>67,542</u>	<u>112,756</u>

14. Lease Commitments

At 31 March 2013 the company had annual commitments under non-cancellable operating leases as follows:

	Land and Buildings		Other	
	2013	2012	2013	2012
Expiry Date				
Within 1 year	-	-	-	-
Within 2-5 years	£10,800	£10,800	£1,526	-

HealthProm has an annual rental commitment of £10,800 (exclusive of VAT) plus service charges, in respect of the lease of the office premises which was renewed on 28th September 2007 for a period of eight years.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

15. Movement in funds

	At 1 April 2012	Incoming Resources	Outgoing Resources	Transfers	At 31 March 2013
	£	£	£	£	£
Supporting Young Disabled Children, Kyrgyzstan	1,074	-	(782)	(292)	-
Community Midwives - Safe Childbirth, Azerbaijan	4,975	-	-	-	4,975
Training of Trainers - Respiratory Care, Uzbekistan	7,073	373	(6,316)	(1,130)	-
Reducing Maternal and Infant Deaths, Afghanistan	40,011	96,507	(159,638)	40,456	17,336
Publications, Russia	323	108	-	-	431
Early Years Support Centre, Tajikistan	2,316	91,303	(117,651)	25,722	1,691
Keeping and Finding Families, Tajikistan	-	22,634	(26,763)	4,129	-
Summer Camp Holiday, Kyrgyzstan	6,551	5,000	(6,981)	1,581	6,151
Supporting Families of Children with Intellectual Disabilities, Kyrgyzstan	-	43,733	(53,138)	9,405	-
Project bridge fund	25,000	-	-	-	25,000
	<u>87,323</u>	<u>259,658</u>	<u>(371,269)</u>	<u>79,871</u>	<u>55,584</u>

The movement in funds shows the transfer of funds from balance brought forward from the previous year; the income received during the year; the costs incurred by the projects; and the transfers of funds between projects.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

16. ICCO Funding

Supporting Families of Children with Intellectual Disabilities, Kyrgyzstan was fully funded by ICCO. The details of the project funding throughout the project duration:

	Jan-Dec 2011	Jan-Dec 2012	Total
	EUR	EUR	EUR
Opening Balance	-	14,560	-
Funds received	96,708	68,855	165,563
Expenditure	(82,148)	(81,370)	(163,518)
Exchange losses		(1,820)	(1,820)
Closing balance before interest	14,560	225	225
Interest earned	8	36	44
Closing balance after interest	14,568	261	269

ICCO funding recognised in the financial statements of HealthProm:

HealthProm Financial Years	GBP
2010-11	32,638
2011-12	61,933
2012-13	43,716
TOTAL	138,287

17. Payments to Trustees for services

Total of £297 has been paid out towards trustee expenses during the period of 01 Apr 2012 – 31 Mar 2013 (total of £469 has been paid out during the period of 1 Apr 2011 – 31 Mar 2012).

INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 MARCH 2013
(This page does not form part of the statutory accounts)

HealthProm (Company limited by guarantee and not having share capital)

	General Fund £	Projects Fund £	Total to 31 March 2013 £	Total to 31 March 2012 £
INCOME				
Grant Income – Restricted	-	240,555	240,555	273,099
Gifts (Designated)	100,000	8,363	108,363	139,514
Donations Received	11,429	8,070	19,499	15,843
Proceeds from Fundraising Events and Activities	11,645	1,533	13,178	12,944
Membership fees	925	-	925	940
Bank interest received	106	72	178	183
Premise costs recovered	14,720	-	14,720	13,437
Sundry Income	6,373	1,065	7,438	2,777
Total Income	145,198	259,658	404,856	458,737
EXPENDITURE				
Project payments to Local Partners	-	208,780	208,780	187,611
Project travel, accommodation, subsistence	-	20,635	20,635	18,358
Project Training and other costs	-	5,507	5,507	12,907
Project Consultants' Fees	-	29,445	29,445	31,787
Project Development Costs	-	-	-	489
Fundraising Costs & Event Expenses	3,392	33	3,425	3,177
Rent, Rates & Services	5,323	13,746	19,069	18,083
Heat & Light	372	959	1,331	1,312
Travel	1,630	4,207	5,837	94
Telephone & postage	599	1,548	2,147	2,213
Stationery, Printing & Photocopying	482	1,243	1,725	637
Publications & Subscriptions	221	571	792	517
Office Machine Maintenance	242	624	866	622
Premises Expenses	786	2,030	2,816	2,043
Other Office Costs	1,731	4,469	6,200	3,763
Office & Charity Insurance	422	1,088	1,510	1,320
Depreciation	138	356	494	905
Staff Salaries & Employer's N.I.	28,331	73,158	101,489	93,331
Staff Recruitment & Training	479	1,237	1,716	294
Governance Costs	376	130	506	771
Bank Charges	37	33	70	141
Audit and Accountancy Fees	2,430	1,470	3,900	7,029
Consultancy & Professional Fees	31,811	-	31,811	36,098
Gross Expenditure	78,802	371,269	450,071	423,502
Trustees Authorised Transfers	79,871	(79,871)	-	-
Total Expenditure	158,673	291,398	450,071	423,502
Total Income less Expenditure	(13,475)	(31,740)	(45,215)	35,235