

# **HEALTHPROM**

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

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

## **FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED 31 MARCH 2008**

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## **FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED 31 MARCH 2008**

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# HEALTHPROM

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

## TRUSTEES' REPORT

1 APRIL 2007 TO 31 MARCH 2008

### REFERENCE AND ADMINISTRATION

Charity name: HealthProm

Charity Registration no: 1100459

Company Registration no. 4887855

Company limited by guarantee without share capital

Principal address: Star House (Registered office)  
104-108 Grafton Road  
London  
NW5 4BD

Telephone: +44 (0) 20 7284 1620

Fax: +44 (0) 20 7284 1881

E-mail: [healthprom@healthprom.org](mailto:healthprom@healthprom.org)

Website: <http://www.healthprom.org>

Trustees & Officers: Dr Elena Tkatchenko-Schmidt, Chairman  
Mrs Judith Sedgwick, Vice-chairman  
Mr Robert Scallon, Hon. Treasurer  
Mr Tim Unmack, Company Secretary  
Mrs Greta Beresford  
Mr Ralph Land CBE

Employees: Projects and Partnerships Manager: Tanya Buynovskaya  
Finance and Administration Manager: Theresa O'Neill  
Finance Officer: Yuliya Tkacheva  
Projects Officer: Inna Selest

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

Bankers:	CafCash Ltd Kings Hill West Malling Kent ME19 4TA	HSBC 246 Kentish Town Road Kentish Town London NW5 2BS	Nat West Bank Camden Town Branch 166 Camden High St. London NW1 0NW
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## TRUSTEES' REPORT FOR THE YEAR 1 APRIL 2007 TO 31 MARCH 2008

(Continued)

### Structure, Governance and Management

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

**Organisation:** The Board of Directors who are also Charity Trustees makes all governance, finance, strategy and policy decisions. It meets four times per year. The Board is advised on issues of core fundraising and public relations by the Fundraising and PR Committee, and is guided on project development and management issues by the Projects Group.

There have been many improvements during the year to strengthen the staff team and improve financial reporting and financial systems. There has been a significant improvement in IT with new equipment, software and support. Changes are taking place to update and augment the membership of the organisation, including valuable work developing the website. There have also been greater efforts in successful fundraising activities. In 2008 HealthProm increased its staff team by a further two members, working in finance and projects. There is a continuing commitment from the Directors and Trustees to build upon these improvements and further develop the work of HealthProm.

### Financial Review

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

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

### Risk management

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

The trustees have agreed a policy which it reviews regularly and has a management strategy to ensure:

1. An annual review of the risks the charity may face;
2. The establishment of systems and procedures to mitigate those risks identified;
3. The implementation of procedures designed to minimise any potential impact on the charity should those risks materialise.

The trustees have identified the need for internal control risks by the implementation of procedures for authorisation of all transactions and projects. A key element in the management of financial risk is the setting of a reserves policy and its regular review by trustees.

### Policy on reserves

The policy agreed by the trustees is that the general or unrestricted reserves should not be allowed to fall below a value equivalent to three months' overheads. The trustees have prioritised building up reserves with the result that we now respect this policy.

### Annual accounts

The Board of Trustees confirms that the accounts for 2007-2008 comply with current statutory requirements and the requirements of HealthProm's governing document. The trustees present their report with financial statements of the charity for the year ended 31 March 2008. The financial statements have been prepared in accordance with the requirements of the Statement of Recommended Practice on Accounting and Reporting by Charities issued by the Charity Commission 2005.

## TRUSTEES' REPORT FOR THE YEAR 1 APRIL 2007 TO 31 MARCH 2008 (Continued)

### Objectives and Activities

The objects of the charity are:

To preserve, protect and improve the health of the general public of Britain and countries of the former Soviet Union, Europe and Central Asia, particularly through the promotion of tours, conferences and exchange visits between doctors and other health professionals in the United Kingdom as a means of education.

### Introduction

HealthProm has seen an eventful year with many changes both internally and in the development and implementation of projects. The following Activity Report provides a explanation of the current projects in 2007-08; the continuing work with existing projects; and future project developments.

The Project in the Altai Republic was due to complete in June 2007 but was granted two extensions to November 2007 from the European Commission to complete the valuable work there. The Young Child Attachment Project was due to complete in April 2008 but has also been granted an extension to the end of June 2008. There was also a new UK-based project, offering support for vulnerable women, which it is hoped can be developed further in the future.

This report provides details of the following projects and future developments:

1. An integrated approach to working with disabled children and their families in Altai Republic
2. Young Child Attachment Project, St Petersburg and Novgorod
3. Better Care for at Risk Babies in Dushanbe, Tajikistan
4. Clinical training of trainers in Essential Newborn Care in Tashkent, Uzbekistan
5. Public health education to benefit women and babies in Bukhara Region, Uzbekistan
6. Community Midwives Project, Ganja, Azerbaijan.
7. Developing information and support services for Russian-speaking women in North London

HealthProm has continued to work with its overseas partners to achieve sustainable, culturally appropriate dissemination of best practices in health and social care to improve the health of vulnerable groups in Eastern Europe, the Caucasus, Asia and in the UK. The partnership projects delivered in the reporting period have focused on evidence-based training, support of effective service delivery and improved access to information. The projects implemented have been in three main areas: (1) maternal and child health – specifically safe childbirth and the social care of babies; (2) prevention of separation of families and potential damage from institutional care; and (3) support of families with children with disabilities. HealthProm's teams of experts have worked closely with its office and voluntary staff and in-country partners to design, deliver and evaluate projects and to disseminate best practices and lessons learnt to wider communities.

