

# HealthProm

Ensuring vulnerable children have the best start in life

## REPORT AND FINANCIAL STATEMENTS

**YEAR ENDED 31 MARCH 2020**

**Company number: 4887855**

**Registered Charity number: 1100459**

**REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES  
FOR THE YEAR ENDED 31 MARCH 2020**

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<b>(This report does not form part of the Financial Statements)</b>	

## REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2020

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The Directors and Trustees present their annual report and audited financial statements for the year ended 31 March 2020.

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 2019 (SORP 2019) and FRS102.

### BACKGROUND

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

### OBJECTIVES AND ACTIVITIES

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

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

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

### VISION AND MISSION

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

### OUR VALUES

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

### HEALTHPROM'S STRATEGY

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

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

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

### STRATEGIC APPROACH

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

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

### DIMENSIONS OF CHANGE / CORE ACTIVITIES

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

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

#### Strengthening families and communities

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

#### Improving access to health and social care

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

#### Promoting access to education

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

#### Supporting and strengthening policy

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

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

### METHODOLOGY

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

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### 1. Child-Centred Approach

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

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

### 2. Rights Based Approach

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

### 3. Integrated and Multi-Disciplinary Approach

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

### 4. Evidence-Based Approach

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

## **ACHIEVEMENTS AND PERFORMANCE**

We successfully completed projects funded by the European Commission in Russia and Ukraine. In Tajikistan we continued to deepen our understanding of and support for social service reform and associated child development outcomes. We maintained activities in Afghanistan to improve maternal and new-born health in northern Balkh province as well as starting a similar project in a neighbouring district. We successfully bid for new funds from the EC to continue our work in Belarus, although activities had not yet started in the reporting period. We provided training in Georgia for local professionals working with disabled children and ran a programme for migrant women from Eastern Europe and Central Asia living in London. Details of projects are set out below. Activities in the last quarter were affected by the emerging COVID-19 pandemic; immediate help was given to local partners to cope with the impact. We continued our efforts to maintain a pipeline of new projects and submitted a number of funding applications to donor agencies, including for new projects in Uzbekistan and Kazakhstan.

Key results:

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- We supported more than 1,300 pregnant women in rural Afghanistan, providing transport to hospitals and/or other medical facilities ; antenatal care visits and help to develop birth plans,
- In Tajikistan 740 families were helped to retain care of their children, 130 children were rehabilitated from a baby home to their families and 1480 children and parents went through safer care and development programmes
- In Ukraine established parent organisations successfully advocated for improved Early Intervention for children with disabilities.
- We built the capacity of 62 parents-led organisations and parent initiative groups in 4 regions of Siberia –Krasnoyarsk, Tomsk, Novosibirsk and Altai – and helped them develop their skills in inclusive education.
- We provided a range of London-based community services to 85 vulnerable migrant women from Eastern Europe and Central Asia, including weekly English language classes, psychological support and legal information sessions.
- We provided occupational therapy training for 25 child disability specialists in Georgia.

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 2019/20 HealthProm was active in Afghanistan, Russia, Tajikistan, Ukraine, Georgia and the UK.

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>
<b>Project duration: 2008 to June 2020</b>
<b>Partners: Health for All Development and Services Organisation (HADSO), Bakhtar Development Network, Balkh Provincial Directorate of Public Health</b>
<p>After nearly 12 years, our Mother and Child Health component of the Project in Charkent district will come to an end in June 2020. However, we will not leave Charkent completely as our livelihood support component, with fresh funding from Guernsey Overseas Aid and Development Commission will continue to support the villagers to improve their access to water for irrigation and crops. We aim that the livelihood component would strengthen the prospect for sustaining the gains in mother and child health.</p> <p>We started with establishing village women’s Safe Motherhood Groups to raise awareness of, and reduce, specific risks of pregnancy and childbirth and risks to children under five. Many women died in childbirth because of lack of transport to a health centre or distant hospital. So we provided emergency transport, and that greatly reduced maternal and neonatal mortality.</p> <p>We then saw that many babies were dying after weaning from drinking contaminated water. So we piped spring water to villages. Villagers provided their labour but simply couldn’t afford pipes. After that there was surplus water and we bought fruit tree saplings and seed for vegetable gardens, including for schools, to address nutrition – another of the wider determinants of health.</p> <p>We introduced a voucher system by which families contribute to payment for emergency transport by old local jeeps for women in labour to health centres and our contribution tapers over three years.</p>

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Thanks to the irrigation and planting of fruit trees and vegetable gardens improving livelihoods, most families are able to pay for that transport.

