

# **HEALTHPROM**

## **REPORT AND FINANCIAL STATEMENTS**

**YEAR ENDED 31 MARCH 2015**

**Company number: 4887855**

**Registered Charity number: 1100459**

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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: Mr Robert Scallon

Treasurer: Ms Alison Hunter

Ms Olga Johnson

Mr Ralph Land, CBE (resigned March 2015)

Mr Tim Unmack

Mr Gordon Alexander (elected AGM 25 November 2014)

Mr Ismayil Tahmazov (elected AGM 25 November 2014)

Ms Elena Nicolaeva (co-opted 16 February 2015)

### **STAFF**

Director of Operations: Tanya Buynovskaya (appointed March 2015)

CEO: Fiona Mclean (resigned February 2015)

Finance and Administration Manager: Isam Jafar (appointed January 2015) /Maia Phutkaradze (resigned January 2015)

Programmes and Partnership Manager: Candice Sly

Programme and Development Adviser: Lauren Foster Mustarde

Projects and Fundraising Intern: Annabel Higgins

### **PATRONS**

Mr Greg Hands MP

Harun Najafizada

Ralph Land CBE

### **REGISTERED OFFICE**

FinFuture, 225-229 Seven Sisters Road, London N4 2DA

### **AUDITORS**

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

### **BANKERS**

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

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

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

## **STRUCTURE, GOVERNANCE AND MANAGEMENT**

### ***Structure***

HealthProm has a Board of Directors and Trustees (currently 8) 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.

### ***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. He reports to the Board through the Director of Operations.

### ***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. Regular risk assessment is undertaken to ensure sufficient funds are available to cover the unexpected variance of income and expenditure. The trustees have identified the need for internal controls, and have put in place procedures for authorising all transactions and projects.

### ***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 2015, HealthProm met this requirement.

## **REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES**

The Directors and Trustees present their annual report and audited financial statements for the year ended 31 March 2015.

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 March 2005 (SORP 2005).

Incoming resources were £658,049 in 2014/2015, representing an increase of 18.84% (from £553,705) in 2013/2014. Grants represented the principle of funding source, accounting for £511,845 (this figure is different to the one in the Statement of Financial Activities) or 77.78% of the total income (63.71% in 2013/2014). Total resources expended amounted to £644,034, £593,511 (or 92.16%) of which consisted of resources expended on operational programmes. This resulted in an overall unrestricted surplus of £43,059 for the year (compared to £54,140 in 2013/2014). Net assets at the year-end stood at £109,157.

### **BACKGROUND**

HealthProm evolved out of the USSR-UK Medical Exchange Programme set up in 1984 by doctors and allied professionals to promote health education through tours, conferences and exchange visits between the two countries. Our activities have since evolved and now focus on supporting vulnerable children in countries of the former Soviet Union and Afghanistan.

### **AIM AND OBJECTIVES**

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 support vulnerable children to 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**

Our vision is a world where each mother and child has secured the right to a healthy and socially included life. Our mission is to work in partnership to promote health and social care in countries of the former Soviet Union and Afghanistan.

### **HEALTHPROM'S STRATEGY**

HealthProm's Strategy for Growth 2012-2017 was approved by the Board on 11 November 2011. A review in 2013/4 confirmed the general thrust of the strategy whilst reviewing targets and priorities in the light of experience.

### **STRATEGIC APPROACH**

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

As an international development organisation, HealthProm has sought to promote and support the achievement of the Millennium Development Goals (MDGs), specifically MDGs 4 (Reducing child mortality rates) and 5 (Improving maternal health).

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 practices and also aim 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 care
- (iii) Promoting access to education
- (iv) Working with and through local partner organisations

### Strengthening families and communities

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

### Improving access to health and social care

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

### Promoting access to education

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

### Working with and through local partner organisations

HealthProm supports and works in partnership with local partner organisations to implement our projects. A monitoring, evaluation and learning framework has been developed to track performance and impact.