All training provided by HealthProm teams supports evidence-based practice. All of HealthProm's projects fall into sectors in which good practice depends on training and co-operation between specialists representing different disciplines, including physicians, midwives, epidemiologists and social workers. Our work depends on the high expertise and the mix of skills upon which HealthProm draws from health and social care specialists and staff, with many years of experience of health and social care and development work.

## **ACTIVITY REPORT**

### **SOCIAL CARE OF CHILDREN**

#### 1. An integrated approach to working with disabled children and their families in Altai Republic

Partner:	NGO "Vozrozhdenie" (Revival), Altai Republic
Donor and budget:	European Union, Institution Building Partnership Programme TACIS, 80% of €220,666 total, other donors - The Bear Trust, The Brian Guinness Charitable Trust, anonymous donor
Project start/end:	July 2005-November 2007
Overall aim:	To encourage the social inclusion and rehabilitation of disabled children in the Altai Republic and to develop a sustainable model of community-based care and support to disabled children and their families, through a partnership of state and voluntary sector agencies in the Altai Republic
Main outcomes:	The main outcome of the project was the creation of two Day Care centres in the Republic of Altai (one in the capital town of Gorno-Altaysk, and one in the village of Ongudai) that provided educational and rehabilitation services (both through activities in the centres and outreach work) to 267 children with special needs and provided support services to 136 parents. 14 children have started to receive education as a result of their work in the day centres.

We also introduced an additional element to the two-day centres: a toy library. Both day centres are developing stocks of toys that can be lent to parents and children on a rotating basis. This has particular value for children who are isolated in rural areas, and the day centre staff give advice to parents on how to use toys to promote development and increase skills. We have raised additional funds to set up the toy libraries.

We have trained a core of 30 health and social care professionals in best practice with children with additional needs. Three training programmes laid down principles of social inclusion and parental, not institutional care, before training in the diversity of characteristics and needs of children with disabilities and how to meet those needs through a multidisciplinary approach. We have achieved a sea change in attitudes and competence as demonstrated by a real sense of partnership between professionals and a commitment to working together as a single team to provide a united service for children and families. Significant achievements were recognising parents as experts in their child's needs and care, leading to a sense of partnership and respect for families; understanding the role of play and contact with other children in the achievement of a child's potential; and children's right to be treated as individuals.

Other information: The project won praise from an independent evaluator for its work with disabled children in Altai Republic. Sarah Lindemann-Komarova, the independent evaluator who conducted the assessment, said: "This was a very clear and targeted project that achieved all its expected results and a great deal more than could have been expected considering the challenges faced. It is one of the most coherent results from an internationally supported project that this evaluator has seen. It was an impressive effort all round."

## 2. Young Child Attachment Project, St Petersburg and Novgorod

- Partner: St. Petersburg Early Intervention Institute
- Donor/budget: European Union, Institution Building Partnership Programme, 80% of €251,234 total, W F Southall Trust, Karl Mayer Foundation, Radley Trust, Infant Mental Health Research Fund, Royal Hospital for Sick Children, Glasgow, GV & SJ Britten Trust, PricewaterhouseCoopers in kind.
- Project start/end: 1 May 2006 to 30 June 2008
- Overall aim: To increase knowledge and understanding in Russia of children's psychosocial needs for development so practice and policy for the care of at-risk young children is better informed for supporting vulnerable parents rather than institutionalizing their young children.
- Main activities in year: 1) The two NGO services trained by the project each ran an additional Mellow Babies support group for vulnerable mothers and babies, one day per week for 14 weeks.  
2) Impact of the groups on child development was evaluated by coding of video recordings of mother-baby interaction by two psychologists trained on the Mellow Parenting coding system, questionnaires and in-depth interviews with parents, comparing with control groups.  
3) A 22-minutes training film in Russian, 'Early relations for development of children', was made from rushes from 'The Road Home'.  
4) Five publications were produced and disseminated to all who had expressed interest in the project.
- Outcomes in year: 1) Positive interactions between mothers and babies increased significantly over the course of the Mellow Babies groups. Development of children in the groups was shown to be in advance of that of the control groups.  
2) The capacity of the Early Intervention Institute and the two implementing NGOs was built to continue this work.  
3) Institutionalisation of at least two children was prevented.  
4) The results of the project were presented to a full conference sponsored by PricewaterhouseCoopers in Moscow and at the British Consulate General in St Petersburg.  
5) The training film was given out to all 125 professionals who attended the conference and St Petersburg seminar.  
Outcome awaited: 2,500 copies of the project book in Russian will be published and distributed by the National Foundation for the Prevention of Cruelty to Children in Russia (NFPCC), which will contribute substantially to costs.
- The Young Child Attachment Project made a start in developing a Russian evidence base showing the importance of early relationships (compared with institutions) for child development. Child care is too important to be left to the state.