We believe that we have found a model for improving mother and child health in Afghanistan sustainably. This model consists of:

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

### 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.

*A meeting of the village Safe Motherhood Group at Charkent District of Balkh province.*



### Plans for 2020/21:

After the unsuccessful outcome of our application to DFID for expanding a new mother and child health project in Kaldar, another district in Balkh Province, we decided to narrow down the scope of the planned work for Kaldar and with initial funding provided by GV and SJ Britten Trust, commenced mother and child health activities in Kaldar. We will continue our efforts to raise funds for this year as

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well as coming years for the project. We aim in 5 years to halve maternal and child mortality and improve MCH in a rural Turkmen population of ca. 21,814 on the north Afghan Amu River border. The health and survival of 3927 children under 5 and 4363 girls and women of reproductive age will be increased. Women will be empowered to exercise their right to equal access to healthcare and that of their children. With men, wider determinants of health - transport and water - will be improved.

In Russia, we successfully completed our EC-funded project in partnership with a Siberian NGO Tsentr Sotrudnichestvo (Krasnoyarsk Centre for Community Partnerships).

**Title of the project:** Siberian Initiative for Inclusion – building local partnerships for inclusion of children with disabilities in Siberia

**Project duration:** December 2015 – June 2019

**Funders:** the European Commission and British and Foreign School Society

**Partners:** Tsentr Sotrudnichestvo (KCCP Krasnoyarsk Regional Youth Public Organisation Centre for Community Partnerships)

**Key project achievements:**

During the three years of the project we achieved the following results:

- The project had a positive impact on the lives of **6,175 children with special education needs (SEN) and 1,956 parents of SEN children**, who were supported by educational professionals and social workers who took part in our trainings in all 3 years of the project. This support included individual consultations, mentoring, classroom support and involvement in inclusive education and special development programmes.
- We built the capacity of **62 parents-led organisations and parent initiative groups** in 4 regions of Siberia –Krasnoyarsk, Tomsk, Novosibirsk and Altai –and helped them develop their skills in inclusive education. This project helped mobilise parents-led organisations and individual parents of children with disabilities across Siberia and equip them with the skills and resources they would need to introduce the concepts and practice of inclusive education and to support their children.
- We provided inclusive education training for more than **760 people**, among them parents of children with disabilities, school teachers and administrators, child disability support specialists and social workers, on the following topics: approaches to the development and implementation of a special individual development program (CIPR) for students with intellectual disabilities; the use of alternative and additional communication tools for children with various developmental disorders; basic principles of positioning for children with motor impairments, adaptation of the environment; designing a modern lesson in an inclusive class, teaching methods and techniques in an inclusive class; assessment of the quality of education of students with disabilities in accordance with the Federal State Educational Standard of students with disabilities, etc.
- We organized **16 inclusive education webinars** for parents, teachers and child disability specialists from 4 regions of Siberia;
- We provided seminars on understanding disability and inclusion for over **200 children** with and without disabilities;
- In April 2019 we organized a **regional conference in Krasnoyarsk, Siberia, for 72 participants** from Krasnoyarsk, Tomsk, Novosibirsk and Altai regions, at this conference school teachers, administrators, parents and CSOs leaders shared best practices for the development and training of children with disabilities and presented and discussed the practice of creating an inclusive educational environment in educational institutions for all members of the school community.



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- We awarded 13 mini-grants to local parents-led groups and schools to enable them develop inclusive practices in their regions



- Inclusive lesson in Tomsk school

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

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

**Project duration:** 42 months from December 2016 to June 2020 (No-cost extension granted for 2 months because of COVID-19)

**Funders:** the European Commission, Grand Challenges Canada and UK Aid

**Partners:**

**In Tajikistan:** Hayot dar Oila, Sarchashma and Iroda.

**In the UK:** Falkirk Council, Mellow Parenting and The Fostering Network

**Background:** HealthProm started work in Tajikistan in 2006 and has implemented successive projects to support families so that children need not be abandoned to baby homes. We established family support centres next to all 4 baby homes in Tajikistan and trained government and non-government health and social care professionals in contemporary best practices for child care, safeguarding and family support.

The current project has three specific objectives:

1. transform the baby homes into Family and Child Support Centres;
2. develop foster care;
3. strengthen child protection.

**Main achievements during the year.** This was the last full year of the project and we achieved objectives 1 and 3. The government withdrew its support for objective 2, and instead we focused on kinship care and support for birth families as the pathway for rehabilitation and family permanency.

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This year brings the total project numbers of beneficiaries reached during the project to 740 families helped retain care of their children, 130 children rehabilitated from a baby home to their families, and 1480 children and parents have gone through our safer care and development programmes.

