



ANNUAL REVIEW 2006-07

communicating
for health

communicating
for change

HEALTHLINK
WORLDWIDE

Chair's report

This year's annual review celebrates the ways in which we can now increasingly talk about a family of partners, allies and clients with whom we are working to bring about programmes of social change. Because we work in the communication field, because we are dedicated to supporting social change that improves the health and well-being of marginalised and vulnerable people, we know that it takes many years sometimes to see the impact of our work. We also know from our 30 years of experience, that we need to make the links between the projects, build on the learning, and develop much more long-term programmes of work.

This annual review covers an 18-month period – from October 2005 to March 2007 – that has been full of change:

- ▶ in our financial year and accounting period
- ▶ of our Executive Director
- ▶ in the funding sources we tap
- ▶ in the role we play in some of our partnerships.

It has also been a period where we have not changed some important values and principles that we have worked with since our founding 30 years ago. We remain:

- ▶ a **catalyst** – an organisation committed to facilitating positive change for the most vulnerable and disadvantaged people in the world
- ▶ committed to **sharing knowledge** – about how to adapt and use tools, processes and approaches effectively to bring about social change
- ▶ engaged in developing **strong and effective partnerships** – where our voice is one of many and key decisions about how to move forward are taken jointly
- ▶ focused on **practical action** to ensure **human rights, equity and social justice**
- ▶ committed to strengthening **participation, communication and social dialogue**.

During the past 18 months, we have had to face challenging financial circumstances and have adapted to those changes, with a robust and practical business plan to lead us to a more sustainable future. In doing so, we have had the continued support of the Friends of Healthlink Worldwide, our donors and our volunteers and supporters, who deserve our thanks. Together, we now look forward to the next 30 years, as we continue with our partners to tackle the causes and effects of poverty.

Rebecca Macnair – Chair, Healthlink Worldwide

At the end of March 2007, Bernard Trude stepped down after four and a half years as Executive Director of Healthlink Worldwide. The Council of Management expresses its appreciation for his valued contribution to the organisation and the leadership he demonstrated in moving us forward into a new era. In April 2007, Andrew Chetley, former Director of Programmes, was appointed to take over as Executive Director, to continue the work.

COUNCIL OF MANAGEMENT

Liz Barnett
Indira Biswas-Benbow
Youssef Hajjar
Prakash Kurup

Rebecca Macnair
Tim Martineau
Andrew Scheiner
Doug Soutar
Mary Tamplin (until March 2007)

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Healthlink Worldwide is the expert organisation in health and development communication.

We engage in social change through participatory communication. This means empowering partner organisations to

- ▶ enable people's voices to be heard on issues of health and well-being that matter to them
- ▶ advocate for change
- ▶ share knowledge and learning.

'I have worked for a number of NGOs, [...] and I don't think that any of these other organisations match up to Healthlink in terms of efficacy and effecting real change. [...] It has been moving – truly – to see and hear from partners themselves what a positive contribution Healthlink training and support has made to critical work at the grassroots level, and a privilege indeed to feel part of an organisation that really makes a difference.'

Julie Kleeman

Evaluator of Healthlink Worldwide's ICD and CFA programmes.

FAQs

Q What does Healthlink Worldwide do exactly?

- A We work in three areas
- ▶ Communication – supporting partners and clients to share health information effectively
 - ▶ Information and knowledge management (IKM) – helping people find solutions to specific IKM problems
 - ▶ Networking and learning – sharing learning through interactive local, national and global networks.

Q What health areas do you work in?

- A We focus on many health areas including HIV and AIDS, tuberculosis, malaria and polio. Healthlink Worldwide's work centres on health issues of vulnerable children, young people, women and people with disabilities.

Q What's different about the way you work?

- A We use participatory approaches. So do other agencies – but we work together with partners and clients on needs analysis, implementation, evaluation and, importantly, follow up. Our intervention outcomes match needs because we also work with the communities our partners and clients seek to help and the organisations they aim to influence. This gives marginalised people a voice that's heard. Sustainability is crucial so we strengthen organisational capacity. Our approach is strategic and programmatic – this allows us to build on learning within and between organisations.

Q What communication tools do you offer?

- A We offer expert training in a range of innovative tools and processes. We ensure they are matched to expressed and identified communication needs and that people know how to manage and maintain them.

Q Where do you work?

- A We work in more than 20 countries around the world with 50 partner organisations.

Q Who do you work with?

- A We work with organisations and institutions at all levels, from local and national NGOs to national and international decision-making bodies.

Q Is there anything else?

- A Yes, our cutting-edge consultancy work. We offer communication and information services tailored to the needs of development stakeholders, including academic and government institutions and local and national civil society organisations.

Our approach to partnership makes our work distinctive

Across the globe access to healthcare and participation in decision-making for social change often depends upon wealth and social status. Healthlink Worldwide's mission is to improve access to health information and healthcare for marginalised people, and include them in development dialogues.

And it's our approach to partnership that sets us apart. We build genuinely empowering relationships with the organisations we work with, characterised by trust, mutual learning and shared objectives.

