



Ensuring vulnerable children have the best start in life

REPORT AND FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2021

Company number: 4887855

Registered Charity number: 1100459

**REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES
FOR THE YEAR ENDED 31 MARCH 2021**

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(This report does not form part of the Financial Statements)	

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2021

The Directors and Trustees present their annual report and audited financial statements for the year ended 31 March 2021.

The Directors and Trustees confirm that the annual report and financial statements comply with the current statutory requirements, the requirements of the Company's governing document and the provisions of the Statement of Recommended Practice Accounting and Reporting by Charities issued by the Charity Commission in 2019 (SORP 2019) and FRS102.

BACKGROUND

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

OBJECTIVES AND ACTIVITIES

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

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

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

VISION AND MISSION

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

OUR VALUES

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

HEALTHPROM'S STRATEGY

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

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

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

STRATEGIC APPROACH

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

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

DIMENSIONS OF CHANGE / CORE ACTIVITIES

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

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

Strengthening families and communities

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

Improving access to health and social care

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

Promoting access to education

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

Supporting and strengthening policy

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

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

METHODOLOGY

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

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1. Child-Centred Approach

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

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

2. Rights Based Approach

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

3. Integrated and Multi-Disciplinary Approach

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

4. Evidence-Based Approach

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

ACHIEVEMENTS AND PERFORMANCE

The COVID-19 pandemic significantly affected HealthProm's performance in 2020/21. Local infections, illness, lockdown and travel restrictions made it difficult to implement agreed programmes. The climate for fundraising was also particularly challenging, made more uncertain by the UK government's aid cuts and its review of development policy as well as doubts over post-Brexit eligibility for EU funding. Political and security concerns compounded a difficult year. Some staff were partially furloughed, and costs tightly controlled.

Nevertheless, HealthProm helped with local COVID responses, adjusted its support for remote training and advice and successfully continued its programmes in Belarus, Afghanistan, Tajikistan and Georgia as well as in the UK. Details are set out below

Key results:

- In Afghanistan maternal mortality and child deaths were significantly reduced in two districts of Balkh Province

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- In Belarus we launched a new nation-wide programme to build effective advocacy for protecting the rights of children with severe disabilities and life-limiting conditions.
- All the baby homes in Tajikistan were successfully transformed into Family and Child Report Centres
- In Georgia a new programme was started to support children with disabilities from ethnic minority communities
- We continued to provide community services to vulnerable Russian-speaking migrant women living in London.

HealthProm's fundraising is compliant with the recognised standards of fundraising as set out in the Code of Fundraising Practice as well as those required under charity law and wider law. The Board sets a fundraising plan and monitors performance against it, supported by a fundraising subcommittee.

INTERNATIONAL PROJECTS

In Afghanistan, we continued working in rural areas of Balkh province to support community-based initiatives to improve maternal, new-born and child health.

Title of the project: Improving maternal, new-born and child health in two rural districts of Balkh Province, Afghanistan

Project duration: 2008 to April 2023

Partners: Health for All Development and Services Organisation (HADSO), Bakhtar Development Network, Balkh Provincial Directorate of Public Health

Project Background:

After nearly 12 years, our Mother and Child Health component of the Project in Charkent district came to an end in June 2020. The project has reduced maternal mortality very substantially and brought child deaths down to one third of the national figure for 2015. In a meeting on 9th December 2020, the achievements of the project in Charkent were discussed in a virtual meeting with the stakeholders.

The model, which we believe to be 80% to 90% sustainable consists also of:

Village Community Health Workers trained and supplied to provide oral rehydration salts to treat gastroenteritis in summer and antibiotics to treat pneumonia in winter, mainly to reduce deaths of under-fives, and contraception.

Antenatal care outreach visits to villages by midwives. Birth planning is, where possible, with husbands too. The midwives give folic acid tablets to pregnant women to prevent spina bifida and hydrocephalus and explain about birth spacing and methods of contraception.

Health education for girls and boys in village schools, addressing good nutrition and prevention of anaemia, the right of girls not to be married early and birth spacing.

Addressing wider determinants of health through provision of drinking water, irrigation and improving livelihood.

In April 2020 we started a mother and child health project in Kaldar District of Balkh Province, using what we learned in Charkent, but having developed a way of working there, we started all health activities in the first year. Kaldar runs along the northern river border with Uzbekistan, with very different terrain. Maternal mortality was much higher than in the mountains, and soon after the work there started, Afghanistan was hit by covid-19, which killed four to five people on average in each village. The people have, however, been very glad to work with the HADSO team from the start.

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In Kaldar parents had sent only their sons to school as girls' schools were closed by the Taliban in 1996, and when girls were allowed back to school, there were no schools for them. With a three-year grant from the British and Foreign Schools Society, we have this year started a girls education project, which is renovating and refurbishing two derelict schools. This will enable 300 girls to get an education over three years, but the need is much bigger. We expect the number to rise as more girls will enrol every year.