This year, the Ministry of Health and Social Protection of the Population finalised the regulations that transform the now former baby homes into Family and Child Support Centres. Sughd Province has passed the by-law to implement the changes. Dushanbe has approved the regulations and we await the Mayor's final endorsement.

**Plans for 2020/21.** COVID-19 slowed down project activities at the end of 20/21 and they are now resuming. Thanks to a grant from the British embassy in Dushanbe, we will continue throughout 2020 to strengthen safeguarding to counter the ill-effects of COVID-19, and, if successful with a bid to the UK Aid Rapid Response Fund for COVID-19, we will have further resources for this period.

We are now working to gain further resources to scale up family support and child protection services to cover the remaining two Provinces of Khatlon and Gorno-Badakhstan, and to respond to the increased safeguarding challenges from COVID-19.

*A training session about respite care in Dushanbe*



In September 2019 we also completed our EC-funded programme in Ukraine

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

**Project duration:** September 2016 to September 2019

**Funders:** the European Commission, UNICEF Ukraine and the Foreign and Commonwealth Office

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

**Project Background** Launched in 2016, the project focused on enabling parent-led civil society organisations to support the delivery of reforms that address the rights and needs of young children

## REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2020

with disabilities.

A key feature of this work was strengthening the capacity of such organisations to better advocate on behalf of these children and to more effectively engage in policy dialogue in Ukraine. Working across ten regions of the country, the project supported the creation of the All-Ukrainian Parents Forum for Early Intervention (AUPFEI), a platform for mobilising parent advocates and civil society organisations.

HealthProm led an initiative to mobilise parent leaders in ten regions to advocate for vital policy change and the development of services to support families at the earliest stage in their children's lives. Working closely with our local partners, the Charitable Foundation Early Intervention Institute and the National Assembly of People with Disabilities in Ukraine, we strengthened the capacity of parent organisations to voice their personal experience and the need for evidence-based policy, build strategic partnerships with key allies and regional governments, run advocacy campaigns and build a national platform for change, the All-Ukrainian Parents Forum for Early Intervention.

During the final year of the project, parent organisations in two regions achieved formal commitment to the development of Early Intervention (EI) services, and in all regions parent advocacy for change continues. One of the EI services that has resulted from their efforts, in Vinnitsiya region, is now (in the context of Covid-19) providing online EI support for families, backed by in-service online staff training and mentoring from our partner, the Charitable Foundation Early Intervention Institute. Five early-stage services in Kharkiv region are being similarly supported, and in Luhansk, one of the two regions most affected by the conflict, a new parents' organisation, formed during this phase, has since persuaded the regional capital authorities to fully fund an Early Intervention service previously delivered part-time by volunteers. The potential transformative impact of parent advocacy has been recognised by the Human Rights programme of Open Society Foundations, which has awarded five two-year grants to parent organisations to continue their efforts to work for an inclusive society in Ukraine.

### Developing new project in Georgia

In June 2019 we organized a feasibility study visit to Tbilisi, Georgia, where we met with our new partner NGO "First Step Georgia" to discuss possible partnership work between our two organizations. This visit also included a 2-day multi-disciplinary training on occupational therapy for 25 child disability specialists in Tbilisi including social workers, psychologists, occupational and music therapists. The training was run by Lesley Beath, our Consultant Occupational Therapist from Scotland, and was focused on such topics as occupational therapy, sensory approach to working with children with special needs, safe handling, sensory environment and sensory check-list. After the training we also visited some other local child disability NGOs to better understand current situation for children with disabilities and their families in Georgia.

Following up on this feasibility visit we have now developed a new pilot project in Georgia "Developing early intervention and child disability services for ethnic minority communities in Kvemo Kartli region of Georgia" to start in summer 2020.

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*Lesley Beath, UK Occupational Therapy Consultant, with First Step Georgia team*

**Our work in the UK**

**Title of the project:** The Open Doors Project-supporting vulnerable migrant women from Eastern Europe and Central Asia in London

**Project duration:** Ongoing

**Funders:** National Lottery, Camden Giving, Citi Group

**Project Background and key achievements during the year**

During the year we continued providing support to vulnerable migrant women in London, with a specific focus on Camden and King’s Cross areas. Our UK-based work is aimed at enabling vulnerable women migrants from Eastern Europe and Central Asia to overcome isolation and barriers to employment, help them adapt to life in the UK and improve their mental and physical health. During the year we supported 85 migrant women, This included providing free weekly ESOL classes, organising regular psychological support group meetings and legal information sessions with an immigration lawyer.