Our partnership role has become much more flexible. We can adapt our type of partnership to fit local needs, ranging from facilitating agency to technical consultant, depending on the circumstances and the organisational capacity of our partners and clients.

This work can only be achieved by using participatory communication approaches to

- ▶ enable marginalised people to voice their own health needs
- ▶ identify innovative ways to enable local and national partner organisations to establish sustainable communication and information initiatives that respond to gaps in health knowledge and practice.

Healthlink Worldwide acts as a catalyst

Whether the purpose of the partnership is communicating information, solving an information and knowledge problem or introducing a networking and learning process, we use people-centred approaches. In open dialogue we exchange ideas and information with people, and identify aims and ways of working that fit. Our work is typified by

- ▶ a programmatic approach which allows us to share learning from partnerships and programmes worldwide
- ▶ long term working relationships which involve not just shared planning and implementation of specific projects but a commitment to work together on major issues that affect people's health and development
- ▶ a commitment to using accessible monitoring, evaluation and learning processes that improve understanding of effective communication
- ▶ transforming the capacity of individuals and organisations to achieve lasting knowhow and change.



Participatory communication training, Quest

'When we had a problem ... the problem was resolved with no loss of face and it really was very well handled because of Healthlink Worldwide's commitment to horizontal relationships. That is one of the reasons why the relationship has been so successful in an on-going way because it honours that commitment.'

Tony Savdie

Asociación Payasos Atz'anem k'oj,
Guatemala.

Transforming relationships with partners

Our work in India and Ethiopia shows how our participatory approach empowers

INDIA

Project:

Strengthening the Voices of Vulnerable Groups in India

Purpose:

Strengthening the capacity of Indian partners to empower vulnerable groups to lobby for change

Partnerships:

Centre for Health Education, Training & Nutrition Awareness (CHETNA), Gujarat; Children in Need Institute (CINI) West Bengal; Christian Medical Association of India (CMAI), New Delhi; Rural Unit for Health and Social Affairs (RUHSA), Tamil Nadu; Healthlink Worldwide. The partnership is called Communication for Health – India Network (CHIN).

Funder:

DFID

Duration:

2002–2007

Over five years CHIN partners evolved from health information providers to participatory communicators. In 2005 CHIN redefined itself as a rights-based communication facilitation network. From that point the relationship with Healthlink Worldwide changed from a Northern agency assisting Southern partners, to one of five equal partners in decision-making, providing technical support to new initiatives. CHIN's transformation into an experienced development stakeholder is remarkable – the partnership recently submitted a funding proposal to the Gates Foundation in India to strengthen communication processes in the Indian Government's National Rural Health Mission.

CHIN partners now regularly take the lead on initiatives and choose whether to involve us.

'The contributions made by Healthlink Worldwide on advocacy and communication strategies are commonly used by us for various training programmes.'

RUHSA



Photo: Georgina Cranston / HealthLink Worldwide

Maternal health in India

ETHIOPIA

Project:

Strengthening the capacity of the National HIV and AIDS Forum of NGOs to advocate within Ethiopia's HIV and AIDS response

Purpose:

Strengthening civil society organisation capacity and leadership to advocate effectively for people living with HIV and AIDS (PLHA)

Partnerships:

National HIV and AIDS Forum of NGOs (part of the Christian Relief and Development Association (CRDA) with 200 NGO members)

Funder:

DFID

Duration:

2006–2009

In Ethiopia, as in many countries, the idea of civil society involvement in national decision-making is relatively recent. This project works to transform young civil society organisations into a new force for social change. The Forum aims to lead the civil society response to influence rights-based HIV and AIDS policy and interventions in Ethiopia's national strategic plan. A starting point has been a self-challenging examination of partnership and organisational principles. This has set a strong foundation for both the value-driven approach and building the capacity of the Forum member organisations and the Forum itself.

Focus on HIV and AIDS

Our extensive programme experience in Africa and globally makes Healthlink Worldwide an expert organisation in facilitating change in HIV and AIDS communication. Milestone projects include our involvement in the International Memory Project and Support to the International Partnership against AIDS in Africa (SIPAA). A vital new project, Positive Action, takes this experience to a new level.

Project:

Positive Action: Empowering communities to respond to HIV and AIDS in East and Southern Africa

Purpose:

To strengthen the capacity and leadership of local HIV and AIDS service organisations to provide essential services to the most marginalised communities

Partnerships:

Tilla Association of Women Living with HIV and AIDS (Ethiopia); Family AIDS Caring Trust (FACT, Zimbabwe); Kibera Community Self-Help Group (KICOSHEP, Kenya); Youth Net and Counselling (YONECO, Malawi); National Community of Women Living with HIV and AIDS (NACWOLA, Uganda)

Funder:

Comic Relief

Duration:

2006–2011

Our approach draws on learning and integrates key Healthlink Worldwide processes to fit each initiative. In Positive Action we

- ▶ strengthen the sustainable capacity of local organisations to deliver relevant community responses to HIV and AIDS. This involves balancing organisational development needs with pressure for services. A prioritised goal is developing the ability to cope with change the reality of how HIV and AIDS impacts upon people within the organisation, or political, social, cultural and funding changes in the external environment.
- ▶ improve access to health information and services that have real impact upon the lives of people living with HIV and AIDS (PLHA). Partners have selected sustainable livelihoods support as one way to help PLHA to break the cycle of poverty – so closely linked to deteriorating health in HIV and AIDS.