## **METHODOLOGY**

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

### **1. Child-Centred Approach**

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

- It is guided by best interests of the child, non-discrimination as well as other principles of the UN Convention on the Rights of the Child (UNCRC) and the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- It involves children's participation as far as possible
- It strengthens integrated community-based social services
- It emphasises investment and a strategic focus in 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 child rights, women's rights and the rights of persons with disabilities enshrined in the UN Convention on the Rights of the Child (UNCRC), the UN Convention on the

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

### 3. Integrated and Multi-Disciplinary Approach

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

### 4. Evidence-Based Approach

Evidence-based approach to practice involves combining individual practitioner expertise with the best available external evidence from published research in order to make decisions about what to do in response to a presenting problem. HealthProm’s activities are based on sound evidence, gained both from international research, best practices and lessons learned.

## ACTIVITIES AND ACHIEVEMENTS IN 2014-15

Over the last year HealthProm has continued to develop its activities in Tajikistan, Kyrgyzstan, Afghanistan and Russia. Details are set out below.

New initiatives were taken to develop support in Moldova and Ukraine, and EC funding to start a new project in Belarus in October 2015 was secured.

A number of adjustments were made to deal with changes in the provision of unrestricted funding, with an enhanced focus on mobilising institutional support, controlling costs and promoting longer-term financial sustainability.

Various staff changes were made, improving operational capacity and efficiency and strengthening our ability to develop new business opportunities in line with overall strategy.

## INTERNATIONAL PROJECTS

In 2014/15 HealthProm was active in Tajikistan, Kyrgyzstan, Afghanistan and Russia.

**In Tajikistan**, HealthProm continued its 3 year EU funded project “Keeping and Finding Families: Inclusive Social Services for vulnerable young children in Dushanbe”.

<b>Keeping and Finding Families: Inclusive Social Services for vulnerable young children in Dushanbe</b>
February 2013 – January 2016
Budget: €706,841 (€565,473 from the EU IBPP Programme)
Partners: Sarchasma, HDO, Iroda.
<b>Project Background:</b> Developmental delays before age six are difficult to compensate for later in life because early childhood is a particularly sensitive period for brain formation. This project targets the 4 domains of childhood development - physical, cognitive, language and social/emotional - and thus the situation for vulnerable groups of children and their families. It will create modern social services through new centres and teams at Baby Homes (BH) 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.

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

- In September 2014 we opened the Marvorid family support centre in the grounds of the baby home in Khujand. As a result of the opening of Marvorid, we supported 16 more families to resume care of their children than were supported to do so in 2013. 37 children were enabled to return home to the care of their parents in 2014 as a result of this project's partnership with the local authorities in Sughd province. We adapted rooms in Baby Home 2 in Dushanbe to work as a respite care centre, with some additional family support services. All staff members in the four BHs received training in early childhood development, and now we are responding to the need for further training on best practices in feeding vulnerable children.
- The Mobile Outreach Teams now operate in both Dushanbe and Khujand to support families visiting from the community, and babies in all four of the baby homes in Tajikistan: two in Dushanbe, one in Khujand and one in Istaravshan.
- The befriending teams now operate in both Dushanbe and in Sught (Khujand and Istaravshan). They support children and families in all the family centres and baby homes. During this period, the numbers of befrienders increased to 45 in the whole country. This is 5 short of the target set in the original log frame, but those in place provide more intense interventions.
- Mellow Parenting (MP) training was completed; we now have a Mellow Parenting coordinator and MP workers trained in the MOTs from amongst the baby home staff. During the year we delivered 3 out of the 8 Mellow Parenting courses planned for the whole project, and reached 32 out of the total of 80 participants.
- In November 2014 we organised a study tour to Scotland where participants from Tajikistan learnt about care planning and crisis intervention.
- We ran two training sessions on interactive music making (IMM) (led by Jane Ebel) and produced a CD of Tajik songs to assist the IMM. Befrienders and staff members from the Mobile Outreach Teams now use IMM in their repertoire of support interventions in all four baby homes, reaching up to approximately 160 children.
- Nancy Mackieth, Consultant Midwife, visited Tajikistan to train 47 professionals from the mobile outreach teams, the baby homes, and maternity hospitals about post-natal depression.
- Local partners and representatives from local authorities, UNICEF and the Ministry of Health visited St Petersburg on a study tour to learn about alternative family care. 12 people took part in this study tour. Alternative family care includes respite care and foster care. We are on target for fostering at least 10 children in 10 families by the end of the project. We have trained professionals and trained a cohort of foster parents. The next steps are for the local authority child rights unit to approve the placements. For respite care, we are about to open a service in BH2 in Dushanbe, and have contributed to another respite care service in the Choborg centre also in Dushanbe.
- We worked closely with UNICEF on developing alternative family care during this period and they provided match finding for this development.
- We now have a website up and running: [www.ecdtaj.tj](http://www.ecdtaj.tj), which provides technical information about early child development. The website [www.bibijon.info](http://www.bibijon.info), is purchased and is under development as an on-line forum for professional and family support.