This project also gave migrant women from Central Asia and Eastern Europe living in Camden an opportunity to share their culture with other communities – e.g. during the year we organised a couple of Wool And Felt Art workshops and an Uzbek Plov cooking class.

Based on some very positive feedback from our project participants we will continue providing these services to local migrant women and are currently developing new ideas to expand this work and reach more beneficiaries.

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*Job club session with migrant women*

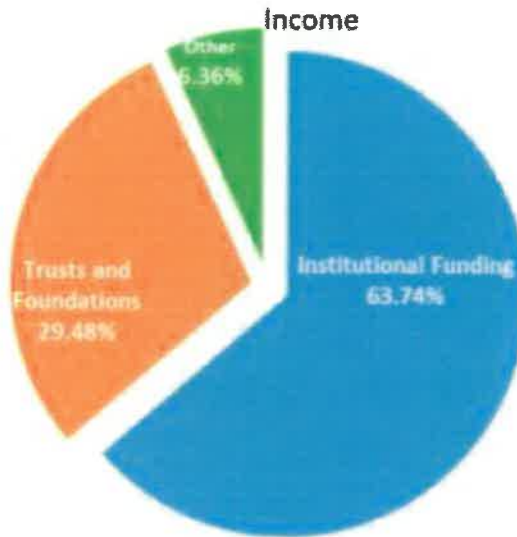
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**FINANCIAL OVERVIEW**

**Income**

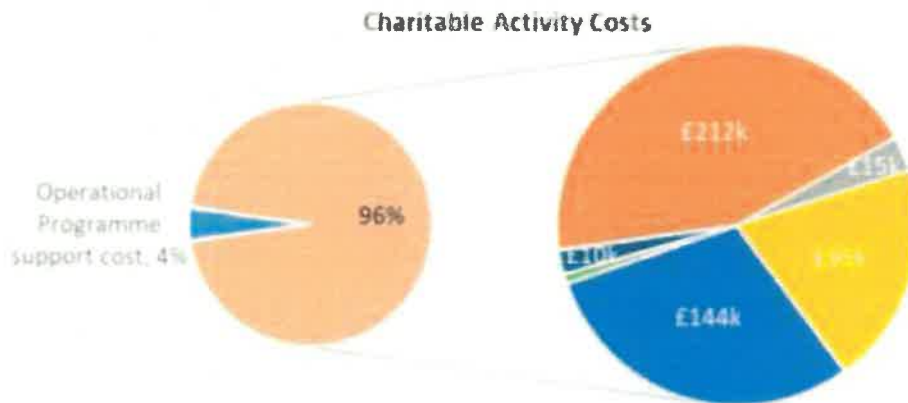
Total income and endowments were £508,784 in 2019/2020, representing a decrease of 44.3% from £912,919 in 2018/2019. Several restricted projects came to an end during the financial year, resulting in the lower income for the year.

Grants represented the principal funding source, accounting for £465,396 or 91.5% of the total income (93.94% in 2018/2019).



**Expenditure**

Total expenditure amounted to £504,391, £502,622 (or 99.6%) of which consisted of expenditure on operational programmes and 0.4% cost of raising income. Operational programme support costs represent 4% of the charitable activity costs.



- Putting Families First & Keeping and Finding Families, Tajikistan
- Siberian Initiative for Inclusion, Russia
- Strengthening the capacity of parent-led CSOs, Ukraine
- Reducing Maternal and infant Deaths, Afghanistan
- Pilot project, Georgia
- Migrant Women Support Group, UK

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The overall surplus for the year was £4,393 (compared to a surplus of £10,839 in 2018/2019), out of which £9,843 was unrestricted deficit. The net assets were £120,741 at the year-end, made up of £60,560 unrestricted reserves and £60,181 restricted reserves.

### **Pension**

HealthProm operates occupational pension scheme with NEST. Eligible employees are entitled to 2% pension contribution from HealthProm from Oct 2017, increasing to 3% from Oct 2018. As at 31 March 2020 HealthProm auto enrolled employees and all of them had opted in to remain in the scheme.

### **RISK MANAGEMENT**

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

HealthProm faces three major risks. The first is a deterioration in the political and/or security situation in the countries in which we operate or a withdrawal of cooperation from national or local authorities. These could affect our ability to support local projects and pursue our wider objectives. We monitor the situation through established bodies that review local risks as well as taking advice from the local partners with whom we work. We have contingency plans in place should sudden changes in operations be needed.

The second risk is our current dependence on a few funding sources and the uncertainties surrounding EU funding following Brexit and changing UK development policy and organisation. We regularly review ways to diversify our financial support.