Support to the International Partnership against AIDS in Africa (SIPAA)

Healthlink Worldwide joined SIPAA (2004/05) to deliver the project's documentation and inter-country learning component. This meant supporting the National AIDS Councils (NACs) of nine African countries through learning networks, document production training and facilitating knowledge and information management processes.

'This [resource centre training] was such an eye-opener for me as someone who manages a Youth Information and Advice Centre. I now know how to document and manage the information.'

Participant in knowledge management training as part of SIPAA programme.

Sounds familiar so far? There's a vital new feature. Comic Relief's strategic grant provides a platform for strengthening the development of member organisations as they lead and implement their own initiatives. Healthlink Worldwide's role is to support cross-organisational learning and knowledge-sharing processes, so that achievements and successes can be shared and adapted between organisations to improve effectiveness. There are no guarantees, but together we are aiming for significant and lasting change.

Photo: Georgina Cranston / Healthlink Worldwide



Income generating scheme, Africa

Focus on HIV and AIDS

Supporting children and young people living with HIV and AIDS

Project:

Indian Initiative of Child Centred HIV and AIDS Approach (IICCHAA)

Purpose:

To use a child-centred approach in communities affected by HIV and AIDS to reduce stigma and discrimination, strengthen coping strategies for children, strengthen community level support groups, and build the ability of families to communicate about HIV and AIDS

Partnerships:

Child In Need Institute (CINI) India, Healthlink Worldwide

Funder:

DFID India

Duration:

2006–2007

This project represents three of Healthlink Worldwide's strengths:

- ▶ adaptive approaches to new ways of working in partnership
- ▶ facilitating South-South links to share knowledge and information
- ▶ targeting practical action for vulnerable children and young people.

The pilot evaluation findings give strong positive indicators for the future:

- ▶ the style of partnership with Healthlink Worldwide has been judged mutually beneficial; we work here in a consultancy capacity in a partner-run initiative.
- ▶ the project successfully mobilised South-South learning, adapting a vibrant model of child-centred approaches to tackling HIV and AIDS issues from Africa to an Indian context. The model draws on learning from the inspirational International Memory Project (IMP).
- ▶ the project's child-centred memory work approaches are a resounding success on an unanticipated scale! The outstanding endorsement from policy-makers, media and community leaders and the demand for greater input has resulted in the design of a larger programme of work to scale-up the services.

Want to help children affected by HIV and AIDS? You should know about the International Memory Project (IMP)

IMP is a ground-breaking local initiative in five African countries – Uganda, Kenya, Ethiopia, Tanzania and Zimbabwe – run by six organisations in partnership with Healthlink Worldwide. It strengthens children's resilience to the impact of HIV and AIDS by

- ▶ improving communication about HIV and AIDS within families
- ▶ planning for children's futures without their parents
- ▶ developing supportive environments for affected children
- ▶ reducing stigma and discrimination
- ▶ advocating for the rights of children affected by HIV and AIDS
- ▶ strengthening the capacity of local organisations that support children affected by HIV and AIDS.



Photo: Georgina Cranston / HealthLink Worldwide

Writing in a memory book can help improve communication

Focus on Disability

Including the excluded

Project:

Inclusive Communication for Disability

Purpose:

To strengthen inclusive communication and advocacy in Disabled People's Organisations (DPOs) through South-South learning, information exchange and networking

Partnerships:

Core partners: Southern African Federation of Disabled People (SAFOD, Zimbabwe); Centre for Services and Information on Disability (CSID, Bangladesh); Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV, Bangladesh); Federation d'Afrique Central des Associations des Personnes Handicapés (FACAPH, Cameroon); Amar Jyoti Rehabilitation and Research Centre (AJRRC, India); Blind People's Association (BPA, India); Healthlink Worldwide. Plus 11 non-core partners in Africa and Asia.

Funder:

DFID

Duration:

2003–2007

'Inclusive Communication is the ability to engage vulnerable groups in all development undertakings at social, economic and political levels. It necessitates the willingness to hear them, see them and comprehend their real needs and issues and together develop an agenda [...] to address their needs and issues.

Mwesigwa
NUDIPU, Uganda

We take these words seriously. In this project we believe together we met the challenge. The project gathered grassroots evidence of needs from disabled people to create powerful rights-based advocacy messages. This approach opened up the space to enable others to join in.

The processes of South-South exchange of learning and technical training in different media enabled partners to create effective inclusive communication and innovative advocacy tools to fit their local contexts. As the project developed, the learning network took on a life of its own and 11 new organisations joined the project. This surprising development strengthened international dialogue and experience sharing.