**In Kyrgyzstan**, HealthProm continued its three-year BIG Lottery funded project "Supporting Disabled Children in Kyrgyzstan". We also organised the 6th annual summer camp for children with disabilities, funded by one of HealthProm's longstanding supporters, Mark Hunter.



<b>Supporting Disabled Children in Kyrgyzstan</b>
September 2013 – August 2016
Budget: £568,430 (£499,870 from the BIG Lottery plus match funding from Tarim Charitable Trust and Brian Guinness Trust)
Partners: Kelechek HP, ICCO, Uplift
<p><b>Project Background:</b> The project will contribute to the prevention of institutionalisation of children with disabilities (CWD) in the country by improving community-based services that support CWD and their families, with focus on early intervention and family support; improving access to education, by supporting day centres (DC) to provide pre-school education; by strengthening the capacity of parent-led NGOs and parent networks through regional and national information exchanges, support and training; and finally also campaigning to reduce negative attitudes in society and promoting inclusion and integration of CWD in local communities.</p> <p><b>Main achievements during the year:</b></p> <ul style="list-style-type: none"> <li>• During the year we provided support to 604 children with disabilities in 7 regions of Kyrgyzstan through the work of 7 DCs – 169 CWD regularly attended centres, 97 CWD were assessed and were visited at home, and another 338 were involved in various events and activities.</li> <li>• We also successfully supported 33 families at risk of leaving their CWD to state care resulting in all 33 families keeping a child in the family.</li> <li>• Most Day centres we support have now signed Memorandum of Understanding with local government: Batken DC- with local education department; Karakol DC –with city administration, education department and social services; Leninskoye DC –with local village authorities; Osh DC- with local authorities and social services.</li> <li>• This year all our day centres focused attention on how they can empower parents and involve them more effectively. Each day centre conducted consultations with parents and formed Parents’ Committees. These committees are now actively involved in DCs work and are an effective mechanism for ensuring parents feel empowered and better involved. E.g. in Karakol parents are involved in fundraising and creating a vegetable garden; in Batken and Osh parents took part in organizing medical visits and in finding sponsors; in Leninskoye DC parents were active in finding and decorating premises, developing income-generating activities; in Talas parents were involved in organizing training and networking activities; in Jalal-Abad parents contributed to finding funding for summer camp.</li> </ul>

<b>A summer holiday at Lake Issyk-Kul for children with disabilities from Belovodsky children’s home and Talas day centres</b>
Summer 2014
£4,876 (Mark Hunter)
Partners: Kelechek HP
Kelechek organised a sixth annual summer holiday camp at Lake Issyk-Kul for a group of 70 children with disabilities from two orphanages - Belovodsky Children’s Home and Malovodnoe Village Children’s Home. In August 2014 these children spent ten days in the summer camp “Maiak” and had a fantastic time playing, enjoying the nature and swimming in the lake.