The third is that project funding does not cover all our overhead costs. We address this through our fundraising strategy.

The evolving COVID-19 pandemic has raised new challenges, both directly for the projects and people whom we support but also for the wider environment for future development.

### **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 2020, HealthProm met this requirement.

### **PLANS FOR 2020/2021**

We will be assessing the impact of Covid on our existing plans and on the demand for new activity and support from HealthProm. We will also look for specific opportunities for additional funding targeted directly at the effects of the pandemic. We will be looking to launch new activities in Belarus and Georgia and to mobilise funding to enable continued work in Afghanistan and Tajikistan. We plan further work with migrant women in London. We will also seek to build our pipeline of future projects and to broaden our geographical coverage. We aim to build on existing partnerships and to respond to local demand for what HealthProm can offer. We will continue to evaluate and disseminate the results of our work.

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### 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 and was supported by sub-committees on finance and fundraising.

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.



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**LEGAL AND ADMINISTRATIVE DETAILS**

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

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

**BOARD OF DIRECTORS/TRUSTEES**

Chairman: Mr Simon Ray

Company Secretary: Ms Olena Vinareva

Mr Gary Lawson (Treasurer)

Mr Joe Long

Mr Daniel Robert Tickle

Ms Olga Dzhumaeva

Mr Richard Holland

Mr Andrew Howe (co-opted on 5 December 2019)

Mr Zubair Popalzai (co-opted on 5 December 2019)

Ms Olga Johnson (resigned 8 July 2019)

Ms Tina Bajec (resigned 8 July 2019)

**STAFF**

Director of Operations: Tanya Buynovskaya

Finance Manager: Chinara Isherwood

Finance and Projects Officer: Irina Maiseniene

Tajikistan Project Manager: Jonathan Watkins

**PATRONS**

Mr John Hart

Mr Ralph Land CBE

Prof Martin McKee, CBE FMedSci

Prof Neena Modi

Mr Harun Najafizada

Ms Dame Philippa Russell, DBE

Mr Robert Scallon

**REGISTERED OFFICE**

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

**AUDITORS**

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

**BANKERS**

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

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

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

**REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES  
FOR THE YEAR ENDED 31 MARCH 2020**

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**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
- Camden Giving
- Charities Aid Foundation
- Chrysalis Trust
- Department for International Development (DFID)
- European Commission
- Falkirk Council
- Foreign & Commonwealth Office
- Fulmer Charitable Trust
- Grand Challenges Canada
- GV and SJ Britten Trust
- Karen Woo Foundation
- Linda Norgrove Foundation
- Open Gate Trust
- Overseas Aid & Development Commission of the States of Guernsey
- Paget Charitable Trust
- RA and VB Reekie Charitable Trust
- Rotary Club of London
- Souter Charitable Trust
- St James' Place Foundation
- The Almond Tree Cafe in Falkirk
- UNICEF
- W F Southall Trust

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

**REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES  
FOR THE YEAR ENDED 31 MARCH 2020**

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**TRUSTEES' RESPONSIBILITIES STATEMENT  
FOR THE YEAR ENDED 31 MARCH 2020**

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 2019 (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 corporate and financial information included on 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.


Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdiction. 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.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company auditor is unaware; and
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information;

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  
21 Oct 2020

**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 2020 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 2020, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

**BASIS FOR OPINION**

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

**CONCLUSIONS RELATING TO GOING CONCERN**

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

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

**OTHER INFORMATION**

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

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

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

We have nothing to report in this regard.

**OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006**

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

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

**MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION**

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

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

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

**RESPONSIBILITIES OF TRUSTEES**

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

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

## AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](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: 4<sup>th</sup> November 2020

**STATEMENT OF FINANCIAL ACTIVITIES  
FOR THE YEAR ENDED 31 MARCH 2020**  
(Incorporating an Income and Expenditure Account)