We know disabled people's voices were heard – the project got results:

- ▶ an experiential photographic exhibition led to currency changes, retraining traffic staff and a new government-approved building code (Bangladesh)
- ▶ powerful lobbying achieved the appointment of a visually impaired disability commissioner (Gujarat State, India)
- ▶ an advocacy video resulted in Ministry level discussions on employment of disabled people (Malawi).

Sharing information and knowledge continues with the commissioning of a summary publication to capture project learning, a commitment from many partners to continue to work together, and the planning of several new initiatives to take this programme of work forward.

Communicating for Advocacy workshop, Bangladesh



ICD – a continuing influence

Project learning has changed Healthlink Worldwide's ethical framework regarding involvement of disabled people, influenced new partnerships and it currently feeds into global disability debates with the International Development and Disability Consortium (IDDC) and the European Union.

Focus on Disability

Creating spaces for development dialogue

Project:

Creating Spaces for development dialogue

Purpose:

To strengthen the voice of WWD to individually, and collectively claim their rights to equal treatment and participation at community, national and regional levels

Partnerships:

Association of Women with Disabilities (Sri Lanka); Association of Women with Disabilities (India); Social Assistance for the Rehabilitation of the Physically Vulnerable (Bangladesh). Healthlink Worldwide.

Funder:

DFID

Duration:

2007–2009

Disabled women are among the most marginalised of poor and vulnerable people in the world. Creating Spaces is a new project designed to empower women with disabilities (WWD) to advocate for their rights. This initiative is a direct outcome of our Inclusive Communication for Disability (ICD) project. It also draws learning from Healthlink Worldwide's pan-Asian partnership with 360 organisations, Communicating For Advocacy (CFA, 2002–05), which developed the capacity of NGOs to influence disability policy and practice.

Partners who were involved in these earlier projects proposed this initiative to move the work on to a further stage. This partnership demonstrates our strategic intention to focus efforts and continue to strengthen partners we have worked with before wherever possible.

In this start-up phase the project is assessing partners' needs and capacities and examining expectations. During these vital processes, Healthlink Worldwide's practical experience in participatory ways of working and a realistic approach to scheduling and objective setting in disability communication projects will be grounding and enabling.

The three regional partner organisations have started to undertake needs assessments of women with disabilities in their project areas. They are also seeking to identify disabled women with leadership potential to represent, inspire and mobilise WWD to advocate for their rights.

The next step is a regional meeting in Kolkata, India. Project partners and representatives of DPOs from Nepal, Bhutan, Pakistan and the Maldives are scheduled to attend. Those disabled women with recognisable leadership qualities, who choose to opt in, will also attend. They will begin the process of empowerment that will equip them to make the voice of disabled people both heard and potent in development dialogue – to make real changes to people's lives.

'CFA seeks a barrier-free environment for all. This means not excluding anyone and ensuring everyone can benefit. We recognise the power of including all marginalised people in the progress.'

Shahidul Haque
SARPV, Bangladesh

Photography workshop



Vital development processes: sharing knowledge locally and globally

Access to accurate, relevant health information helps people build their own knowledge about how to improve their health.

One of our key functions is helping organisations communicate about health in ways that engage, involve and listen to community voices that will drive change. We use appropriate tools and processes:

- ▶ Quest, our participatory training approach to developing communication processes and resources, helps us respond flexibly and sensitively to shared objectives. Find out more about Quest, contact info@healthlink.org.uk
- ▶ We support the development of locally-based information centres, encouraging innovative engagement and interaction with the communities they serve
- ▶ We work in partnership with Handicap International and the Centre for International Health and Development to provide an international information support centre Source.

'This site is really excellent and a must for those engaged in the health development sector... I thank you once again and wish all success for such a wonderful site.'

Soumendra Nath Ghosh
Independent Consultant comments on Source

2006/07 HIGHLIGHTS:

Helping isolated communities access health information: AfriAfya, Kenya.

Rural communities often miss vital health information. This project found appropriate ways to include people. Outcomes include

- training a network of 'Community Own Resource Persons' to spread health information to target communities
- enabling AfriAfya to create materials and establish a website
- placing ICT resources at community level to make health information directly accessible.

'I can't believe my eyes! It is as if the city of Nairobi has come to this place. This is a sign of hope that other infrastructure will eventually reach us out here.'

Mrs Margaret Ouma

reacts to AfriAfya ICT equipment, (Ortum Mission Hospital, West Pokot, 600 km north-west of Nairobi).
<http://www.afriafya.org>

Go to www.asksource.info for health and disability information and good practice in health communication.

Bringing practical health information to the Asia-Pacific Region: Health Action Information Network, (HAIN), Philippines.

The challenging objectives of this CAFOD-funded project include delivering health information to the region, raising awareness of health issues, advocacy goals and organisational capacity-building. In one year HAIN has produced four issues of Health Alert Asia Pacific and grown its subscriber base to 7225. The HAIN, resource centre links to the Healthlink Worldwide-supported international information resource centre Source (www.asksource.info). HAIN embraces relevant technology, establishing influential blogsites on health news, sexual/ reproductive health and HIV and AIDS. HAIN now participates in global and regional policy-making discussions.

