

Healthlink Worldwide

(A Company Limited by Guarantee)

Report & Financial Statements

30 September 2005

Healthlink Worldwide (A company limited by guarantee)

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Healthlink Worldwide (A company limited by guarantee)
Legal and Administrative Details

For the Year Ended 30 September 2005

Status	The Organisation is a charitable company limited by Guarantee, incorporated on 20 July 1977 and registered as a charity on 15 September 1977.	
Governing Document	The Company was established under a Memorandum of Association, which established the objects and powers of the charitable company and is governed under its Articles of Association.	
Company Number	1322161 (England and Wales)	
Charity Number	274260	
Registered Office and Operational Address	Development House, 56-64 Leonard Street London EC2A 4JX	
Honorary Officers	Ms. Rebecca Macnair	Chair
	Mr. Prakash Kurup	Treasurer
	Mr. Andrew Scheiner	Secretary
Executive Director	Bernard Trude	
Bankers	National Westminster Bank 1 Hatton Garden London EC1M 1DU	
	HSBC Bank plc 20 Eastcheap London EC3M 1ED	
Solicitors	Pitmans 47 Castle Street Reading RG1 7SR	
Auditors	HLB Vantis Audit PLC 66 Wigmore Street London, W1U 2SB	

Healthlink Worldwide (A company limited by guarantee)
Report of the Council of Management for the Year Ended 30 September 2005

The Council of Management presents its report and audited financial statements for the year ended 30 September 2005.

Legal and administrative information set out on page 2 also forms part of this report.

Aims and Objectives of the Charity

Healthlink Worldwide is a specialist communication and information organisation that works in partnership with other organisations in developing countries to strengthen the local provision, use and impact of health communication and to support advocacy initiatives to increase participation and inclusion. The organisation was founded in 1977 and called Appropriate Health Resources and Technology Action Group (AHRTAG). It changed its name to Healthlink Worldwide in June 1998.

Mission

Healthlink Worldwide works to improve the health and well-being of disadvantaged and vulnerable communities in developing countries, by working in partnership to strengthen the local provision, use and impact of health communication and to support advocacy initiatives to increase participation and inclusion.

Vision

To work towards a world where there is equitable access to health care and where a person's participation in decision-making for social change is not solely dependent on wealth or social status.

Programme Approach

Healthlink Worldwide encourages approaches that address the social, cultural and economic aspects of vulnerability to poor health. Healthlink achieves this in multiple ways through:

- Working in collaboration with over 50 partnerships across 30 countries, ranging from community-based organisations (CBOs) to national networks of Civil Society Organisations (CSOs), as well as academic and government institutions.
- Managing practical communication projects with partners engaging with, and promoting the voices and dialogue of vulnerable groups and communities, including people living with HIV and AIDS, disabled people, children and young people and vulnerable women.
- Helping develop appropriate communication strategies, promoting good policy and practice, and strengthening the local provision, adaptation, use, dissemination and impact of health information and communication through capacity development, training and technical support.
- Strengthening information and knowledge management at a range of levels with developing country stakeholders through capacity development, training and technical support.
- Providing access to an evidence base of information resources in health and disability through its online information support centre, Source (www.asksource.info) and supporting a network of partner resource centres and other e-platforms.
- Hosting the innovative DFID-funded Exchange programme on health communication for five years and now integrating Exchange into the core of Healthlink's programming activity. Exchange has worked with over 100 organisations and institutions in 34 countries.

Specialisation

- Health speciality in HIV and AIDS, sexual health, child health, disability, tuberculosis and malaria.
- Promoting and facilitating capacity building in communication, information & knowledge management and learning.

Strategic goals 2004-2007

In 2004, Healthlink Worldwide set out an ambitious three year programme of work based on seven broad strategic goals. These provide a framework from which more detailed plans have emerged to guide the various activities of the organisation.

1. Develop and strengthen a programme approach.

This includes developing and strengthening sustainable partnerships and networks, scaling up programmes as appropriate, and developing broader constituencies of partners.

2. Encourage and promote participatory approaches to health communication.

This aims to place users at the centre of communication processes, increase engagement of end users and provide more opportunity for the voice of marginalised and disadvantaged communities to be included in the development of policy, practice and resource allocation.