## 3. Better Care for at Risk Babies in Dushanbe, Tajikistan

- Partners: NGO Health, Dushanbe City Health Department, ORA Tajikistan (international NGO)
- Donors/Budget: GV and SJ Britten Trust - £15,730, ORA International - £29,500
- Project start: April 2006
- Overall aim: To reduce the number of babies who enter baby homes; to support vulnerable families to care for vulnerable children at home; and to improve the quality of care for babies and young children living in a baby home.

Main activities:	<p>A 14 week social work training programme for a group of 25 social care and medical professionals from statutory and NGO sectors. Renovation of a building in the grounds of Baby Home No 1 to a standard necessary to function as a day resource centre for children and families. Furnishing and equipping the resource centre.</p>
Main outcomes:	<p>A core group of professionals who have contact with vulnerable children and families have been trained in best practice for supporting families to retain care of their children at home. These professionals come from NGOs, the health sector and local government.</p> <p>A day resource centre opened in February 2008 in the refurbished building which cares for and offers development activities to 25 children and their families each day. The children attending the day centre live in the community and also a smaller number come from the adjacent baby home. There is a link worker who splits her time between the baby home and the day resource centre with the result that good practice activities developed and put into practice in the resource centre are transferred to the baby home. The day resource centre staff team includes outreach workers who visit children and families at home and advise on how to care for and stimulate vulnerable children.</p> <p>In July 2008 the day resource centre was obliged to close for 3 months because of a court order. (This court order is in the context of increasing difficulties placed on international NGOs in Tajikistan.) It reopened on December 1<sup>st</sup>, 2008, with a new, local partner..</p>
Other information:	<p>With additional funds, our next work will be to renovate a second building in the grounds of Baby Home No 1. This will function as a crisis centre for women under pressure to give up their children and will provide counselling and allow them space to consider their choices and offer information and support about caring for a child with additional needs. The next training programme will be directed towards health professionals in order to help them support vulnerable families and children to remain together at home.</p>

## **SAFE CHILDBIRTH**

### **4. Clinical training of trainers in Essential Newborn Care in Tashkent, Uzbekistan**

Partners:	The Ministry of Health of Uzbekistan, UNICEF
Donor/budget:	The British Embassy, Tashkent, £12,978
Project start & end:	May – June 2007
Overall aim:	To reduce deaths and morbidity in the neonatal period (birth to 28 days). The purpose was to provide improved care of the newborn throughout Uzbekistan by the maternity hospital staff, who will be trained by the new trainers.
Main activities:	<p>This was a repeat of the previous year's training to increase the number of trainers.</p> <ol style="list-style-type: none"><li>1) A two-week training, the shortest period necessary to demonstrate the gradual recovery of babies as a result of treatment, was provided by two neonatologist trainers and two neonatal nurses from Latvia and Lithuania for neonatologists and neonatal nurses in clinical Essential Newborn Care at two training sites. The training covered all aspects of care of the newborn baby necessary to combat leading causes of illness and death.</li><li>2) New, evidence based clinical protocols (standards) of newborn care were prepared by course participants under supervision.</li></ol>
Main outcomes:	<ol style="list-style-type: none"><li>1) 14 neonatologists qualified as trainers and 14 neonatal nurses as practitioners.</li><li>2) Four clinical protocols were prepared. As a result of the previous training a working group on developing protocols was formed by the Ministry of Health.</li><li>3) The project's practice manual on Essential Newborn Care was revised and approved by the Ministry for printing. It provides the material for training in Essential Newborn Care throughout the country.</li></ol>

4) The training established the two training centres as centres of reference, where new standards, protocols, and practices continue to be introduced.

Other information: This project had the benefit of a strong partnership with the Ministry and UNICEF, now in its fourth year. In 2007 UNICEF allocated \$60,000 for secondary training of neonatologists, obstetricians and midwives and evaluation of implementation into clinical practice of trainings delivered in the regions. UNICEF has since received a grant of 3.5 million euros from the European Commission for a three-year project for newborn and child survival. This will enable scale-up of the newborn survival programme, of which this training was part, throughout the country.

At the suggestion of the UNICEF Regional Director the Ministry of Health invited representatives of similar ministries of neighbouring countries to visit Uzbekistan as a model in tackling problems in mother and child health. This would not have happened without HealthProm's trainings of trainers – again punching much above its weight.

## 5. Public health education to benefit women and babies in Bukhara Region, Uzbekistan

Partner:	The Association of Paediatricians of Bukhara
Donor/budget:	Karl Mayer Foundation, £4,384 GV & SJ Britten Trust, £10,007
Project start/end:	November 2005 to August 2008
Overall aims:	To provide women of childbearing age with information to enable them to take responsibility for their own health and that of their babies and to recognise danger signs and seek medical help when necessary, especially during pregnancy, childbirth and the postnatal period, with the support of their families and the wider community. To embed this approach in two communities, for sustainable, long-term improvement in maternal and infant health.
Main activities in year:	1) Production and distribution of leaflets and posters with information on nutrition and the second of two booklets of 21 pages for women and their husbands on safeguarding women's and babies' health, with photographs of Uzbek mothers and babies 3) Association medical staff trained 30 health post workers and community volunteers in public health education in each pilot community. The newly trained health workers and volunteers provided public health education in communities.
Outcomes to date:	1) 5,000 booklets, 10,000 leaflets and 1,000 A3 posters have been printed and distributed in Bukhara Region. 2) The Asian Development Bank has printed a further 14,500 copies of the first booklet and is printing a similar number of the second booklet. It will print 57,100 copies of the first leaflet and 5,750 of the first poster. It will print leaflets and posters on anaemia and nutrition using some of the project's materials and bearing HealthProm's logo. It will distribute both booklets and the first leaflet and poster throughout the country. The second poster and leaflet will be distributed in six regions, half of the country. The 12,000 primary care nurses, who visit mothers and newborn babies, will carry the booklets in their bags. Posters will be displayed on the walls of primary health care facilities and leaflets will be given out to women there. The president's organization, the Social Initiatives Support Fund, has also published the booklets, though with changed design. The Association of Paediatricians of Bukhara conducted presentations of that booklet in seven regions.
Other information:	On marriage, women generally go to live in the families of their husbands. They and those who make decisions in traditional Uzbek families, mainly mothers-in-law and husbands, are often reluctant to seek medical help and tend to resort in the first place to traditional remedies, some of which are harmful. Both women and husbands asked for information such as the project has provided.