'Healthlink Worldwide has developed some of the most useful resources I've ever found. I recommend your Resource Centre Manual far and wide, and have used it extensively in a program I developed for resource centre workers who study here.'

Sue Adams

Coady Institute,
St. Francis Xavier University,
Nova Scotia, Canada



Vital development processes: sharing knowledge locally and globally

As change happens in communities, it's important to make sure that policy makers are aware of what can be done to sustain these efforts. This means ensuring that policy makers see how communication processes can be integrated in policy and practice. We face the challenge of sharing knowledge and learning – often research-based – so that decision makers take notice.

2006/07 HIGHLIGHTS:

The range of Healthlink Worldwide initiatives to find the best ways to influence change at the highest levels include:

- ▶ Being part of the Information and Communication for Development (ICD) Knowledge Sharing and Learning Programme – the GAMOS-led consortium funded by DFID. Already interim findings are highlighting how to engage policy makers. Just three findings are
 1. Research-based evidence plays only a modest role in policy-making. Politicians tend to use stories which get the message across directly. Therefore, it is more effective to present research findings in non-academic language and associate 'case studies' that bring the findings to life.
 2. Donors' influence can stimulate the vital integration of information and communication into development practice.
 3. Personal contact remains the best way to inform policy makers. Many lack time to access websites to inform themselves. Therefore any web-based information needs to connect with the network of people that the policy maker trusts.

- ▶ Networking with other UK organisations keen to establish what works in communicating research in development. A recent DFID funded workshop of UK and international NGOs prioritised the need to

1. undertake a scoping study to share knowledge between organisations on the monitoring and evaluation (M&E) of communicating research
2. set up an online M&E resource on communicating research, with a database which shares best practice, peer review thinking and outputs.

'There's no shortage of theories on how communications work. There's no shortage of how to do M&E, but there is a shortage in the intersection of these two areas.'

M&E workshop participant

- ▶ Participating in the Pelican Initiative, which aims to 'share up-to-the-minute thinking on how to get more out of evaluation and evidence-based communication.'

Andrew Chetley, founding member of the Pelican Initiative.

There are three themes to our work:

1. evidence and learning for policy change
2. learning in organisations and among partners
3. society-wide learning among all stakeholders.

Call to action!

We invite others to join the 250 Pelican Initiative members tackling these challenges – partners in the South are particularly welcome.
<http://www.dgroups.org/groups/pelican/index.cfm>

Photo: Georgina Cranston/ HealthLink Worldwide



Engaging communities in advocacy can help to influence policy makers

Vital development processes: sharing knowledge locally and globally

We believe participatory communication is an essential component of social change. It's up to us to actively pursue good practice in our approach. That's why we ensure we take part in global forums which lead to positive collaborations and improved directions in thinking and practice. In 2006 Healthlink Worldwide and partners attended the first World Congress on Communication for Development in Rome, Italy. This 3-day Congress brought together communication professionals engaged in development initiatives, policymakers, development practitioners, donor and civil society organisations.

But what matters is how debate translates into effective practice:

In Guatemala, the work of Asociación Payasos, Atz'anem K'oj's (The Clowns), demonstrates participatory communication in action. The Clowns use street theatre, clowning techniques and workshops to communicate with indigenous people about HIV and AIDS information. They have reached 290,000 vulnerable people in around 600 communities throughout Guatemala, and seven other countries in Central America, since 2001. They deliver performances in twelve indigenous languages plus Spanish, English and Garifuna. A recent focus is training over 120 Youth Peer Educators (YPE) in theatre, clowning and communication techniques to engage young people in health and HIV and AIDS issues.

Interview with a clown

Tony Savdié, (also known as Bopolop the clown), is coordinator of Asociación Payasos Atz'anem K'oj's communication initiative, Proyecto Payaso.

Q. You use clowning techniques to get the message across – it's not the most obvious approach – why clowns?

Tony: Clowns are the universal king's fool, free and able to tell harsh truths to people in authority. Clowns have a diplomatic immunity, they can broach difficult topics and we can get people to talk about it. So the children get there to see all the juggling while the adults get the message.

Q. You raise awareness of reproductive and sexual health and HIV and AIDS – are these issues a big problem in Guatemala?

Tony: Guatemala does not record HIV positive diagnosis, it only records AIDS defining illness and under-reports those ... If you don't generate a statistic you can rest assured that you don't have a problem. The fact is that more and more people are dying of TB at weird ages, between the ages of 30 and 50.

Q. Why did you start this work?

Tony: There might have been mainstream messages generated on the topic of HIV and AIDS but they certainly weren't percolating down to the grass roots [to indigenous Guatemalan people] because of a number of issues. One of them was language, another one was the fact health state apparatus is dominated by one ethnicity that is non-indigenous.

Q. Is this approach successful – how do you measure the impact of your work?

Tony: We've managed to, and this has been a collective effort, through advocacy and lobbying, expand the definition of what a youth at risk is... We are still not at the point where indigenous people have been explicitly named in national strategies but we are getting to that point.