**In Afghanistan**, we have been continuing our project “Reducing maternal, child and newborn mortality in Charkent District”:

<b>Reducing maternal and newborn deaths in Balkh Province, Northern Afghanistan</b>
September 2008 – ongoing
Budget for 2014/15: £121,100 (DFID with various Trusts and Foundations)
Partners: BDN and provincial government departments
<p><b>Project Background:</b> HealthProm’s programme in Balkh Province aims to improve maternal and child health in rural areas through a range of inter-related and participatory initiatives at community level. These include action to promote knowledge and skills about health and hygiene, improved links with government health centres and services, greater access to clean water, and enhanced nutrition/livelihoods. In the past year the current project reached over 18,000 people in three sections of Charkent district.</p> <p><b>Main achievements during the year:</b></p> <ul style="list-style-type: none"> <li>• Community Health: 18 new and 38 existing Community Health Workers (men and women drawn from each village) received training, equipment and basic supplies in line with policies set out by the Ministry of Public Health. HP Afghanistan staff and specialist trainers covered priorities in preventive health care, treatment and referral. CHW records show that well over 6,500 people (nearly 4,500 children) were treated or referred to health centres during the year.</li> <li>• 75% of births attended by a skilled birth attendant: Midwives from local government health centres are involved in the CHW training, and the project provides them with transport to visit pregnant women in the villages every two months. During these ante natal care visits they also make birth plans, involving the husband wherever possible, to ensure that women can travel to health centres for delivery. This practice certainly contributed to the significant increase in the proportion of births attended by a midwife, and probably to the reduction in recorded neonatal mortality (to 13/1000 live births).</li> <li>• Water: In seven villages new to the project, where water supplies have been a long-standing problem, HP Afghanistan repaired five damaged water reservoirs, dug four wells and built two water tanks. In each case the project provided materials and villagers contributed their labour. In total this work improved access to water for 4,049 people, and in one village ended a daily trek in summer of up to three kilometres to fetch water from springs.</li> </ul>

**In Russia**, we successfully implemented a pilot project “Opening school doors for disabled children in Krasnoyarsk, Russia”.

<b>Opening school doors for disabled children in Krasnoyarsk, Russia</b>
January 2014 – December 2014
Budget: £18,000 (£15,000 from British and Foreign School Society)
Partners: NGO “Krasnoyarsk Centre for Community Partnerships” (Tsentr Sotrudnichestvo) and parent-led NGO “Open Hearts”
<p><b>Project Background:</b> The project focused on the development of inclusive education in Krasnoyarsk, Siberia. Together with our local partners we worked with school teachers, social workers, parents of disabled children and disability NGOs. We provided practical training on what inclusive education is and how schools can open their doors for disabled children in their communities. We also developed</p>

learning materials for schools and opened a web-page on this topic on KCCP web-site.

**Main achievements during the year:**

- Our main achievement was a significant increase in number of children with disabilities and their parents in Krasnoyarsk who have received access to education as a result of this project. In total, **446 children with disabilities** have directly benefited from the project by attending 6 pilot schools. All pilot schools have expressed serious commitment to developing inclusive education in their schools which is evident by the fact that they all included inclusive education or some aspects of inclusive education in their strategies, have developed action plans and implemented successful activities and events. A survey of the schools showed a rise in the number of non-disabled children who are participating in events for children with disabilities. Thus, for example, non-disabled classmates of the children with disabilities come to events with them.
- As a result of the project at least **92 parents** of disabled children were actively involved in project activities and training, among them 47 parents who participated in two project's training in April and November 2014 and 45 parents who were involved through the work of pilot schools. E.g. School 147 involved 16 parents in various events, seminars and activities during the year.
- During the year we trained more than 50 teachers and child disability specialists from 30 institutions. The project also built a local Krasnoyarsk-based network of parents of disabled children, NGOs, schools and day centres.

**PLANS FOR 2015/2016**

For the remaining two years of the current five-year strategy, HealthProm aims to consolidate the achievements to date, building on existing activities and experience in Central Asia, Afghanistan and Russia, drawing on the lessons and sharing them with other partners in the region.

New operations will be started in Belarus and we hope that current activities to develop partnerships and support in Moldova and Ukraine will lead to new funding for projects in those countries.