3. Increase communication capacity.

This involves providing training in developing communication tools and participatory processes, working with a broader range of media, and working with local knowledge and community-based solutions.

4. Work with a rights approach and support partner and beneficiary efforts with their advocacy.

This involves challenging discrimination, prejudice and abuse of human rights, particularly for vulnerable groups. It means strengthening the capacity of those we work with to advocate for their own rights and entitlements, and to support that advocacy at an international level when requested to do so.

5. Increase networking and learning.

This includes increasing the dialogue, review and reflection processes to promote the sharing of information, knowledge and learning and incorporating learning into new programming activity.

6. Strengthen the governance, structure and operational capacity of Healthlink Worldwide.

This involves developing systematic approaches to programme development, improved efficiency through the use of project management systems, improved monitoring and evaluation systems, progress towards becoming a learning organisation, strengthening our identity, improving cost effectiveness and strengthening our governance.

7. Diversifying the funding base.

This involves adjusting our funding strategy to reflect the changing donor environment and the changing development paradigm to secure strategic donor funding, increase consultancy work and increase the range of donations from trusts and individuals, as well as activating funding streams in the North and South.

Organisational governance

Healthlink Worldwide is an association of its members and is governed by a Council of Management, elected from amongst the members of the association.

The number of members of the Council of Management is between five (minimum) and fifteen (maximum). A third of the members of the Council of Management in any year will constitute a quorum at Council meetings held quarterly, unless otherwise determined.

Council members are elected by the members of the Association at the Annual General Meeting, including the election of the Council members to replace those retiring. One third of the members of the Council of Management retire at each Annual General Meeting. Retiring members are also eligible for re-election.

Members of the Council of Management

Members of the Council of Management, who are also trustees under charity law and who served during the year and up to the date of this report, are as follows:

Ms Rebecca Macnair	Mr Youssef Hajjar
Mr Prakash Kurup	Ms Liz Barnett
Mr Douglas Soutar	Mr Tim Martineau
Ms Mary Tamplin	Mr Andrew Scheiner
Ms Indira Biswas-Benbow	

The officers of the company throughout the year were as follows:

Ms Rebecca Macnair	Chair
Mr Prakash Kurup	Treasurer
Mr Douglas Soutar	Secretary (resigned 18 May 2005)
Mr Andrew Scheiner	Secretary (appointed 18 May 2005)

Members of the charitable company guarantee to contribute an amount not exceeding £1 to the assets of the charitable company in the event of winding up. The total number of such guarantees as at 30 September 2005 was 9 (2004 – 9).

Healthlink Worldwide's staff are managed by the Executive Director and grouped into teams as follows:

- Programmes (PS)
- Communication, Development and Production (CDP)
- Information and Knowledge Systems (IKS)
- Finance and Administration (F & A)

A team head manages each team, which together with the Executive Director and the Director of the Exchange Programme form the senior management team. Healthlink Worldwide also hosts and helps manage the Exchange Programme, a networking and learning programme on health communications. The Director of Exchange manages the Exchange team.

Related Parties and Connected Organisations

- Healthlink Worldwide continues to collaborate with a wide range of other organisations pursuing similar goals.
- Healthlink Worldwide, the Centre for International Child Health, Exchange and Handicap International are partners in Source – the International Information Support Centre on health and disability.
- Healthlink Worldwide’s Executive Director is part of a group of 11 other directors of medium-sized international NGOs (DOMINGOS). This group exists for the purpose of exploring ways in which their organisations might work more closely together.
- Healthlink Worldwide continues to be a member of the British Overseas NGOs in Development (BOND), the Association of Chief Executives of Voluntary Organisations (ACEVO), International Disability & Development Consortium (IDDC) and UK NGO Aids Consortium.
- Exchange is a member of the Communication Initiative which is a global network of practitioners
- Our involvement in the work of the UK Consortium AIDS and International Development continues to be strong, with Sarah Hammond - Healthlink Worldwide’s Head of Africa and Latin America Programme being re-elected for a second (and final) year as Chair of the UK Consortium on AIDS and International Development and a member of the Executive Committee. We are also more involved in the working groups of the Consortium, particularly the Orphans and Vulnerable Children and Mainstreaming groups.
- HLWW is also involved with the International Development and Disability Consortium (IDDC), the Pakistan Development Network and the Palestine Platform Working Group with DFID and BOND, and the African Health Information and Libraries Association (AHILA).