## **6. Community Midwives Project, Ganja, Azerbaijan.**

Partner:	NGO Family and Society
Donor/Budget:	£5,000, Anonymous Donor.
Project start/end:	Project started in 2007 for one year, and followed on work financed by GlaxoSmithKline, which was completed in 2007.
Overall aim:	To assist midwives working in rural areas, of which there are 4,272, under-funded and poorly equipped, to provide evidence-based effective care for mothers and newborn babies.
Main activities:	<ol style="list-style-type: none"><li>1. Workshop in Ganja Region, teaching the principles of safer childbirth to 60 midwives, working in village hospitals, village ambulatories and caring for women in their homes during labour and delivery.</li><li>2. Distribution of the following:<ol style="list-style-type: none"><li>i. leaflets to parents providing advice on pregnancy, childbirth, health education and care of the newborn.</li><li>ii. ante-natal care record books for women.</li><li>iii. information on immunisation programmes for babies and small children.</li><li>iv. a leaflet for fathers with information on pregnancy and the role of the father during childbirth and care of the newborn.</li><li>v. providing a package of evidence-based papers for workshop participants to support classroom-based teaching.</li></ol></li></ol>
Outcomes to date:	Evaluation forms have provided a positive response to information provided for parents and teaching for health care professionals.
Other Information:	The health care system in Azerbaijan has as its objective to provide adequate access to health services to all its citizens. Unfortunately, because of economic problems and lack of management capacity, combined with weaknesses in the primary health care system, people living in rural communities are disadvantaged, compared with those living in urban areas. This is compounded by an influx of nearly 1,000,000 refugees, most of whom live in rural areas.

## **SUPPORTING VULNERABLE WOMEN IN THE UK**

### **7. Developing information and support services for Russian-speaking women in North London**

Donor/budget:	Awards for All, £9,800
Project start/end:	May 2007-May 2008
Overall aim:	To develop and pilot new information and support services targeting Russian-speaking women in North London to help them overcome existing barriers to being more involved in the local community life.
Main activities:	Between November 2007 and April 2008 HealthProm organized two 3-day life-coaching training courses for women aimed at helping them to raise their confidence, set goals for their new life in the UK and prepare for a job interview. The training was led by Kathleen Sullivan, a qualified and accredited life coach. The first training course was for the project volunteers (12 people) and the second course was advertised in Russian media in the UK and attracted 18 women.

In March 2008 we organized an information meeting with Relate Surrey (the meeting was held in Pushkin House) where women had an opportunity to find out about Relate's services and to ask questions about various problems and issues in family relationships.

In April-May 2008 we organized three information sessions for parents where mothers (and fathers!) with small children could find out about differences in health systems in the UK and the FSU, received information on existing services for mothers and young children and discussed issues of raising a small child in this country. 12 parents (mostly mothers) attended these sessions. HealthProm paid for creche facilities so parents could participate.

Outcomes to date: This project was launched in summer 2007 and its main beneficiaries were Russian-speaking women of Eastern European origin in Camden and surrounding areas who are vulnerable to ill health, poverty, abuse and discrimination. As part of the project HealthProm recruited and trained 12 Russian-speaking volunteers who formed a mutual support group with regular meetings and discussions and are now actively involved in the delivery of the project. 133 Russian-speaking women benefited from the project, including 73 who participated in organised activities and 60 who received telephone and face-to-face individual consultations.

### **Further developments in past projects**

#### **Film: "The Road Home"**

*The Road Home* was made by HealthProm with the St Petersburg Early Intervention Institute and EveryChild to raise awareness in Russia of the harm to small children of residential institutional care. The partners have continued to show it, including to the European Congress of the World Association for Infant Mental Health in Riga. EveryChild and the Early Intervention Institute are currently showing the film systematically in 11 regions of Russia as part of a European Commission funded project. The partners are now making a short version, funded by UNICEF, which was completed in the fourth quarter of 2008, for viewing by Russian decision makers and politicians.