Main achievements during the year:

In this first year of the project in Kaldar there were 1082 births. There were 3 maternal deaths (deaths thought to be due to childbirth), compared with 18 and 15 respectively in the two years before the project started, and 109 under-5 deaths, compared with an average of 178 in the two pre-project years. The fall in child deaths is probably thanks mostly to Community Health Workers. The reduction of deaths has been a very good result, but there is still a long way to go.



In January 2021, HealthProm trained 16 Community Health Workers (CHW) who will provide door to door services to people. In addition, HealthProm will provide CHWs with packages of essential medicines that they will distribute to those who need during their visits.

Plans for 2021/22:

As we continue our mother and child health activities, we will focus on improving the wider determinants of health – nutrition and improved water – and aim in five years to halve child mortality. To this end, the project will work with the villagers to determine specific interventions for improving the irrigation system, access to water and family gardening. Initial assessments for this are done and we will start implementation during the second half of 2021.

In Belarus, we have launched a new EC-funded project.

Title of the project: Building effective advocacy mechanisms to better protect the rights of children with severe disabilities and life-limiting conditions

Project duration: April 2020 to April 2023

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Funders: the European Commission

Partners:

Belarusian Children's Hospice (BCH)

Belarusian Children's Fund in Mogilev (BCF)

Office for the Rights of Persons with Disabilities (ORPD)

Republican Association of parents of premature children "RANO" (RANO)

Project Background:

HealthProm started this new project in April 2020, in the middle of COVID 19 pandemic, this is the continuation of our previous EC-funded work in Belarus in 2016-2019.

Main achievements during the year:

Despite all the difficult external circumstances during the start of the project, including the COVID 19 global pandemic, political instability after the elections in summer 2020 and the pressure from the government on local CSOs we achieved the following results during the year:

- 1) All local partners successfully prepared and launched their community-based advocacy and support for children with severe disabilities and life-limiting conditions (CWSD/LLC) -e.g. BCH recruited, inducted and trained six new regional advocates/social workers and RANO recruited, inducted and trained six new parent coordinators for early years support thus covering all regions of the country.
- 2) **BCH provided support and advice to 519 CWSD and LLC** and their families, this support included the provision of face-to-face, online and telephone consultations and legal advice from BCH regional advocates and legal advisor.
- 3) **RANO team provided early years support to 44 new families of premature children** through home visits, consultations and individual support and training. Through their viber-chats "RANO online" they also provided online and remote support and information to **over 850 families of premature children**
- 4) HealthProm team organised and facilitated work to assess and build the capacity of four **local partners** to enable them to become stronger and more effective in protecting the rights of CWD and CWLLC and their families across all regions of Belarus. HP team had regular individual and group meetings and discussions with each partner organisation and provided online training and mentoring for **33 NGO staff** on such topics as EC contract management and compliance, M&E and logical framework as an essential M&E tool for project implementation, rights-based approach to service provision
- 5) During the year we put a great emphasis on engaging and empowering parents as main advocates for the rights of their children. BCF focused their work on identification of active parents with CWSD and LLC in Mogilev city and 20 districts of Mogilev region, they organised 17 regional information meetings with parents of CWSD/LLC, 2 training sessions and 6 working meetings with active parents. In total, these events were attended by 391 people (360 women and 31 men). BCF created a Viber online group for parents "New Horizons" which brought together 40 parents.
- 6) During the year we improved the skills and knowledge of 41 local specialists through focused training sessions, workshops and round tables organized by HP and local partners

Plans for 2021/22:

- Develop further capacity building training for local partner NGOs
- Organise further training for local specialists, including rights-based approach to family support, specific disability and palliative care and early years support
- Facilitate monitoring of the rights of CWSD/LLC living with residential institutions and organise training for staff working in these institutions

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In Tajikistan, we supported the Government of Tajikistan to change four long-standing closed institutional Baby Homes, into open community-oriented Family and Child Support Centres (FCSCs).

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

Project duration: 44 months from December 2016 to August 2020 (No-cost extension granted for 2 months because of COVID-19)

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

Partners:

In Tajikistan: Hayot dar Oila, Sarchashma and Iroda.

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

Background:

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

The current project has three specific objectives:

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

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Main achievements during the year:

By the end of the project, we had successfully transformed all the baby homes in Tajikistan into Family and Child Support Centres. This means that change has taken place on legislative and professional practice levels.

At the professional practice level, we have conducted extensive training and follow-on coaching from our family support centres to equip the staff teams from the former baby homes with the skills and knowledge to provide community support for families and promote the development of children with additional needs.

At the legislative level, we advocated for new regulations to legitimise the change of function from residential care of babies into a new service that supports families, so babies do not become separated from their families. With UNICEF, and with expert support from our international partners, we wrote and edited these new regulations, and advocated for their implementation by relevant local government authorities.

Below is a picture of His Excellency Emomali Rahmon, the President of the Republic of Tajikistan, formally opening the Family and Child Support Centre in Istaravshan. The centre is built on the site of a former baby home using contributions from the local business community and the local government.



With support from our partners in the Fostering Network and Falkirk Council, and with UNICEF, we wrote Foster Care Guidelines and trained 21 trainers in foster care procedures. When the government of Tajikistan approves the implementation of foster care in the 2015 Law on Child Rights these trainers will roll out new foster care services.