Review of Activities and Future Developments

Summary

The year started with a plan to work on a wide range of projects coming to an end; a significant proposal writing exercise, a huge amount of deliverables on our existing grant and consultancy work, and some substantial opportunities that needed following up and developing. In January 2005 the Exchange funding was cut after nine months of negotiations with DFID. This intensified the financial challenges we had already been working with. This unexpected decision by DFID, combined with other changing donor priorities have resulted in a review of the direction of the organisation.

The process involved looking at how the organisation prioritised its work and how we could increase the speed of diversifying our funding base. We carried out a review of the business model for the organisation, our existing two-year work plan, our staff complement and the way we secured and delivered our consultancy work. We also looked at our existing programme strategy and focus and started planning as to how we could best integrate the networking and learning work carried out by Exchange into the HLWW programme.

We ended the financial year with a £130K surplus on unrestricted funds. This was achieved through reducing overhead expenditure, the freeing of recruitment and one redundancy. We also increased our efforts in securing a variety of funding.

Despite having to deal with several funding shocks, we have: delivered a significant amount of programme work; accelerated the diversification of the funding base; resolved some structural problems and created a lot of new opportunity. We move forward in 2006 with a great deal of confidence to position and build the reputation of HLWW as a specialist health communication organisation.

Diversifying our funding base

We made a substantial effort in looking for different ways to raise money. We had mixed results with grant funding and made substantial progress on bidding and winning consultancy work. We also began to clarify fundraising efforts to trusts and foundations.

In 2004/5 our total income was £2.8m, an increase of 7.5% on 2003/4. Total grant income was £2.16 million, an increase of 4% on 2003/4. Total income from consultancy was £617K, an increase of 55% on 2003/4. Total income from trusts, foundations and individual giving was £26K, a decrease of 52% on 2003/4. Our unrestricted reserves were £131K compared with £14K in 2003/4.

We looked ahead at funding trends and refined our three year funding cycle process and risk model. We hope to maintain 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 £2.5m for 2005/6. An initial scoping of our income for 2005/6 indicates a need to continue a reasonably high level of fundraising activity to maintain current levels of income.

Programme Development

Currently we have a focus on the health and well being of children and young people, improving women's health, tackling HIV and AIDS and improving sexual health and combating malaria, TB and other communicable diseases. HLWW works in over 50 partnerships in more than 30 countries to help local organisations and marginalised communities better represent themselves in local, national and international forums.

Africa regional overview:

Strengthening support for orphans and vulnerable children affected by HIV and AIDS.

The project partner is 'The Nigerian organisation Mothers Welfare Group' (MWG) with funding from Comic Relief for three years from 2003-6. The project offers new and innovative ways of working with children and has been instrumental in forging appropriate ways of communicating for all those involved. The MWG was founded over a decade ago in Kaduna, northern Nigeria. It is an independent organisation working in integrated rural development with HIV/AIDS orphans and vulnerable children and their families. Currently it supports 30 community schools, runs 12 health posts and 3 in-patient clinics. The second year of the project has seen huge progress being made to help families affected by HIV and AIDS.

Encouraging communication between parents and children on sensitive issues has been, at times, challenging. In 2005, four parent-children meetings were organised which, after overcoming some reluctance for men, women and children to sit together, proved to be an effective way to address HIV and AIDS issues, and encourage honest and respectful dialogue. Ideas for making the meetings relaxed and informal included organising a party for children, mothers and guardians, where parents could share their experiences with their children without feeling self-conscious.

A tour of 17 districts in northern Nigeria was very well received. Over 700 people participated in the programme in each of the districts, the majority youth and children. Drama activities were organised in four different areas, and had an impact on communities and changed attitudes. Feedback demonstrated that taking part improved confidence and self-esteem in the children.

Resource Centre development workshop: A resource centre development workshop, hosted by the Mothers Welfare Group (MWG) was held in Kaduna, Nigeria, 26-30 September 2005, as part of the project. The workshop provided basic skills in setting up and running a resource centre, based on the Healthlink manual, as well as an opportunity to explore the challenges and opportunities in HIV/AIDS information and communication work within Nigeria. There were 30 participants of varying backgrounds, and the highly participatory nature of the workshop allowed members to share their own experience and make contacts.