### **PROJECT DEVELOPMENTS AFTER BALANCE SHEET DATE**

#### **Afghanistan**

The Maternal Mortality Ratio for Afghanistan is estimated to be 1,600 per 100,000 live births, second highest in the world. With an average of 6.8 babies per woman, maternity is the leading cause of death in women of reproductive age. When in 2006 HealthProm delivered training in emergency obstetric care to the obstetricians in the hospital of Mazar-e Sharif, the main city in Northern Afghanistan, it became clear that few women with life threatening obstetric emergencies from villages in this mainly rural population get to the hospital. Many die in or after childbirth in their villages. Bakhtar Development Network, which delivers the health service in Balkh Province, sought HealthProm's assistance firstly because, despite setting up health centres, 90% of births still take place in villages and without skilled care. In May 2007 a HealthProm team carried out a week's Rapid Rural Appraisal to learn from villagers and health centre staff the problems they faced and solutions they proposed. People in all five villages visited reported deaths of women due to pregnancy and of newborn babies in the past year. Most of the few pregnant women seen by the centre's midwife came late, with complications.

**Public health education to benefit women and babies in rural Uzbekistan:** The booklets, leaflets and posters in Uzbek produced by this project achieved a standard of excellence such that, at the request of the Ministry of Health, the Asian Development Bank is reprinting them for distribution throughout the country – an outcome out of proportion to the small budget.

**Supporting young disabled children and their families in Kyrgyz Republic.** HealthProm has been awarded a grant from the Big Lottery Fund of £352,767 for a three-year project in the Kyrgyz Republic which will support young disabled children and their families. The project, in the Issyk Kul and Bishkek regions of Kyrgyzstan, aims to reach children living with mental health and physical disabilities and their families in order to provide information and support and to prevent the children from being signed to institutions. It will work with families that include children living with such disabilities as autism and cerebral palsy and will address attitudes of the wider community towards them. One support centre will be established in each target area, each with its own minibus to provide outreach services to mountainous, rural areas.

Public awareness campaigns will seek to change attitudes towards children living with disabilities. The project will also look at post-natal care through the establishment of parent support networks. It will fill the gap in knowledge and information resources in the Republic about prevention of disability and alternative approaches to child disability, particularly those that integrate medical, social and educational approaches to the benefit of a disabled person.

### **FUNDRAISING AND PR ACTIVITIES**

The Fund-Raising and PR Committee has met regularly throughout the year (on average twice a month). It has focused on organising fund-raising events, such as the cello recitals in October 2007 in Pushkin House and in December 2008 in the Reform Club, primarily to increase core funding but also to increase awareness of HealthProm and its activities through newsletters and publications describing its activities. It has recruited a webmaster (to improve the website) and volunteers (to help with fund-raising from charitable foundations and trusts). External professionals have made presentations to this committee so that they can upgrade their skills.

### **ORGANISATIONAL ACTIVITIES**

To increase opportunities for developing new projects and to secure time of its in-house staff, Directors/Trustees made a decision to separate administrative and programme management functions within the organisation. This change has allowed the Programme and Partnership Manager to focus on managing current and developing new projects; while all finance and administrative responsibilities will now lie with the Manager for Finance and Administration. The two part-time managers each have a part-time assistant. Directors/Trustees have established mechanisms for ongoing evaluation of these new arrangements.

## **ACKNOWLEDGEMENT AND THANKS**

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

- European Union
- Troika Dialog
- The Big Lottery: Awards for All
- The British Embassy in Tashkent
- Radley Charitable Trust
- Trusthouse Charitable Foundation
- W F Southall Trust
- L'Arche Overseas Development Association
- BEARR Trust
- Karl Mayer Stiftung Foundation
- The Brian Guinness Charitable Trust
- GV & SJ Britten Trust
- UNICEF
- Glaxo Smith Kline
- Control Risks Group
- Willy Mayer
- An anonymous donor.

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

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

**TRUSTEES' REPORT FOR THE YEAR 1 April 2007 to 31 March 2008  
(Continued)**

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

So far as the directors are aware, there is no relevant audit information (as defined by Section 234ZA of the Companies Act 1985) of which the company's auditors are unaware, and each director has taken all steps that he ought to have taken as a director in order to make himself aware of any relevant audit information and to establish that the company's auditors are aware of that information.

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

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

Select suitable accounting policies and then apply them consistently;

Make judgements and estimates that are reasonable and prudent;

Prepare the financial statements on the going concern basis, unless it is appropriate to presume that the charity will continue in business.

The Board of Directors and Trustees is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 1985. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

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

Approved by the trustees and signed on their behalf by:

**E Tkatchenko**  
**Chairman**  
**8<sup>th</sup> January 2009**

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

**HEALTHPROM**

**(A COMPANY LIMITED BY GUARANTEE AND NOT HAVING A SHARE CAPITAL)  
REGISTERED CHARITY NO. 1086486  
(COMPANY NO: 4193573)**

We have audited the financial statements of HealthProm for the year ended 31 March 2008 on pages 15 to 22. These financial statements have been prepared under the historical cost convention and the accounting policies set out on pages 17 and 18.

This report is made solely to the charity's members, as a body, in accordance with Section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the charity'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 charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

**RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS**

The Trustees (who are also the directors of HealthProm for the purposes of company law) have responsibility for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards as set out in the Statement of Trustees' Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Companies Act 1985. We also report to you if, in our opinion, the Trustees' Report is not consistent with the financial statements, if the Charity has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding trustees' remuneration and transactions with the Charity is not disclosed.