We will seek to develop other new opportunities to support those in the region tackling the problems of vulnerable children.

We will extend and strengthen our networks with professional bodies and international and local organisations who share our mission and can assist in delivering change.

We will be reviewing the way we communicate and report results and taking stock of fundraising opportunities.

The Board will continue to keep the current strategy under close review, monitoring wider developments in the region that may affect its operations, seeking to maximise the impact of its efforts and ensuring value for money.

**ACKNOWLEDGEMENT AND THANKS**

The Trustees would like to thank HealthProm's partner organisations, whose drive and enthusiasm have continued to bring about the successes 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.

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

- Big Lottery Fund
- British and Foreign School Society
- British Embassy Dushanbe
- British School in Tashkent

- Bryan Lancaster Trust
- The Overseas Aid Commission of Guernsey
- Department for International Development (DFID)
- The Doris Pacey Charitable Foundation
- Dr Michael and Anna Brynberg Charitable Foundation
- European Union
- Falkirk Council
- Foreign & Commonwealth Office
- GV & SJ Britten Trust
- Karen Woo Foundation
- Mark Hunter
- RA & VB Reekie Charitable Trust
- Rotary Club of London
- Russo British Chamber of Commerce
- Souter Charitable Trust
- The Society for Protection of Animals Abroad (SPANNA)
- Tarim Charitable Trust
- T&J Meyer Family Foundation
- The Bryan Guinness Charitable Trust
- The Cauda Trust
- The Doris Pacey Charitable Foundation
- The Funding Network
- The Linda Norgrove Foundation
- Toy Trust
- Purley Overseas Trust
- The Peter Stebbings Memorial Charity
- W F Southall Trust
- Wallace Bell Charitable Trust
- St James's Place Foundation

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

**STATEMENT AS TO DISCLOSURE OF INFORMATION TO AUDITORS**

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

**STATEMENT OF RESPONSIBILITIES OF THE BOARD OF DIRECTORS AND TRUSTEES**

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

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

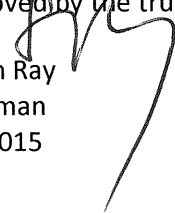
The Board of Directors and Trustees is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for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

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

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

Approved by the trustees and signed on their behalf by:

Simon Ray  
Chairman  
July 2015

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# **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 2015 on pages 15 to 22 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](http://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 2015, 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<sup>th</sup> August 2015

# STATEMENT OF FINANCIAL ACTIVITIES

FOR THE YEAR ENDED 31 MARCH 2015  
(Incorporating an Income and Expenditure Account)

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

	Notes	Unrestricted funds 2015 £	Restricted funds 2015 £	Total funds 2015 £	Total funds 2014 £
<b>INCOMING RESOURCES</b>					
<b>Incoming resources from generated funds:</b>					
Voluntary Income (VI)	2	103,369	7,308	110,677	188,654
Investment income (II): deposit interest		9	2	11	117
Other incoming resources		6,933	28,583	35,516	12,194
<b>Incoming resources from charitable activities:</b>					
Grants	3	350	511,495	511,845	352,740
<b>Total incoming resources</b>		<u>110,661</u>	<u>547,388</u>	<u>658,049</u>	<u>553,705</u>
<b>RESOURCES EXPENDED</b>					
<b>Cost of generating funds:</b>					
Fundraising costs	4	3,524	-	3,524	4,360
<b>Charitable activities:</b>					
Operational programmes	5, 8	40,300	593,511	633,811	517,623
<b>Governance costs</b>	6	6,699	-	6,699	4,122
<b>Total resources expended</b>		<u>50,523</u>	<u>593,511</u>	<u>644,034</u>	<u>526,105</u>
<b>Net incoming resources before transfers</b>	7	60,138	(46,123)	14,015	27,600
Net Transfers between funds	9	(17,079)	17,079	-	-
<b>Net movement of funds in year</b>		<u>43,059</u>	<u>(29,044)</u>	<u>14,015</u>	<u>27,600</u>
<i>Reconciliation of funds</i>					
Total funds brought forward		<u>66,098</u>	<u>29,044</u>	<u>95,142</u>	<u>67,542</u>
<b>Total funds carried forward</b>		<u>109,157</u>	<u>Nil</u>	<u>109,157</u>	<u>95,142</u>