Over the full 44 months of the project, we helped a total of 650 families comprising 3205 individuals of whom 1480 completed our 6-month 'safer care and development' programme. We prevented 75 children under 4 from entering an institution and helped 228 children return to their families or to an alternative family from the former baby homes. We conducted 39 parenting groups, each over 14 weeks, attended by 273 mums, dads and pregnant women.

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The COVID-19 pandemic curtailed some face-to-face activities for the last 6 months of the project. Our local partners adapted to deliver family support through mobile and on-line networks.

The British Embassy in Tajikistan provided additional funds for supporting vulnerable families during the COVID-19 pandemic. UNICEF in Tajikistan continues to provide local partners with additional funds for our local partners to support and monitor local government to implement the new Family and Child Support Centre regulations.

Plans for 2020/21:

Three areas for further development emerged from project evaluations and consultations with local partners, beneficiaries and the government of Tajikistan:

1. To develop Family and Child Support Centres in the two un-served provinces: Khatlon and GBAO;
2. Create a model of community child protection networks to respond to children at risk of violence, abuse and neglect;
3. To empower women and prepare them for employment by equipping them with digital skills.

We applied to DFID for an Impact Grant from UK Aid and reached the final stage of the selection process. During the course of this bid, government development policy changed, and impact grants were cancelled.

We will apply to new potential funders to address these three identified development needs. We will include academic partners to strengthen our measurement for change, and to demonstrate the impact of our innovations. Our UK-based partners will continue to support our Tajikistan partners through advice and coaching.

In Georgia, we have launched a new project following the successful pilot.

Title of the project: Promote service provision to children with special needs of ethnic minorities in Rustavi

Project duration: July 2020 to March 2021

Funder: St James's Foundation

Partners: First Step Georgia

Project Background:

The main aim of the proposed project was to develop early intervention and disability support services for young children with disabilities from minority Azerbaijani community in the province of Kvemo Kartli in south-eastern Georgia. These services support families with children with disabilities in the city of Rustavi, a regional capital, and a town of Gardabani. This project is the critical launch of a new service helping this minority Azerbaijani community and it was only the start of long-term interventions in this region.

Main achievements during the year:

1. 36 children aged from 0 to 18 with special needs and their parents benefited from improved local support services. Despite the covid pandemic when all the state institutions and roads were closed and

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public transport were unavailable, the team managed to engage with and helped these children and their siblings.

2. Four Azerbaijani-speaking specialists were recruited in Rustavi and participated in the training module.

3. Azerbaijani minority parents received necessary information about children's development, developmental disorders, and management through informational flyers. These flyers were created and disseminated amongst the Azerbaijani population community in the province of Kvemo Kartli in south-eastern Georgia. Information was distributed through hospitals and social agencies.

This project is the critical launch of a new service helping the minority Azerbaijani community and it is only the start of long-term interventions in this region. Although the pandemic and patriarchal lifestyle of the majority of the Azerbaijani families affected some of the outcomes of the project, HealthProm along with First Step Georgia observed the improved development towards social integration of ethnic minorities of Azerbaijani nationalities and better service provision in the Kvemo Kartli region of Georgia.

The parents started to share the information about positive outcomes of their children's development, and new parents seek help from FSG to support their children with disabilities.

Plans for 2021/22:

There is much to do in the region in terms of the social integration of children with disabilities. Recently, HealthProm and First Step Georgia prepared a concept note for European Commission funding. The main goal of the project was to extend early intervention services by providing support not only to Azerbaijani minority ethnic families with CWD but also Armenian families in Kvemo-Kartli (K-K) and Samtskhe-Javakheti (S-J) regions. Additionally, the project is aimed to strengthen policy dialogue in civic life of Georgia to have the voices of these children and their families heard. Unfortunately, the concept note was unsuccessful. But HP and FSG will now be looking for alternative funders.



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Our work in the UK

Title of the project: The Open Doors Project for Russian-Speaking Women in London

Project duration: October 2020 to March 2021

Funders: Camden Giving Social Action Plan (£1,500), National Lottery Community Fund (£9,380) and Citi Foundation Covid-19 Programme (£10,000).

Project Background:

This time in our project work we focused not only on integration of vulnerable Russian-speaking women into the wider community but also on eliminating negative effects of the Covid-19 pandemic on the migrant women's lives, such as unemployment, mental health issues and others. We believe that this project could create a safe space where women can gain new skills, improve their social and mental wellbeing, and become more active in the community.

Key achievements during the year:

Over six months, we provided support to 273 vulnerable migrant women who came to us because of various problems caused by COVID-19 pandemic such as social isolation, jobs and income loss, depression and other mental health issues, family problems.

The key impact of our project was providing a safe place for these women where they could talk about issues that worried them and ask experts questions about employment, home-schooling, family problems and personal development.

1. Through our online Job Club sessions, we empowered migrant women by giving them access to improve their knowledge about the UK job market, learn new skills, and improved opportunities for employment, career development and financial independence.

2. Through our mental health work, we helped our beneficiaries feel less isolated and better supported while facing difficult life situations and overcome negative impact of the national lockdown and COVID 19 pandemic in general.