<b>HealthProm</b>					
	Notes	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
<b>INCOME AND ENDOWMENTS</b>					
Donations and Legacies	2	29,306	1,100	30,406	23,742
Investment Income		3	-	3	-
Other Income		7,408	-	7,408	-
Foreign Exchange Gains/(Losses)		6,610	(1,039)	5,571	31,574
<b>Income from Charitable Activities:</b>					
Grants	3	-	465,396	465,396	857,603
<b>Total Income</b>		<b>43,327</b>	<b>465,457</b>	<b>508,784</b>	<b>912,919</b>
<b>EXPENDITURE</b>					
Expenditure on Raising Funds	4	1,769	-	1,769	2,063
<b>Expenditure on Charitable activities:</b>					
Operational programmes	5, 8	22,312	480,310	502,622	900,017
<b>Total Expenditure</b>		<b>24,081</b>	<b>480,310</b>	<b>504,391</b>	<b>902,080</b>
<b>Net Income before Transfers</b>	7	19,246	(14,853)	4,393	10,839
Net Transfers between funds	9	(29,089)	29,089	-	-
<b>Net Movement of Funds in Year</b>		<b>(9,843)</b>	<b>14,236</b>	<b>4,393</b>	<b>10,839</b>
<i>Reconciliation of funds</i>					
Total funds brought forward		70,403	45,945	116,348	105,509
<b>Total Funds Carried Forward</b>		<b>60,560</b>	<b>60,181</b>	<b>120,741</b>	<b>116,348</b>

All income and expenditure derive from continuing activities.

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

**BALANCE SHEET  
AS AT 31 MARCH 2020**

**HealthProm**

	Notes	2020 £	2019 £
<b>Fixed assets</b>			
Office equipment, fixtures and fittings	10	560	1,520
<b>Current assets</b>			
Debtors	11	39,207	78,058
Cash at bank and in hand		121,513	289,286
		160,720	367,344
<b>Creditors: amounts falling due within one year</b>	12	<b>(40,539)</b>	<b>(252,516)</b>
<b>Net current assets</b>		<b>120,181</b>	<b>114,828</b>
<b>Total net assets</b>		<b>120,741</b>	<b>116,348</b>
<b>Fund balances</b>			
<b>Charitable funds:</b>			
Unrestricted funds: General reserves		30,560	40,403
Unrestricted funds: Designated		30,000	30,000
Restricted funds		60,181	45,945
	<b>13,15</b>	<b>120,741</b>	<b>116,348</b>

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 21 Oct 2020  
and signed on their behalf by

  
Simon Ray  
Chairman



**STATEMENT OF CASH FLOW  
FOR THE YEAR ENDED 31 MARCH 2020**

**HealthProm**

<b>STATEMENT OF CASH FLOW</b>	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
<b>Cash flows from operating activities:</b>		
<b>Net cash provided by (used in) operating activities</b>	<b>(167,773)</b>	<b>88,903</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>
Cash flows from financing activities	-	-
Net cash provided by (used in) financing activities	-	-
<b>Change in cash and cash equivalents in the reporting period</b>	<b>(167,773)</b>	<b>88,903</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>	<b>289,286</b>	<b>200,383</b>
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>121,513</b>	<b>289,286</b>

<b>RECONCILIATION OF NET INCOME/(EXPENDITURE) TO NET CASH FLOW FROM OPERATING ACTIVITIES</b>	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	<b>4,393</b>	<b>10,839</b>
Adjustments for:		
Depreciation charges	<b>960</b>	<b>2,891</b>
(Increase)/decrease in debtors	<b>38,851</b>	<b>77,031</b>
Increase/(decrease) in creditors	<b>(211,977)</b>	<b>(1,858)</b>
<b>Net cash provided by (used in) operating activities</b>	<b>(167,773)</b>	<b>88,903</b>

<b>ANALYSIS OF CASH AND CASH EQUIVALENTS</b>	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
Cash at hand	<b>121,513</b>	<b>289,286</b>
Total cash and cash equivalents	<b>121,513</b>	<b>289,286</b>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2020

### 1. Principal accounting policies

#### Company Status

HealthProm is both a registered charity (№ 1100459) and a private company (no. 4887855), limited by guarantee and registered in England and Wales. In the event of charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is given in the Legal and Administrative Details on page 21.

#### Basis of Preparation

The charity constitutes a public benefit entity as defined by FRS 102. 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 issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

The financial statements are prepared on a going concern basis under the historical cost convention. The financial statements are presented in sterling which is the functional currency of the charity.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

#### 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.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2020

### 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

### 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 £	2020 £	2019 £
Committed Giving	543	-	543	440
Donations, Appeal, Fundraising Events	28,763	1,100	29,863	23,302
	29,306	1,100	30,406	23,742

Of the £23,742 income recognised in 2019, £19,164 was unrestricted funding and £4,578 was restricted funding.