# BALANCE SHEET

AS AT 31 MARCH 2015

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

	Notes	2015 £	2014 £
<b>Fixed assets</b>			
Office equipment, fixtures and fittings	10	<u>8,110</u>	<u>1,072</u>
<b>Current assets</b>			
Debtors	11	93,549	99,941
Cash at bank and in hand		<u>203,046</u>	<u>135,421</u>
		296,595	235,362
<b>Creditors: amounts falling due within one year</b>	12	(195,548)	(141,292)
<b>Net current assets</b>		<u>101,047</u>	<u>94,070</u>
<b>Total net assets</b>		<u><u>109,157</u></u>	<u><u>95,142</u></u>
<b>Fund balances</b>			
<b>Charitable funds:</b>			
Unrestricted funds: General reserves	13	84,157	66,098
Unrestricted funds: Designated		25,000	-
Restricted funds	13,15	-	29,044
		<u>109,157</u>	<u>95,142</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 27 July 2015  
and signed on their behalf by

  
Simon Ray  
Chairman



# NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2015

## 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 1<sup>st</sup> 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 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.

### Fundraising costs

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

### Governance costs

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

### Capitalisation and depreciation of tangible fixed assets

All assets costing more than £100 are capitalised.

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

Office equipment, fixtures and fittings - Over five years

# NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2015

## 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

	Unrestricted £	Restricted £	2015 £	2014 £
Committed Giving	1,030	-	1,030	765
Donations, Appeal and Fundraising Events	102,339	7,308	109,647	187,889
	<u>103,369</u>	<u>7,308</u>	<u>110,677</u>	<u>188,654</u>

#### 3. Incoming Resources from charitable activities:

##### Grants receivable

	Unrestricted £	Restricted £	2015 £	2014 £
The Big Lottery Fund Grant – Kyrgyz	-	154,418	154,418	95,426
The GV & SJ Britten Trust	-	33,056	33,056	67,541
European Commission	-	150,561	150,561	135,786
The Linda Norgrove Foundation	-	11,460	11,460	-
DFID	-	112,250	112,250	34,845
British and Foreign School Society	-	13,080	13,080	1,592
Karen Woo Foundation	-	6,197	6,197	10,000
SPANNA	-	-	-	4,550
The Doris Pacey and The Dr M&A Brynberg Charitable Foundations	-	2,729	2,729	-
The Funding Network	-	10,360	10,360	-
T&J Meyer Family Foundation	-	4,543	4,543	-
The Peter Stebbings Memorial Charity	-	2,500	2,500	-
The Clauda Trust	100	-	100	-
Tarim Charitable Trust	250	-	250	-
Toy Trust	-	-	-	2,500
Others (a large figure without detail?)	-	10,341	10,341	-
RA and VB Reekie Charitable Trust	-	-	-	500
	<u>350</u>	<u>511,495</u>	<u>511,845</u>	<u>352,740</u>

# NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2015

## Resources Expended

4. <b>Costs of Generating Funds:</b>	2015	2014
<b>Fundraising costs of grants and donations</b>	<b>£</b>	<b>£</b>
Costs of Fundraising events	3,524	4,360
5. <b>Charitable activities:</b>	2015	2014
<b>Operational Programmes</b>	<b>£</b>	<b>£</b>
Reducing Maternal and Infant Deaths, Afghanistan	239,772	135,446
Services Provision	22,700	-
Keeping and Finding Families, Tajikistan	162,870	167,067
Community Midwives - Safe Childbirth, Azerbaijan	-	3,457
Summer Camp Holiday, Kyrgyzstan	7,298	8,510
Supporting Disabled Children, Kyrgyzstan	144,427	95,828
Early Years Support Centre, Tajikistan	-	15,044
Early Years Support Centre, Tajikistan (DFID-funded)	-	34,845
Opening School Doors for Disabled Children in Siberia, Russia	16,444	1,509
	593,511	461,706
Operational Programme support costs	40,300	55,917
	633,811	517,623