During the year we provided individual psychological support to migrant women through individual consultations, group sessions and webinars to help women better adapt to current situation and adopt healthier mental health behaviours.

3. Through our online legal sessions and consultations we gave women better understanding and knowledge of their rights and improved their legal knowledge and capacity. Our project legal sessions enabled women to recognise, understand and better deal with various arising legal situations and issues, among them domestic abuse (both physical and mental), child custody, immigration issues and key legal principles, concepts and processes.

4. Our free online English classes helped migrant women improve their English in the grammar, vocabulary and fluency. All participants who attend regularly and practise outside of classes, have clearly gained confidence speaking English.

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Plans for 2021/22:

We continue to run some of the project activities with the help of our volunteers .

Our main priority now is to explore funding opportunities to support the project further. Also, we will review our existing strategy and include women empowerment programmes as one of our strategic priorities for the next five years. We hope to develop future projects that will provide support with employment, education and training, mental health and legal advice to vulnerable migrant women in London. Such work will not only benefit migrant women, but also the wider society, making London communities more inclusive, resilient and better adapted to new challenges such as the COVID 19 pandemic.



HealthProm

Открытые двери

The London
Community
Foundation

COMMUNITY
FUND

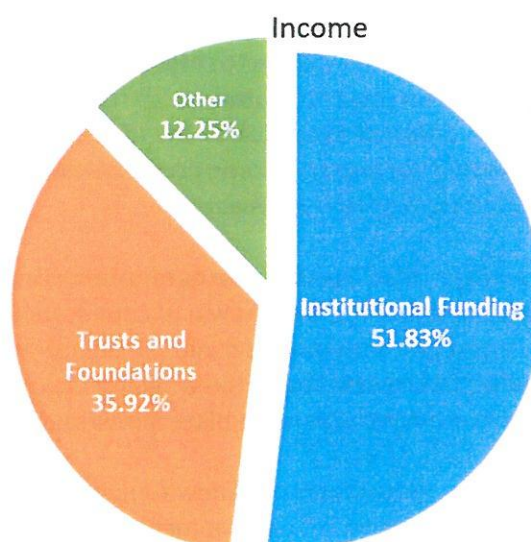
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FINANCIAL OVERVIEW

Income

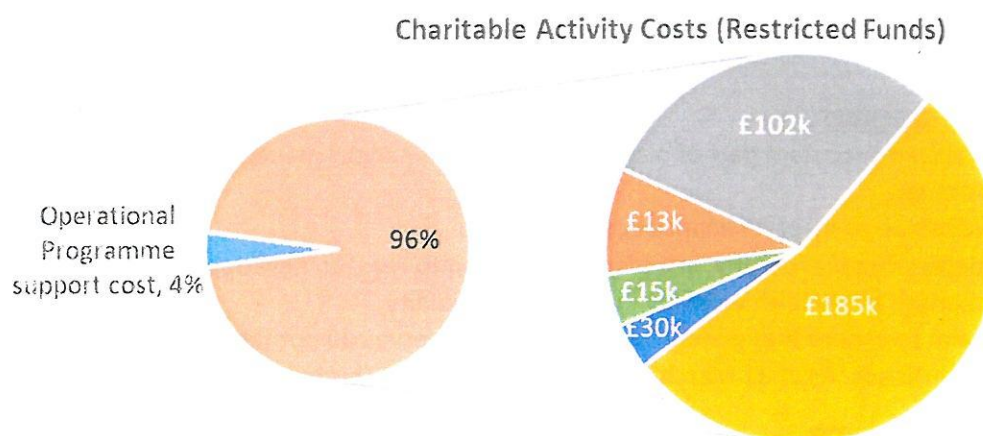
Total income and endowments were £443,750 in 2020/2021, representing a decrease of 12.8% from £508,784 in 2019/2020. Russian and Ukrainian projects came to an end during the financial year, resulting in the lower income for the year. On the other hand, the Belarus project was launched in April 2020 which contributed to an increase in income.

Grants represented the principal funding source, accounting for £398,780 or 89.9% of the total income (91.5% in 2019/2020).



Expenditure

Total expenditure amounted to £361,431 (2020: £504,391), £360,896 or 99.8% (2020: £502,622 or 99.6%) of which consisted of expenditure on operational programmes and 0.2% (2020: 0.4%) cost of raising income. Operational programme support costs represent 4% of the charitable activity costs.



- Putting Families First & Keeping and Finding Families, Tajikistan
- Developing a pilot advocacy service, Belarus
- Reducing Maternal and Infant Deaths, Afghanistan
- Pilot project, Georgia
- Migrant Women Support Group, UK

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The overall surplus for the year was £82,319 (compared to a surplus of £4,393 in 2019/2020), out of which £20,550 was unrestricted surplus, partially due to the foreign exchange gains related to the projects. The net assets were £203,060 (2020: £120,741) at the year-end, made up of £81,110 unrestricted reserves (2020: £60,560) and £121,950 restricted reserves (2020: £60,181).