Maybe a quarter of a million people, maybe more in the last six years... have all been exposed to essential knowledge.

Q. Would this approach work in other parts of the world?

Tony: It is a very universal language. We have had expressions of interest from Africa to Mongolia. We have had interest from a number of community-based organisations in Thailand and South Asia which has a big tradition of humour and making fun of things in public.

Q. What is Healthlink Worldwide like to work with as a partner organisation?

Tony: Personally I have really enjoyed working with a lot of the people who work at Healthlink over the past six years. The institutional culture fosters very democratic relationships between this organisation and partner organisations and that is really appreciated.

Access the full interview at www.healthlink.org.uk/clownsinterview

For more information about the work of the clowns go to www.proyectopayaso.org

Clowns in action, Santiago, Chile



Consultancy programme

The funding environment is challenging and unpredictable. 2006/07 was an undeniably lean period. In this transitional phase we are successfully adapting to the challenges. The future looks positive because we are

- ▶ finding fresh ways to access funding from both highly valued existing and new donors
- ▶ developing our consultancy programme to complement donor funding.

Our consultancy programme is value-driven

We remain true to our mission and values in consultancy work. Consultancy provides new opportunities to engage in joint bids with Southern partners and international consortia as well as individual initiatives.

We continue to use our innovative participatory approaches and technical expertise in consultancy work addressing

- ▶ information and communication strategies
- ▶ communication technical support and training
- ▶ strengthening learning
- ▶ making research relevant and accessible.

Our consultancy clients in 2006/07 include:

- Bernard van Leer Foundation:** literature reviews; discussion groups; knowledge sharing processes; information hubs on HIV and young children, diversity and young children.
- CINI India:** technical support to adapt Memory Work processes.
- DFID:** communication analysis for Central Research Department; supporting communication strategy development (DFID Bangladesh); documentation support for annual staff communication conferences.
- Gamos Ltd:** supporting knowledge sharing research.
- InfoDev/World Bank:** framework paper on use of ICTs in developing country health sector.
- Interact Worldwide:** strengthening capacity of partner organisation (Uganda) for health communication and knowledge sharing.
- LEPRA:** strengthening communication, advocacy and information management capacity of communities (India).
- Liverpool School of Tropical Medicine:** communication support for AIDS research programme; HIV and AIDS mainstreaming toolkit evaluation; communication support for EQUI-TB Knowledge Programme.
- Save the Children UK:** capacity development for memory work (Ethiopia).
- Search for Common Ground:** radio for peace-building project evaluation (Africa).
- UK Consortium on AIDS and International Development:** AIDS portal website development support.
- USAID/John Snow International:** strengthen learning for polio communication.
- WHO/Health Action International:** advocacy capacity development to improve access to essential medicines.

We're particularly proud of our consultancy work with LEPRA UK

Project:

Lepra (India) Mayurbhanj Integrated Community Health Project (MICHP)

Purpose:

To improve access to health information for rural communities, community health workers and other stakeholders to improve prevention and treatment of malaria, TB and leprosy

Consultancy brief:

Design and implement the communication and advocacy component of the project

Duration:

2006–2011

Healthlink Worldwide works with Lepra India to strengthen information materials production and communication processes, while improving gender and disparity awareness. Our training approach, QUEST, has been invaluable in enabling a joint approach to developing communication solutions. The project has examined participatory communication, information needs assessment and involving stakeholders. Community information management issues and communicating for advocacy are tackled too.

At the end of Year One, MICHP is firmly established following enormous input into raising awareness among stakeholders at all levels. We know that community mobilisation is working because ordinary people have formed 363 Village Health Committees and villagers facilitated by project staff are running 40 Panchayat Health Resource Centres.

Perhaps Healthlink Worldwide's David Curtis captures the significant outcome; he reports there is *'newly found respect for local (indigenous knowledge) and thus the importance of community participation at all levels of the project [...] one participant commented they had moved from simple IEC [Information Education Communication] development to communication for social change.'*

Financial summary

Our decision to change our accounting year coincided with the end of a number of large projects, as well as a number of funding cuts and delays in in-flows in both grant and consultancy income. This has led to a major restructuring, including a significant reduction in staff and overhead costs to arrive at a more sustainable expenditure level.

In 2005/7 our total income was £1.8m, a decrease of 35% on 2004/5. Total grant income was £1.4m, a decrease of 35% on 2004/5. Total income from consultancy was £367k, a decrease of 40% on 2004/5. Total income from trusts, foundations and individual giving was £32k, an increase of 19% on 2004/5. We ended the accounting period with a deficit of £315k, which has been financed by arranging a loan and overdraft facility. Our projection for 2007/8 indicated that we will be trading positively through the year and will begin to address the overall deficit, leading to a position in 2008/9 when we are again building positive reserves. A carefully managed two-year business plan is in place to guide the process.