Resources expended on operational programmes comprised:

### **Direct Costs**

Professional fees and implementation costs	387,139	282,962
Travel & subsistence	45,136	32,631
Communications	36	38
Publications, Research & Other costs	7,886	11,002

### **Support Costs**

Staff costs	150,770	150,117
Office and Premises costs	34,084	37,987
Communications	2,280	2,886
Project Development	6,480	-
	633,811	517,623

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2015

6. Governance	2015 £	2014 £
Audit and Accountancy fees	3,293	2,480
AGM and Strategy Meetings	2,945	1,541
Trustees expenses for attendance at meetings	461	101
	6,699	4,122

7. Net Incoming Resources for the year	2015 £	2014 £
These are stated after charging:		
Depreciation	1,892	271
Audit and accountancy	3,293	2,480
Property rent and service charges	10,225	17,392
Property Council Tax and charges	333	1,413

8. Staff Costs and numbers	2015 £	2014 £
Staff costs were as follows:		
Salaries and wages	126,053	111,000
Social security costs	9,853	11,072

The average number of employees during the year was four (four in 2014). No employee was paid more than £60,000. Directors and trustees are not remunerated but reasonable travel expenses incurred in pursuance of their duties are reimbursed (see note 16).

### 9. Transfers between funds Apportionment

The transfer from the Unrestricted Funds to the Restricted Funds is in respect of HealthProm's net contribution to the costs of the projects. The transfer of balances to/from project (see note 15) is an adjustment to clear the previous year's balances on completed projects and has no overall net effect. (have the transfers to Core been cleared with the donors?)

### 10. Tangible fixed assets

#### Office Equipment Fixtures and Fittings

Cost	£
At 1 April 2014	10,525
Additions	8,930
At 31 March 2015	19,455
<b>Depreciation</b>	
At 1 April 2014	9,453
Charge for the year	1,892
At 31 March 2015	11,345
<b>Net Book Value</b>	
At 31 March 2015	8,110
At 31 March 2014	1,072

# NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2015

<b>11. Debtors</b>	<b>2015</b>		2014	
	£		£	
Project advances	80,982		53,682	
Prepayments	2,417		9,399	
Other debtors	500		3,641	
Other debtors: Grants Due	9,650		33,219	
	<u>93,549</u>		<u>99,941</u>	
<b>12. Creditors</b>	<b>2015</b>		2014	
	£		£	
PAYE and NIC	473		3,045	
Deferred Income	180,743		115,126	
Accruals	4,439		3,959	
Other creditors	9,893		19,162	
	<u>195,548</u>		<u>141,292</u>	
<b>13. Analysis of net assets between funds</b>	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total 2015</b>	<b>Total 2014</b>
	£	£	£	£
Tangible fixed assets	8,110	-	8,110	1,072
Current assets	296,595	-	296,595	235,362
Current liabilities	(195,548)	-	(195,548)	(141,292)
Net assets	<u>109,157</u>	<u>Nil</u>	<u>109,157</u>	<u>95,142</u>

## 14. Lease Commitments

At 31 March 2015 the company had annual commitments under non-cancellable operating leases as follows:

<b>Expiry Date</b>	<b>Land and Buildings</b>		<b>Other</b>	
	2015	2014	2015	2014
	£	£	£	£
Within 1 year	Nil	10,800	2,462	Nil
Within 2-5 years	Nil	Nil	Nil	2,462