## 3. Income from charitable activities: Grants

	Unrestricted £	Restricted £	2020 £	2019 £
European Commission	-	240,581	240,581	527,105
Department for International Development	-	67,344	67,344	65,288
The GV & SJ Britten Trust	-	59,203	59,203	90,282
The Overseas Aid Commission of Guernsey	-	25,000	25,000	19,985
HCD Memorial Trust	-	20,000	20,000	-
Grand Challenges Canada	-	16,384	16,384	46,829
The Linda Norgrove Foundation	-	10,273	10,273	-
Karen Woo Foundation	-	3,011	3,011	3,617
Souter Charitable Trust	-	3,000	3,000	3,500
W F Southall Trust	-	2,000	2,000	2,000
UNICEF	-	-	-	39,586
UK Foreign and Commonwealth Office	-	-	-	24,885
British and Foreign School Society	-	-	-	12,076
The Big Lottery Fund	-	-	-	9,950
The Beatrice Lang Trust	-	-	-	5,000
Others	-	18,600	18,600	7,500
	-	465,396	465,396	857,603

All of the income from charitable activities recognised in 2019 (£857,603) was also solely restricted funding.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2020**

**4. Expenditure on Raising Funds:**

	2020 £	2019 £
Costs of Fundraising events	1,769	2,063

All of the £2,063 expenditure recognised in 2019 was charged to unrestricted funds.

**5. Charitable Activities:**

<b>Operational Programmes</b>	2020 £	2019 £
Afghanistan - Reducing Maternal & Infant Deaths	143,658	135,189
Belarus - Developing Advocacy Service	-	139,164
Georgia - Pilot Project	4,081	57
Moldova - Improving Access to community-based Early Years Support Services	-	17,599
Russia - Siberian Initiative for Inclusion	15,167	98,364
Tajikistan - Putting Families First & Keeping and Finding Families	211,809	301,050
Ukraine - Strengthening the capacity of parent led CSOs	95,157	179,465
United Kingdom - Migrant Women Support	10,438	687
<b>Total restricted expenditure</b>	<b>480,310</b>	<b>871,575</b>
Operational Programme support costs (Unrestricted expenditure)	22,312	28,442
	<b>502,622</b>	<b>900,017</b>

Expenditure on operational programmes comprised:

<b>Direct Costs</b>		
Professional fees and implementation costs	302,610	578,693
Travel & subsistence	21,168	74,128
Publications, research & other costs	15,984	38,515
<b>Support Costs</b>		
Staff costs	128,275	172,201
Office & premises costs	29,382	29,382
Communications	860	1,861
Governance (note 6)	4,343	5,237
	<b>502,622</b>	<b>900,017</b>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2020**

<b>6. Governance</b>	<b>2020</b>	2019
	£	£
Audit and accountancy	3,600	3,380
AGM and strategy meetings	426	1,496
Trustees expenses for attendance at meetings	317	361
	<b>4,343</b>	<b>5,237</b>
<b>7. Net Incoming Resources for the Year</b>	<b>2020</b>	2019
	£	£
These are stated after charging:		
Depreciation	960	2,891
Auditor's remuneration – audit services	3,600	3,380
Property rent and service charges	14,400	14,092
<b>8. Staff Costs and Numbers</b>	<b>2020</b>	2019
	£	£
Staff costs were as follows:		
Salaries and wages	102,078	127,599
Social security costs	6,797	9,289
Pensions	3,245	2,421
	<b>112,120</b>	<b>139,309</b>

The average number of employees during the year was four (five in 2019). No employee received total employee benefits (excluding employer pension costs) of more than £60,000 in 2020 or 2019. Total remuneration of the one key personnel for the year was £51,182 (one key personnel at £50,543 in 2018-19). Key management remuneration includes gross salary, employers NI and employers pension contribution. Directors and trustees are not remunerated but reasonable travel expenses incurred in pursuance of their duties are reimbursed (see note 16).

**9. Transfers between Funds**

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**

<b>Cost</b>	<b>£</b>
At 1 April 2019	24,255
Additions	-
At 31 March 2020	24,255
<b>Depreciation</b>	
At 1 April 2019	22,735
Charge for the year	960
At 31 March 2020	23,695
<b>Net Book Value</b>	
At 31 March 2020	<b>560</b>
At 31 March 2019	1,520

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2020**

<b>11. Debtors</b>	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
Project advances	<b>16,138</b>	-
Prepayments	<b>1,543</b>	2,258
Other debtors	<b>3,675</b>	4,264
Other debtors: Grants Due	<b>17,851</b>	71,536
	<b>39,207</b>	78,058

<b>12. Creditors</b>	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
PAYE and NIC	-	-
Deferred Income	<b>35,777</b>	232,767
Accruals	<b>4,104</b>	8,520
Other creditors	<b>658</b>	11,229
	<b>40,539</b>	252,516

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

**13. Analysis of Aet Assets between Funds**

	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total 2020</b>	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total 2019</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Tangible fixed assets	560	-	<b>560</b>	1,520	-	1,520
Current assets	64,486	96,234	<b>160,720</b>	74,169	293,175	367,344
Current liabilities	(4,486)	(36,053)	<b>(40,539)</b>	(5,286)	(247,230)	(252,516)
Net assets	60,560	60,181	<b>120,741</b>	70,403	45,945	116,348

**14. Lease Commitments**

The total minimum lease payments falling due under non-cancellable operating lease agreements at 31 March 2020 amounted to £3,024 (2019: £3,540) and these commitments fall due within one year (2019: within one year).