Pension

HealthProm operates an occupational pension scheme with NEST. Eligible employees are entitled to 3% pension contribution from HealthProm. As at 31 March 2021 HealthProm auto enrolled employees and all of them had opted in to remain in the scheme.

RISK MANAGEMENT

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

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

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

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

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

POLICY ON RESERVES

Reserves are an important part of planning and sound financial management. Reserves are needed for HealthProm to:

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

Trustees aim to ensure that general or unrestricted reserves do not fall below a value equivalent to three months' overheads. As at 31 March 2021, HealthProm met this requirement.

PLANS FOR 2021/2022

We will be reviewing our existing 5-year strategy and taking stock of the impact of the Covid-16 pandemic. We will reassess our theory of change and the demand for the sort of advice, experience and support that HealthProm can offer to local organisations, governments, international bodies and researchers. We will re-evaluate key risks. Subject to securing the necessary funding we aim to consolidate our current work in Tajikistan, Afghanistan and Belarus and to develop new programmes in the region and the UK.

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STRUCTURE, GOVERNANCE AND MANAGEMENT

Structure

HealthProm has a Board of Directors and Trustees (currently 9) and a core staff of 3 employees plus project managers. They are supported by a number of consultants and associates, interns and volunteers.

Governance

The Board of Directors and Trustees has responsibility for all governance, policy, strategy and financial matters. The Board of Directors met six times during the year and was supported by sub-committees on finance and fundraising.

The Trustees are recruited through open advertisements, shortlisting and interviews by the Board. The new Trustees are given a full programme of induction, meeting all staff and consultants and being involved in events bringing together wider HealthProm contacts.

Management

The Director of Operations is responsible for the overall management and coordination of HealthProm's activities. She advises the Board and implements decisions taken by trustees. She reports to the Chair of the Board.

Financial Management

The Finance and Administration Manager is responsible for the management of HealthProm's financial and administrative procedures, supported by the financial adviser. She reports to the Board through the Director of Operations.

Key management remuneration

These are set by comparison with civil society organisation equivalents, and regularly reviewed.

In setting the remuneration of the key management the Board takes into account how appropriate any increase is in terms of the performance of HealthProm and the individuals against goals and objectives, the ability of HealthProm to pay and whether the cost is sustainable.

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LEGAL AND ADMINISTRATIVE DETAILS

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

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

BOARD OF DIRECTORS/TRUSTEES

Chairman: Mr Simon Ray

Company Secretary: Ms Olena Vinareva

Mr Gary Lawson (Treasurer)

Mr Joe Long

Mr Daniel Robert Tickle

Ms Olga Dzhumaeva

Mr Richard Holland

Mr Andrew Howe

Mr Zubair Popalzai

STAFF

Director of Operations: Tanya Buynovskaya

Finance Manager: Chinara Isherwood

Finance and Projects Officer: Irina Maiseniene

Tajikistan Project Manager: Jonathan Watkins

PATRONS

Mr John Hart

Mr Ralph Land CBE

Mr Dmitry Leus

Prof Martin McKee, CBE FMedSci

Prof Neena Modi

Mr Harun Najafizada

Ms Dame Philippa Russell, DBE

Mr Robert Scallon

REGISTERED OFFICE

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

AUDITORS

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

BANKERS

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

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

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

REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES FOR THE YEAR ENDED 31 MARCH 2021

ACKNOWLEDGEMENT AND THANKS

The Trustees would like to thank HealthProm's partner organisations, whose drive and enthusiasm have continued to bring about the success of our shared projects.

The Trustees would also like to thank staff, consultants, interns and volunteers who have all invested much time and effort to develop and implement projects, organise fundraising events etc.

HealthProm could only carry out its work thanks to generous support provided by:

- | | |
|--|---|
| - British and Foreign School Society | - Leus Family Foundation |
| - Camden Giving | - Linda Norgrove Foundation |
| - Charities Aid Foundation | - Open Gate Trust |
| - The London Community Foundation (Citi Foundation nomination) | - Overseas Aid & Development Commission of the States of Guernsey |
| - Department for International Development (DFID) | - RA and VB Reekie Charitable Trust |
| - European Commission | - Rotary Club of London |
| - Falkirk Council | - Souter Charitable Trust |
| - Foreign & Commonwealth Office | - St. James's Place Charitable Foundation |
| - Fulmer Charitable Trust | - The Almond Tree Cafe in Falkirk |
| - GV and SJ Britten Trust | - The National Lottery Community Fund |
| - Karen Woo Foundation | - UNICEF |
| | - W F Southall Trust |

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

**REPORT OF THE BOARD OF DIRECTORS AND TRUSTEES
FOR THE YEAR ENDED 31 MARCH 2021**

**TRUSTEES' RESPONSIBILITIES STATEMENT
FOR THE YEAR ENDED 31 MARCH 2021**

The trustees (who are also directors of HealthProm for the purposes of company law) are responsible for preparing the Report of the Board of Directors and Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2019 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

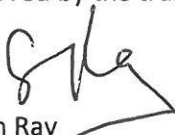
Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdiction. The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

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

This report has been prepared in accordance with the provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by the trustees and signed on their behalf by:


Simon Ray
Chairman
29/9/2021

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

**HealthProm
(A Company Limited by Guarantee and Not Having Share Capital)
Registered Charity No. 1100459
(Company No: 4887855)**

Opinion

We have audited the financial statements of HealthProm (the 'charitable company') for the year ended 31 March 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cashflow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2021, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

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

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HealthProm

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of Trustees

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

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can

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

arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management and those charged with governance about actual and potential litigation or claims and the identification of non-compliance with laws and regulations.
- Reviewing minutes of meetings of those charged with governance.
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations.
- Auditing the risk of management override of controls, including testing journal entries and other adjustments for appropriateness; and assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- Professional scepticism in course of the audit and with audit sampling in material audit areas.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



.....
Kevin Fisher, FCA, (Senior Statutory Auditor)
For and on behalf of Myrus Smith
Chartered Accountants and Statutory Auditor
8 Burnell Road
Sutton, Surrey
SM1 4BW
Date: 2-10-2021

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2021**
(Incorporating an Income and Expenditure Account)

HealthProm					
		Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
	Notes				
INCOME AND ENDOWMENTS					
Donations and Legacies	2	28,393	2,673	31,066	30,406
Investment Income		1	-	1	3
Other Income		-	-	-	7,408
Foreign Exchange Gains/(Losses)		-	13,903	13,903	5,571
Income from Charitable Activities:					
Grants	3	5,000	393,780	398,780	465,396
Total Income		33,394	410,356	443,750	508,784
EXPENDITURE					
Expenditure on Raising Funds	4	535	-	535	1,769
Expenditure on Charitable activities:					
Operational programmes	5, 8	15,472	345,424	360,896	502,622
Total Expenditure		16,007	345,424	361,431	504,391
Net Income before Transfers	7	17,387	64,932	82,319	4,393
Net Transfers between funds	9	3,163	(3,163)	-	-
Net Movement of Funds in Year		20,550	61,769	82,319	4,393
<i>Reconciliation of funds</i>					
Total funds brought forward		60,560	60,181	120,741	116,348
Total Funds Carried Forward		81,110	121,950	203,060	120,741

All income and expenditure derive from continuing activities.

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

**BALANCE SHEET
AS AT 31 MARCH 2021**

HealthProm

	Notes	2021 £	2020 £
Fixed assets			
Office equipment, fixtures and fittings	10	-	560
Current assets			
Debtors	11	59,976	39,207
Cash at bank and in hand		156,723	121,513
		216,699	160,720
Creditors: amounts falling due within one year	12	(13,639)	(40,539)
Net current assets		203,060	120,181
Total net assets		203,060	120,741
Fund balances			
Charitable funds:			
Unrestricted funds: General reserves		51,110	30,560
Unrestricted funds: Designated		30,000	30,000
Restricted funds		121,950	60,181
	13,16	203,060	120,741

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
and signed on their behalf by

29/9/2021

Simon Ray
Chairman



**STATEMENT OF CASH FLOW
FOR THE YEAR ENDED 31 MARCH 2021**

HealthProm

STATEMENT OF CASH FLOW	2021	2020
	£	£
Cash flows from operating activities:		
Net cash provided by (used in) operating activities	35,210	(167,773)
Cash flows from investing activities:		
Purchase of property, plant and equipment	-	-
Net cash provided by (used in) investing activities	-	-
Cash flows from financing activities	-	-
Net cash provided by (used in) financing activities	-	-
Change in cash and cash equivalents in the reporting period	35,210	(167,773)
Cash and cash equivalents at the beginning of the reporting period	121,513	289,286
Cash and cash equivalents at the end of the reporting period	156,723	121,513

RECONCILIATION OF NET INCOME/(EXPENDITURE) TO NET CASH FLOW FROM OPERATING ACTIVITIES	2021	2020
	£	£
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	82,319	4,393
Adjustments for:		
Depreciation charges	560	960
(Increase)/decrease in debtors	(20,769)	38,851
Increase/(decrease) in creditors	(26,900)	(211,977)
Net cash provided by (used in) operating activities	35,210	(167,773)

ANALYSIS OF CASH AND CASH EQUIVALENTS	2021	2020
	£	£
Cash at hand	156,723	121,513
Total cash and cash equivalents	156,723	121,513

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

1. Principal accounting policies

Company Status

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

Basis of Preparation

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

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

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

Going concern

The accounts have been prepared on the going concern basis.

Income

Income is recognised in the period in which the company is entitled to receipt and the amount can be measured with reasonable certainty. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or when the donor has specified that the income is to be expended in a future accounting period.

Grants from the government and other agencies have been included as income from activities in furtherance of the charity's objects where these relate to grant agreements with strict budgets, but as donations where the money is given with greater freedom of use. The charity received government support through the Coronavirus Job Retention Scheme which is accounted for on the accrual's basis.

Expenditure and basis of apportioning costs

Expenditure is included when incurred and liabilities are established for all services once provided. Expenditure includes amounts of irrecoverable VAT where charged. Expenditure on operational programmes is recognised in the period in which it is incurred. A designated fund is established for expenditure which has been committed to projects but remains unspent at the year end.