We read other information contained in the Trustees' Report, and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

**BASIS OF AUDIT OPINION**

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Trustees in the preparation of the financial statements and of whether the accounting policies are appropriate to the Charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

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

**OPINION**

In our opinion, the Financial Statements:

- give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the charity's state of affairs as at 31 March 2008 and of its incoming resources and application of resources, including its income and expenditure for the year then ended, and
- have been properly prepared in accordance with the Companies Act 1985.
  
- The information given in the directors' / trustees' report is consistent with the Financial Statements.

**MYRUS SMITH**

Chartered Accountants and

Registered Auditor

Norman House

8 Burnell Road

Sutton, Surrey

SM1 4BW

9<sup>th</sup> January 2009

**HealthProm**  
(company limited by guarantee and not having a share capital)  
**Statement of Financial Activities for the year ended 31st March 2008**

	Notes	Unrestricted funds 2008 £	Restricted funds 2008 £	Total funds 2008 £	Total funds 2007 £
<b>INCOMING RESOURCES</b>					
<b>Incoming resources from generated funds:</b>					
Voluntary Income (VI)	2	31,765	-	31,765	30,781
Investment income (II): deposit interest		2,563	-	2,563	2,111
Other incoming resources		12,502	206	12,708	16,382
<b>Incoming resources from charitable activities:</b>					
Grants	3	-	138,144	138,144	166,453
<b>Total incoming resources</b>		46,830	138,350	185,180	215,727
<b>RESOURCES EXPENDED</b>					
<b>Cost of generating funds:</b>					
Fundraising costs	4	3,848	-	3,848	-
<b>Charitable activities:</b>					
Operational programmes	5	62,655	128,007	190,662	177,713
<b>Governance costs</b>	6	3,878	-	3,878	7,207
<b>Total resources expended</b>		70,381	128,007	198,388	184,920
<b>Net incoming (outgoing) resources before transfers</b>	7	(23,551)	10,343	(13,208)	30,807
Gross Transfers between funds	9	35,795	(35,795)	-	-
<b>Net movement of funds in year</b>		12,244	(25,452)	(13,208)	30,807
<i>Reconciliation of funds</i>					
Total funds brought forward		15,584	66,303	81,887	51,080
<b>Total funds carried forward</b>		27,828	40,851	68,679	81,887

**HealthProm**  
**(company limited by guarantee and not having a share capital)**

**Balance Sheet as at 31st March 2008**

	<b>Notes</b>	<b>2008</b> <b>£</b>	<b>2007</b> <b>£</b>
<b>Fixed assets</b>			
Office equipment, fixtures and fittings	<b>10</b>	<u>2,404</u>	<u>1,000</u>
<b>Current assets</b>			
Debtors	<b>11</b>	43,260	18,194
Cash at bank and in hand		<u>36,148</u>	<u>79,928</u>
		79,408	98,122
<b>Creditors: amounts falling due within one year</b>	<b>12</b>	(13,133)	(17,235)
<b>Net current assets</b>		<u>66,275</u>	<u>80,887</u>
<b>Total net assets</b>		<u><u>68,679</u></u>	<u><u>81,887</u></u>
<b>Fund balances</b>			
<b>Charitable funds</b>			
Unrestricted funds: General reserves	<b>13</b>	27,828	15,584
Restricted funds	<b>15</b>	<u>40,851</u>	<u>66,303</u>
		<u>68,679</u>	<u>81,887</u>

These financial statements have been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small companies.

**Approved by the Board of Trustees  
and signed on their behalf by**

R.A.K. Scallon  
Trustee

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2008

### 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 follow best practise 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 fulfil conditions before becoming entitled to it or when the donor has specified that the income is to be expended in a future accounting period.

Grants from the government and other agencies have been included as income from activities in furtherance of the charity's objects where these amount to a contract for services, but as donations where the money is given with greater freedom of use.

#### 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 direct charitable expenditure. Staff costs and premises expenses are allocated in proportion to the time spent on different activities.

Support costs represent the cost of the head office and the costs incurred by head office based staff, directly providing support for the international programmes including management and supervision where those costs have not been attributed to specific activities in furtherance of the objects of the charity.

#### Fund raising costs

These include the salaries, direct expenditure and overheard costs of head office staff who promote fund-raising, including events.

#### Governance costs

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

#### Capitalisation and depreciation of tangible fixed assets

All assets costing more than £100 are capitalised

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

Office equipment, fixtures and fittings                      -Over five years

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2008**  
(continued)

**Fund accounting**

Funds held by the charitable company are:

Unrestricted general funds-these are fund 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 rates prevailing at the date of the transaction. Balances denominated in foreign currencies are translated at the rate exchange 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. Voluntary Income**

**Donations**

	<b>Committed giving</b>	<b>Donations, appeals and fundraising events</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>£</b>
<b>Unrestricted 2008</b>	1,180	30,585	31,765
<b>Restricted 2008</b>	-	-	-
<b>Total 2008</b>	<u>1,180</u>	<u>30,585</u>	<u>31,765</u>
Unrestricted 2007	1,194	29,587	30,781
Restricted 2007	-	-	-
<b>Total 2007</b>	<u>1,194</u>	<u>29,587</u>	<u>30,781</u>