We have set a funding target of 60% of our income from grants, 30% from consultancy and 10% from trusts, foundations and individual giving with an annual target of £2.3m for 2007/8. Our financial planning using three year funding cycles and projections has improved our ability to manage change. In addition we have built in an effective risk model to manage the

successes and failures of funding and tendering proposals. An initial scoping of our income for the next few years indicates a need to continue a reasonably high level of fundraising activity to meet our targeted levels of income.

STATEMENT OF THE COUNCIL OF MANAGEMENT

The summarised accounts, which are not the company's statutory accounts, are extracted from the full unqualified audited accounts for the eighteen month period ended 31st March 2007, which will be approved by the Council of Management and subsequently submitted to the Charity Commission and the Registrar of Companies. The summarised accounts may not contain sufficient information to allow a full understanding of the financial affairs of the charity. For further information, the full accounts, the auditors' report on those accounts and the Council of Management's Annual Report should be consulted. Copies can be obtained from Healthlink Worldwide (Finance Department) at 56-64 Leonard Street, London, EC2A 4LT, UK.

Signed on behalf of the Council of Management:
Rebecca Macnair
Chair of the Council of Management

AUDITORS' REPORT TO MEMBERS OF HEALTHLINK WORLDWIDE

We have examined the summary financial statements set out on page 13.

RESPECTIVE RESPONSIBILITIES OF COUNCIL OF MANAGEMENT AND AUDITORS

The Council of Management are responsible for the preparation of the summary financial statements.

We have agreed to report to you our opinion on the summarised statements' consistency with the full accounts.

BASIS OF OPINION

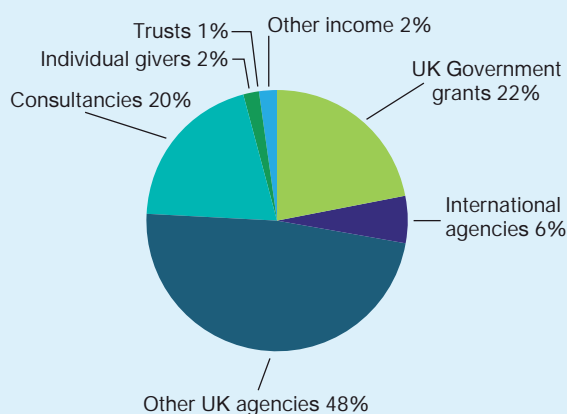
We conducted our work in accordance with Bulletin 1999/6 'The Auditor's Statement on the Summary Financial Statement' issued by the Auditor's Practice Board for use in the United Kingdom.

OPINION

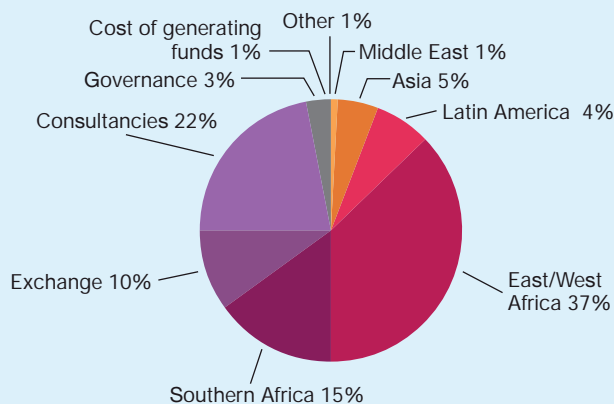
In our opinion the summary financial information is consistent with the full financial statements for the eighteen months ended 31st March 2007.

Wilkins Kennedy
Greytown House
221/227 High Street
Orpington
Kent BR6 0NZ

Incoming resources 2005/7 (£1.83m)



Resources expended 2005/7 (£2.53m)



Percentages on the graphs do not equal 100% due to rounding.

STATEMENT OF FINANCIAL ACTIVITIES FOR THE EIGHTEEN MONTHS ENDED 31 MARCH 2007

	2005/07	2004/05
	£	£
Income	1,834,750	2,832,705
Resources expended	(2,537,835)	(2,861,094)
Surplus (Deficit) for the year	(703,085)	(28,388)
Funds at beginning of the year	396,265	424,653
Funds transfer	(8,300)	-
Funds at end of the year	(315,120)	396,265

BALANCE SHEET AS AT 31 MARCH 2007

	2005/07	2004/05
	£	£
Fixed assets	4,360	15,671
Current assets	140,614	510,122
Creditors: falling due within one year	(68,483)	(129,528)
	76,490	396,265
Being:		
Restricted funds	163,990	265,224
Unrestricted funds	(479,109)	131,041
	(315,120)	396,265

DONOR INFORMATION

	2005/07	2004/05
	£	£
Comic Relief UK	866,304	507,029
Department for International Development	407,699	1,296,455
Humanist Institute for Cooperation with Developing Countries	11,055	45,399
Interchurch Organisation for Development Cooperation	-	48,559
International Family Health	-	174,000
Misereor	59,180	69,530
Individual giving	32,360	25,080
Other donors	44,640	3,120
Consultancies	367,733	616,880
Other income	45,779	46,654
	1,834,750	2,832,706

Thank you

THANK YOU

The people who helped us make change happen in 2006/07 were:

Ajahma Trust

Comic Relief

Department for International
Development, UK

Department for International
Development, India

HIVOS

Kellogg Foundation

Misereor

Light for the World

Many individuals and organisations supported us.