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2015

15. Movement in restricted funds	At 1 April 2014 £	Incoming Resources £	Outgoing Resources £	Transfers £	At 31 March 2015 £
Opening School Doors for Disabled Children in Siberia, Russia	-	13,080	(16,444)	3,364	-
Community Midwives - Safe Childbirth, Azerbaijan	2,473	-	-	(2,473)	-
Reducing Maternal and Infant Deaths, Afghanistan	-	195,666	(239,772)	44,106	-
Publications, Russia	431	-	-	(431)	-
Services Provision Keeping and Finding Families, Tajikistan	-	28,402	(22,700)	(5,702)	-
Summer Camp Holiday, Kyrgyzstan	-	150,627	(162,870)	12,243	-
Supporting Disabled Children, Kyrgyzstan	1,140	4,877	(7,298)	1,281	-
Project bridge fund	-	154,736	(144,427)	(10,309)	-
	25,000	-	-	(25,000)	-
	<u>29,044</u>	<u>547,388</u>	<u>(593,511)</u>	<u>17,079</u>	<u>Nil</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

The Project Bridge Fund has been reallocated from Restricted to designated funds, which are available at the discretion of the trustees to bridge cashflow requirements between project bids.

### 16. Payments to Trustees for services

Total of £240 has been paid out towards trustee travel expenses during the period of 01 Apr 2014 – 31 Mar 2015 (total of £101 has been paid out during the period of 1 Apr 2013 – 31 Mar 2014).

# INCOME AND EXPENDITURE ACCOUNT

**FOR THE YEAR ENDED 31 MARCH 2015**  
(This page does not form part of the statutory accounts)

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

	General Fund	Projects Fund	Total to 31 March 2015	Total to 31 March 2014
	£	£	£	£
<b>INCOME</b>				
Grant Income – Restricted	350	511,495	511,845	352,740
Gifts (Designated)	86,993	440	87,433	154,386
Donations Received	3,259	27,674	30,933	19,957
Proceeds from Fundraising Events and Activities	9,932	693	10,625	13,546
Membership fees	1,030	-	1,030	765
Bank interest received	9	2	11	117
Premise costs recovered	2,778	-	2,778	10,785
Sundry Income	6,310	7,084	13,394	1,409
<b>Total Income</b>	<b>110,661</b>	<b>547,388</b>	<b>658,049</b>	<b>553,705</b>
<b>EXPENDITURE</b>				
Project payments to Local Partners	-	349,488	349,488	237,151
Project travel, accommodation, subsistence	-	45,136	45,136	32,631
Project Training and other costs	-	7,922	7,922	11,040
Project Consultants' Fees	-	37,652	37,652	45,011
Project Development Costs	6,480	-	6,480	-
Fundraising Costs & Event Expenses	3,524	-	3,524	4,360
Rent, Rates & Services	1,268	9,297	10,565	19,024
Heat & Light	155	1,134	1,289	1,218
Travel	118	861	979	2,967
Telephone & postage	269	2,012	2,281	2,887
Stationery, Printing & Photocopying	392	2,877	3,269	2,927
Publications & Subscriptions	231	1,696	1,927	1,232
Office Machine Maintenance	-	-	-	893
Premises Expenses	-	-	-	1,731
Other Office Costs	1,110	8,143	9,253	6,101
Office & Charity Insurance	181	1,330	1,511	1,587
Depreciation	221	1,618	1,839	271
Staff Salaries & Employer's N.I.	16,309	119,597	135,906	122,072
Staff Recruitment & Training	212	1,818	2,030	724
Governance Costs	461	-	461	1,642
Bank Charges	25	181	206	36
Audit and Accountancy Fees	3,293	-	3,293	3,280
Office Move Costs	3,243	-	3,243	-
Anniversary, AGM and Strategy Expenses	2,945	-	2,945	-
Consultancy & Professional Fees	10,086	2,749	12,835	27,320
<b>Gross Expenditure</b>	<b>50,523</b>	<b>593,511</b>	<b>644,034</b>	<b>526,105</b>
<b>Trustees Authorised Transfers</b>	<b>17,079</b>	<b>(17,079)</b>	<b>-</b>	<b>-</b>
<b>Total Expenditure</b>	<b>67,602</b>	<b>576,432</b>	<b>644,034</b>	<b>526,105</b>
<b>Total Income less Expenditure</b>	<b>43,059</b>	<b>(29,044)</b>	<b>14,015</b>	<b>27,600</b>