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

**Grants receivable**

	<b>2008</b>	<b>2007</b>
	<b>£</b>	<b>£</b>
The GV & SJ Britten Trust	23,524	22,728
European Union	94,395	120,184
British Embassy Uzbekistan	2,483	9,843
Trusthouse Charitable Foundation	-	1,000
Big Lottery – Awards for All	9,800	
Bearr Trust	-	1,000
WF Southall Trust	2,000	1,800
J. Hart		5,048
Brian Guinness Trust	1,336	-
Karl Meyer Stiftung	4,166	-
Radley Foundation	300	-
An anonymous Donor		4,850
Rory Nicol	140	
	<u>138,144</u>	<u>166,453</u>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2008**  
(continued)

**Resources Expended**

**4. Costs of Generating Funds:**

**Fundraising costs of grants and donations**

	<b>Unrestricted 2008 £</b>	Unrestricted 2007 £
Other	3,848	-
	3,848	-

**5. Charitable activities**

**Operational Programmes**

	<b>2008 £</b>	2007 £
Safe Childbirth Programme	-	3,811
Neonatal Resuscitation Training, Uzbekistan	-	11,157
Essential Newborn Care Training, Tashkent	2,530	-
Film – Everychild: The Road Home	-	3,242
Bologoye Hospital	1,420	-
Disabled Children, Altai Republic	49,191	16,662
Infection Control, Togliatti	-	840
Clinical Training, Afghanistan	4,896	-
Young Child Attachment Programme	45,156	66,760
Kyrgyzstan Disability	70	3,353
Public Health Education Bukhara	1,078	6,667
Other funded projects	-	9,496
Feasibility studies- Ekaterinburg, Renounced Babies	1,000	3,267
Russian-speaking Women in London	7,229	-
Better Care for At Risk Babies, Tajikistan	10,642	-
League of Midwives (Russian Midwifery Association)	2,873	-
Community Midwives, Safe Childbirth in Azerbaijan	1,923	-
	128,007	125,255
Operational Programme support costs	62,655	52,458
	190,662	177,713

Resources expended on operational programmes comprised:

**Direct Costs**

Professional fees and implementation costs	96,781	91,526
Travel & subsistence	20,857	27,768
Communications	3,010	1,819
Training Materials & publications	7,359	4,142

**Support Costs**

Staff costs	25,438	22,924
Office costs	29,726	26,877
Communications	7,491	2,657
	190,662	177,713

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2008**  
(continued)

<b>6. Governance</b>	<b>2008</b>	2007
	<b>£</b>	£
Audit and Accountancy fees	3,878	7,207
Legal and professional fees	-	-
Trustees Expenses	-	-
	<u>3,878</u>	<u>7,207</u>

**7. Net Incoming Resources for the year**

This is stated after charging:

	<b>2008</b>	2007
	<b>£</b>	£
Depreciation	664	498
Audit and accountancy	3,878	7,208
Property rental and service charges	14,629	13,525

**8. Staff Costs and numbers**

Staff costs were as follows:

	<b>2008</b>	2007
	<b>£</b>	£
Salaries and wages	16,888	21,005
Social security costs	1,215	1,919

The average number of employees during the year was two (two in 2006). No employee was paid more than £60,000. Directors and trustees are not remunerated. Expenses were reimbursed to three of the trustees for their role as project managers.

**9. Transfers**

The transfer from the Restricted Funds to the Unrestricted Funds is in respect of an allocation of funds for the costs of project management.

**10. Tangible fixed assets**

	Office Equipment Fixtures and Fittings
	<b>2008</b>
	<b>£</b>
<b>Cost</b>	
At 1 April 2007 and 31 March 2008	24,681
Additions	2,068
Disposals	<u>(19,681)</u>
	<u>7,068</u>
<b>Depreciation</b>	
At 1 April 2007	23,681
Eliminated on disposal	(19,681)
Charge for the year	<u>664</u>
At 31 March 2008	<u>4,664</u>
<b>Net book value</b>	
At 31 March 2008	<u>2,404</u>
At 31 March 2007	<u>1,000</u>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2008**  
(continued)

**11. Debtors**

	<b>2008</b>	2007
	<b>£</b>	£
Income tax recoverable	339	339
Prepayments	12,809	17,855
Other debtors: EC Grants Due	<u>30,112</u>	<u>-</u>
	<u>43,260</u>	<u>18,194</u>

**12. Creditors**

	<b>2008</b>	2007
	<b>£</b>	£
PAYE and NIC	430	1,305
Trade creditors	-	-
Accruals	10,679	14,355
Other creditors	<u>2,024</u>	<u>1,575</u>
	<u>13,133</u>	<u>17,235</u>

**13. Analysis of net assets between funds**

	<b>Restricted Funds</b>	<b>Unrestricted Funds</b>	<b>Total 2008</b>	Total 2007
	£	£	£	£
Tangible fixed assets	-	2,404	2,404	1,000
Current assets	51,530	27,878	79,408	98,122
Current liabilities	<u>(10,679)</u>	<u>(2,454)</u>	<u>(13,133)</u>	<u>(17,235)</u>
Net assets at 31 March 2008	<u>40,851</u>	<u>27,828</u>	<u>68,679</u>	<u>81,887</u>

**14. Lease Commitments**

HealthProm has an annual rental commitment of £10,000 (exclusive of VAT) plus service charges, in respect of the lease of the office premises which was renewed on 28<sup>th</sup> September 2007 for a period of eight years.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2008**  
(continued)