Thank you - we count on your generosity and commitment.

YOU CAN MAKE CHANGE HAPPEN TOO - PLEASE SUPPORT US

Whether it's one-off donation or a longer term commitment - we welcome your financial support to bring about change.

Online: www.healthlink.org.uk/about/donate.html

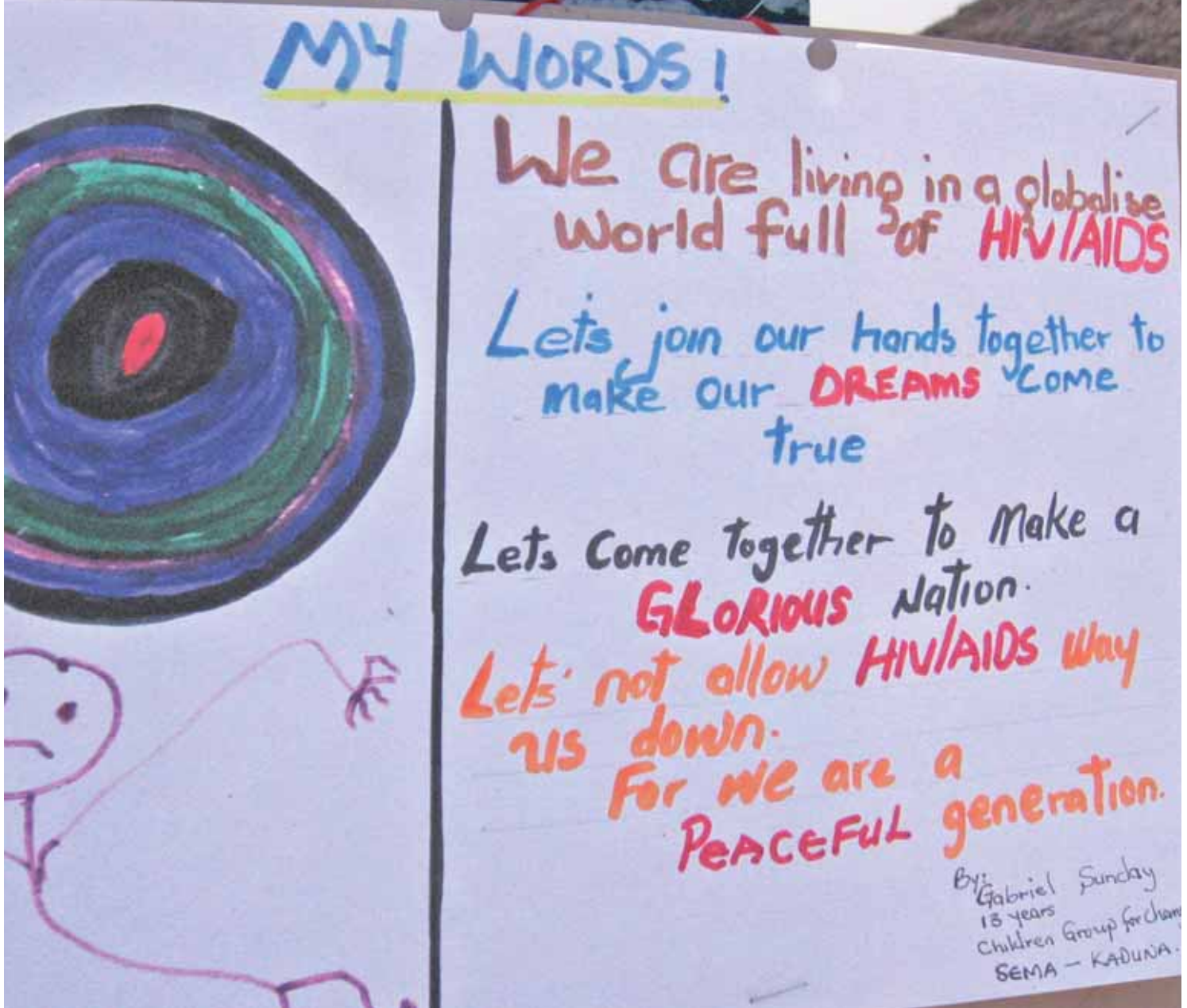
By phone: credit card donation line +44 (0) 1732 520311

By cheque: made payable to Healthlink Worldwide and send to Healthlink Worldwide, 56 -64 Leonard Street, London EC2A 4LT, UK



INVESTOR IN PEOPLE Registered Charity No. 274260. Company Limited by Guarantee. Registered No. 1322161 (England)

Healthlink Worldwide works to improve the health and well-being of marginalised and vulnerable communities in developing countries. Our aim is to help less advantaged communities voice their own health needs and priorities, and to ensure that voice is heard.



'The person who wears the shoe knows where it pinches – so if you want to make a difference listen to them.'

Dr. Indu Capoor
CHETNA