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2020**

**15. Movement in Funds**

	At 1 April 2019 £	Incoming Resources £	Outgoing Resources £	Transfers £	At 31 March 2020 £
Afghanistan - Reducing Maternal and Infant Deaths	34,782	138,236	(143,658)	28,608	57,968
Belarus - Developing an Advocacy Service	-	715	-	-	715
Georgia - Pilot Project	3,108	-	(4,081)	973	-
Russia - Siberian Initiative for Inclusion	-	8,560	(15,167)	6,607	-
Tajikistan - Putting Families First & Keeping and finding Families	-	225,753	(211,809)	(13,094)	850
UK - Migrant Women Support	8,055	3,100	(10,438)	(69)	648
Ukraine - Strengthening the Capacity of parent led CSO	-	89,093	(95,157)	6,064	-
Restricted Funds	45,945	465,457	(480,310)	29,089	60,181
Unrestricted funds	40,403	43,327	(24,081)	(29,089)	30,560
Designated funds	30,000	-	-	-	30,000
	116,348	508,784	(504,391)	-	120,741

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

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.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2020**

**16. Payments to Trustees for Services**

No payments were made to Trustees but a total of £317 has been reimbursed towards one trustee's travel expenses during the period of 01 April 2019 – 31 March 2020 (£361 for the period of 1 April 2018 – 31 March 2019 towards one trustee's travel expenses).



**INCOME AND EXPENDITURE ACCOUNT  
FOR THE YEAR ENDED 31 MARCH 2020**

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

**HealthProm**

	General Fund	Projects Fund	Total to 31 March 2020	Total to 31 March 2019
	£	£	£	£
<b>INCOME</b>				
Grant Income – Restricted	-	465,396	465,396	857,603
Donations Received	21,278	1,010	22,288	15,778
Proceeds from Fundraising Events & Activities	7,485	90	7,575	7,524
Membership Fees	543	-	543	440
Bank Interest	3	-	3	-
Gifts & Services in Kind	-	-	-	-
Foreign Exchange Gains/(Losses)	6,610	(1,039)	5,571	31,574
Sundry Income	7,408	-	7,408	-
<b>Total Income</b>	<b>43,327</b>	<b>465,457</b>	<b>508,784</b>	<b>912,919</b>
<b>EXPENDITURE</b>				
Project Payments to Local Partners	-	248,840	248,840	483,956
Project Travel, Accommodation, Subsistence	-	21,167	21,167	74,128
Project Training & Other Costs	-	15,984	15,984	38,515
Project Consultants' Fees	-	53,770	53,770	94,737
Fundraising Costs & Event Expenses	1,622	147	1,769	2,063
Rent, Rates & Services	1,646	12,754	14,400	14,092
Travel	121	941	1,062	654
Telephone & Postage	98	762	860	1,861
Stationery, Printing & Photocopying	217	1,676	1,893	2,071
Publications & Subscriptions	218	1,691	1,909	1,890
Other Office Costs	790	6,126	6,916	5,707
Office & Charity Insurance	185	1,434	1,619	1,641
Depreciation	110	850	960	2,891
Staff Salaries & Employer's National Insurance	12,814	99,306	112,120	139,309
Staff Recruitment & Training	30	232	262	1,151
Governance Costs	743	-	743	1,857
Bank Charges	71	552	623	435
Audit & Accountancy Fees	3,600	-	3,600	3,380
Office Move Costs	-	-	-	-
Consultancy & Professional Fees	1,816	14,078	15,894	31,742
<b>Gross Expenditure</b>	<b>24,081</b>	<b>480,310</b>	<b>504,391</b>	<b>902,080</b>
<b>Trustees Authorised Transfers</b>	<b>29,089</b>	<b>(29,089)</b>	<b>-</b>	<b>-</b>
<b>Total Expenditure</b>	<b>53,170</b>	<b>451,221</b>	<b>504,391</b>	<b>902,080</b>
<b>Total Income less Expenditure</b>	<b>(9,843)</b>	<b>14,236</b>	<b>4,393</b>	<b>10,839</b>