**15. Movement in funds**

	At 1 April 2007 £	Incoming Resources £	Outgoing Resources £	Transfer of funds £	At 31 March 2008 £
Young Child Attachment Programme	(623)	96,179	(45,156)	(20,889)	29,511
Kyrgyzstan Disability	120		(70)	(50)	0
Community Midwives: Safe Childbirth in Azerbaijan	4,850		(1,923)	(406)	2,521
League of Midwives (Russian Midwifery Association)	1,592		(2,873)	1,281	0
Cancer and Palliative Care	3,500			(3,500)	0
Safe Childbirth, Russia	875			(875)	0
Neonatal Resuscitation Training, Uzbekistan	1			(1)	0
New Born Care, Tashkent		2,483	(2,530)	47	0
Better Care for At Risk Babies, Tajikistan		14,157	(10,642)		3,515
Infection Control, Togliatti	2,464			(464)	2,000
Bologoye Hospital	1,898		(1,420)	(478)	0
Public Health Educatin, Bukhara	4,690		(1,078)	4,520	8,132
Clinical Training, Afghanistan	16,752		(4,896)	(11,012)	844
Disabled Children, Altai Republic	36,514	15,661	(49,191)	(8,657)	(5,673)
Russian-speaking Women in London		9,870	(7,229)	(2,641)	0
Other Funded Projects – Unrestricted	(4,345)			4,345	0
Feasibility Studies: Ekaterinburg, Renounced Babies	(2,392)		(1,000)	3,392	0
Safe Childbirth in Azerbaijan: Maternity Unit (completed)	(952)			952	0
Child Mental Health – (completed)	270			(270)	0
Social Work Training, Sverdlovsk (completed)	1,089			(1,089)	0
	66,303	138,350	(128,007)	(35,795)	40,851

In the course of transferring data to new accounting software, a detailed analysis of the project balances was undertaken. In addition to the direct project costs each year, the grant conditions make provision for a recharge of HealthProm's core costs. However, it has been determined that although the recharges have been approved, they have not been entered into the accounting records. As a result, balances have been brought forward on projects which have actually completed, whilst others show surpluses or deficits which should have been transferred to the General Unrestricted Fund. Following a review of the current position with the relevant Project Coordinators, the necessary transfers have now been posted to accurately reflect the ongoing project activity in HealthProm.

**Detailed Income and Expenditure Account for the year ended 31 March 2008**

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

	General Fund	Projects Fund	Total to 31 March 2008	Year to 31 March 2007
	£	£	£	£
<b><u>Income</u></b>				
Donations	11,796		<b>13,796</b>	30,781
Grant Income – Restricted		138,144	<b>138,144</b>	166,453
	11,796	138,144	<b>151,940</b>	197,234
Membership fees	1,180		<b>1,180</b>	1,460
Proceeds from fundraising activities	18,789		<b>18,789</b>	-
Adjustment re - Gift Aid				409
Bank interest received	2,563		<b>2,563</b>	2,111
Premise costs recovered	12,027		<b>12,027</b>	9,130
Miscellaneous income	475	206	<b>681</b>	5,383
<b>Total Income</b>	<b>46,830</b>	<b>138,350</b>	<b>185,180</b>	<b>215,727</b>
<b><u>Expenditure</u></b>				
Salaries and Employer's NI	18,103		<b>18,103</b>	22,924
Recruitment and staff training	2,575		<b>2,575</b>	-
Rent, rates and services	14,629		<b>14,629</b>	13,525
Light and heat	1,478		<b>1,478</b>	987
Insurance	1,112		<b>1,112</b>	1,402
Printing, postage & stationery	1,656	230	<b>1,886</b>	2,822
Office supplies and refreshments	1,872		<b>1,872</b>	1,009
Telephone and communications	1,992	130	<b>2,122</b>	1,457
Equipment Repairs and maintenance	2,176		<b>2,176</b>	3,234
General expenses	509	4,563	<b>5,072</b>	13,313
Computer support and maintenance	5,136		<b>5,136</b>	1,047
Depreciation	664		<b>664</b>	498
Legal fees				-
Audit and accountancy	3,878		<b>3,878</b>	7,207
Bank charges and interest	128	168	<b>296</b>	300
Local partners' costs		77,432	<b>77,432</b>	38,009
Travel, accommodation and subsistence	273	16,126	<b>16,400</b>	27,990
Training materials/medical supplies		7,359	<b>7,359</b>	19,709
Professional fees - translating & interpreting		4,250	<b>4,250</b>	2,963
Professional fees - consultants	9,519	15,099	<b>24,617</b>	25,690
Advertising and publications		2,650	<b>2,650</b>	-
Subscriptions	833		<b>833</b>	834
Fundraising costs	3,848		<b>3,848</b>	-
Transfer from restricted to unrestricted funds	-35,795	35,795	<b>0</b>	-
<b>Total Expenditure</b>	<b>34,586</b>	<b>163,802</b>	<b>198,388</b>	<b>184,920</b>
<b>Income less Expenditure</b>	<b>12,244</b>	<b>-25,452</b>	<b>-13,208</b>	<b>30,807</b>
Funds brought forward	15,584	66,303	<b>81,887</b>	<b>51,080</b>
<b>Funds carried forward</b>	<b>27,828</b>	<b>40,851</b>	<b>68,679</b>	<b>81,887</b>