The majority of costs are attributable to specific activities. Certain shared costs are apportioned to activities in furtherance of the objects of the charity by reference to the level of activity as reflected by the amount of staff utilisation. Staff costs and premises expenses are allocated in proportion to the time spent on different activities.

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

Operational programme support costs

Operational programme support costs are allocated to operational programmes based on the average staff time spent on running projects.

Fundraising costs

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

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 £500 are capitalised.

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

Office equipment, fixtures and fittings - Over five years

Fund accounting

Funds held by the charitable company are:

Unrestricted general funds - these are funds which can be used in accordance with the charitable objects at the discretion of the Trustees.

Restricted funds - these are funds that can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Foreign currencies

General policy on foreign currency is to use the actual exchange rates as per the conversion reflected on the bank account or cash transaction. The policy is then adapted where necessary to meet the specific requirements of the funders.

Taxation

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

2. Donations and Legacies

	Unrestricted £	Restricted £	2021 £	2020 £
Committed Giving	335	-	335	543
Donations, Appeal, Fundraising Events	28,058	2,673	30,731	29,863
	28,393	2,673	31,066	30,406

Of the £30,406 income recognised in 2020, £29,306 was unrestricted funding and £1,100 was restricted funding.

3. Income from charitable activities: Grants

	Unrestricted £	Restricted £	2021 £	2020 £
European Commission	-	215,222	215,222	240,581
The GV & SJ Britten Trust	-	35,750	35,750	59,203
The Overseas Aid Commission of Guernsey	-	25,000	25,000	25,000
HCD Memorial Trust	-	20,000	20,000	20,000
Department for International Development	-	14,787	14,787	67,344
Citi Foundation	-	10,000	10,000	-
St. James's Place Charitable Foundation	-	10,000	10,000	-
British and Foreign School Society	-	9,945	9,945	-
Sevenhill	-	9,894	9,894	-
The Linda Norgrove Foundation	-	9,586	9,586	10,273
The Big Lottery Fund	-	9,380	9,380	-
Souter Charitable Trust	-	3,000	3,000	3,000
Karen Woo Foundation	-	1,000	1,000	3,011
W F Southall Trust	-	-	-	2,000
Grand Challenges Canada	-	-	-	16,384
Others	5,000	20,216	25,216	18,600
	5,000	393,780	398,780	465,396

All of the income from charitable activities recognised in 2020 (£465,396) was also solely restricted funding.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

4. Expenditure on Raising Funds:

	2021 £	2020 £
Costs of Fundraising events	535	1,769

All of the £1,769 expenditure recognised in 2020 was charged to unrestricted funds.

5. Charitable Activities:

Operational Programmes

	2021 £	2020 £
Afghanistan - Reducing Maternal & Infant Deaths	184,944	143,658
Belarus - Developing Advocacy Service	101,924	-
Georgia - Pilot Project	13,241	4,081
Russia - Siberian Initiative for Inclusion	-	15,167
Tajikistan - Putting Families First & Keeping and Finding Families	30,361	211,809
Ukraine - Strengthening the capacity of parent led CSOs	-	95,157
United Kingdom - Migrant Women Support	14,954	10,438
Total restricted expenditure	345,424	480,310
Operational Programme support costs (Unrestricted expenditure)	15,472	22,312
	360,896	502,622

Expenditure on operational programmes comprised:

Direct Costs

Professional fees and implementation costs	215,109	302,610
Travel & subsistence	1,856	21,168
Publications, research & other costs	18,470	15,984

Support Costs

Staff costs	100,759	128,275
Office & premises costs	21,297	29,382
Communications	92	860
Governance (note 6)	3,313	4,343
	360,896	502,622

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

6. Governance	2021 £	2020 £
Audit and accountancy	3,300	3,600
AGM and strategy meetings	13	426
Trustees' expenses for attendance at meetings	-	317
	3,313	4,343
 7. Net Incoming Resources for the Year	 2021 £	 2020 £
These are stated after charging:		
Depreciation	560	960
Auditor's remuneration – audit services	3,300	3,600
Property rent and service charges	10,027	14,400
 8. Staff Costs and Numbers	 2021 £	 2020 £
Staff costs were as follows:		
Salaries and wages	82,711	102,078
Social security costs	3,202	6,797
Pensions	2,565	3,245
	88,478	112,120

The average number of employees during the year was four (four in 2020). No employee received total employee benefits (excluding employer pension costs) of more than £60,000 in 2021 or 2020. Total remuneration of the one key personnel for the year was £42,498 (one key personnel at £51,182 in 2019-20). Key management remuneration includes gross salary, employers NI and employers pension contribution. Directors and trustees are not remunerated but reasonable travel expenses incurred in pursuance of their duties are reimbursed (see note 16).

9. Transfers between Funds

The transfers between Unrestricted Funds and Restricted Funds represent net contributions to/from the projects after allocating the overhead costs to the projects using the average staff time.

10. Tangible Fixed Assets

Cost	£
At 1 April 2020	24,255
Additions	-
At 31 March 2021	24,255
 Depreciation	
At 1 April 2020	23,695
Charge for the year	560
At 31 March 2021	24,255
 Net Book Value	
At 31 March 2021	-
At 31 March 2020	560

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

11. Debtors	2021 £	2020 £
Project advances	50,419	16,138
Prepayments	663	1,543
Other debtors	1,392	3,675
Other debtors: Grants Due	7,502	17,851
	59,976	39,207

12. Creditors	2021 £	2020 £
PAYE and NIC	459	-
Deferred Income	4,973	35,777
Accruals	3,774	4,104
Other creditors	4,433	658
	13,639	40,539

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

13. Analysis of Net Assets between Funds

	Unrestricted Funds £	Restricted Funds £	Total 2021 £	Unrestricted Funds £	Restricted Funds £	Total 2020 £
Tangible fixed assets	-	-	-	560	-	560
Current assets	85,402	131,297	216,699	64,486	96,234	160,720
Current liabilities	(4,292)	(9,347)	(13,639)	(4,486)	(36,053)	(40,539)
Net assets	81,110	121,950	203,060	60,560	60,181	120,741

14. Lease Commitments

The total minimum lease payments falling due under non-cancellable operating lease agreements at 31 March 2021 amounted to £2,016 (2020: £3,024) and these commitments fall due within one year (2019: within one year).

15. Contingent Assets

Total grant funding awarded as at 31 March 2021 but not yet received and recognised as income due to the recognition criteria not being met amounts to £340,292.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2021**

16. Movement in Funds

	At 1 April 2020 £	Incoming Resources £	Outgoing Resources £	Transfers £	At 31 March 2021 £
Afghanistan - Reducing Maternal and Infant Deaths	57,968	132,050	(184,944)	41,471	46,545
Belarus - Developing an Advocacy Service	715	179,520	(101,924)	(6,357)	71,954
Georgia - Pilot Project	-	10,000	(13,241)	3,241	-
Improving access to community-based early years support services, Moldova	-	1,595	-	(1,595)	-
Tajikistan - Putting Families First & Keeping and finding Families	850	65,113	(30,361)	(34,752)	850
UK - Migrant Women Support	648	20,880	(14,954)	(3,258)	3,316
Ukraine - Strengthening the Capacity of parent led CSO	-	342	-	(342)	-
Other small projects	-	856	-	(1,571)	(715)
Restricted Funds	60,181	410,356	(345,424)	(3,163)	121,950
Unrestricted funds	30,560	33,394	(16,007)	3,163	51,110
Designated funds	30,000	-	-	-	30,000
	120,741	443,750	(361,431)	-	203,060

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

The movement in funds shows the reconciliation of the opening and closing balances of the funds where transfers represent the net contributions to/from the projects. Description of the restricted funds can be found in the Trustees' report.

Designated funds represent a bridge funding facility set aside for the restricted projects to bridge the funding gaps in between the donor reporting periods, until the further grant instalments are released.

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

17. Payments to Trustees for Services

No payments were made to Trustees during the period of 01 April 2020 – 31 March 2021 (£317 for the period of 1 April 2019 – 31 March 2020 towards one trustee's travel expenses).

**INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 MARCH 2021**

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

HealthProm

	General Fund	Projects Fund	Total to 31 March 2021	Total to 31 March 2020
	£	£	£	£
INCOME				
Grant Income	5,000	393,780	398,780	465,396
Donations Received	11,811	2,798	14,609	22,288
Proceeds from Fundraising Events & Activities	4,273	- 125	4,148	7,575
Membership Fees	335	-	335	543
Bank Interest	1	-	1	3
Gifts & Services in Kind	-	13,903	13,903	-
Foreign Exchange Gains/(Losses)	11,974	-	11,974	5,571
Sundry Income	-	-	-	7,408
Total Income	33,394	410,356	443,750	508,784
EXPENDITURE				
Project Payments to Local Partners	-	198,210	198,210	248,840
Project Travel, Accommodation, Subsistence	-	1,856	1,856	21,167
Project Training & Other Costs	-	18,470	18,470	15,984
Project Consultants' Fees	-	16,899	16,899	53,770
Fundraising Costs & Event Expenses	535	-	535	1,769
Rent, Rates & Services	1,003	9,024	10,027	14,400
Travel	2	15	17	1,062
Telephone & Postage	4	88	92	860
Stationery, Printing & Photocopying	26	232	258	1,893
Publications & Subscriptions	125	1,267	1,392	1,909
Other Office Costs	630	5,872	6,502	6,916
Office & Charity Insurance	182	1,634	1,816	1,619
Depreciation	56	504	560	960
Staff Salaries & Employer's National Insurance	8,848	79,630	88,478	112,120
Staff Recruitment & Training	20	178	198	262
Governance Costs	13	-	13	743
Bank Charges	56	670	726	623
Audit & Accountancy Fees	3,300	-	3,300	3,600
Consultancy & Professional Fees	1,207	10,875	12,082	15,894
Gross Expenditure	16,007	345,424	361,431	504,391
Trustees Authorised Transfers	(3,163)	3,163	-	-
Total Expenditure	12,844	348,587	361,431	504,391
Total Income less Expenditure	20,550	61,769	82,319	4,393