International Memory Project (IMP)

This was the first year of the International Memory Project (funded by Comic Relief) - £1m project running over four years. This project works directly with our partner, the National Association of Women Living with HIV and AIDS (NACWOLA) in Uganda to expand their successful 'Memory work' to Tanzania, Zimbabwe and Ethiopia, and support learning about the approach in Kenya. The project works with families where one or more of the parents are living with HIV and AIDS, providing support to parents to help the family cope with the situation and plan for the future.

Memory work and training includes practical guidance on communication and planning to make the future more secure through: reinforcing a sense of belonging; identifying guardians; helping ensure the continuity of family history; identification and lineage; the reduction of self-stigma and discrimination; planning to meet basic needs and promoting appropriate distribution of property and other assets.

The first year of IMP - 2004/5 has seen the initiation and establishment of memory work through the network of partner organisations: Family AIDS Caring Trust (FACT) in Zimbabwe; Hiwot HIV and AIDS prevention care and support organisation (HAPSCO); TILLA association of women living with HIV and AIDS (TILLA) in Ethiopia; Kilimanjaro Women's Group Against AIDS (Kiwakkuki) in Tanzania; the expansion of memory work in Uganda through (NACWOLA) and Kenya AIDS NGO's Consortium (KANCO) in Kenya.

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The IMP Master Training of Trainers workshop for partner organisations took place in March 2005 with representatives from 6 partner organisations. This set the foundation for memory work in Africa:

- 10,980 people have been directly involved in sensitisation activities across the different participating countries
- 150 people have been trained as Trainers of Trainers at a regional level or country level.
- 1,038 parents, guardians, carers and community volunteers have been trained in memory work approaches
- 120 children have been shown the methods of memory work
- 425 memory books have been written.

Consolidating the work going on within HIV/AIDS communications

This has been a key year for the HIV and AIDS communication work funded by Humanistic Institute for Cooperation with Developing Countries (HIVOS), The Netherlands-based and Interchurch Organization for Development Cooperation (ICCO). Key events during the year have been the monitoring and evaluation learning forum in Kenya (May 2005), research on community-based treatment literacy (ongoing), resource centre training with partners (Sept and May 2005), and our first Communicating for Advocacy workshop in Africa (August 2005).

Support to International Partnership against AIDS in Africa (SIPAA)

This programme is managed by ActionAid Africa and funded by DFID as part of the broader support it is giving to the International Partnership against AIDS in Africa (IPAA). IPAA is led by UNAIDS to mobilise and support an 'extraordinary' response to HIV and AIDS in Sub-Saharan Africa and strengthen coordinated national responses to HIV and AIDS in a group of African countries. The African countries involved include Burundi, Ethiopia, Ghana and Rwanda and the more recent additions of Cameroon, Lesotho, Nigeria, Swaziland and Tanzania, with Kenya and Uganda as the key 'learning' countries. Programme activities are being implemented and coordinated within each partner country under the leadership of the National AIDS Councils (NACs).

HLWW was contracted by ActionAid International to deliver the documentation and learning component for SIPAA to capture the benefit, learning and impact of the programme. Activities were designed to meet country-level needs and build capacity of NAC staff. It has been an intense year for HLWW, with the delivery of learning forums, the provision of technical support to the NACs and the development of the learning publication. Employing James Kimani as the Documentation and Learning Coordinator in Kenya provided substantial networking and linkages on the ground.

The inter-country learning activities have been essential to the success of the Documentation and Learning component of the SIPAA programme. The activities focused on the NACs and their partners own learning in order to derive maximum benefit from the opportunities to share experiences across the selected countries. The activities organised by HLWW have included:

Learning networks - SIPAA learning networks offer a way to share experiences and lessons learned the processes of documentation, or other emerging issues that concern SIPAA stakeholders. Forums were created through e.mail as a result of the two resource centre training workshops and after the information and knowledge management learning forum held in Lesotho. They promoted the continued sharing of learning between participants and a 'community of practice' developed, focusing on information and knowledge management and resource centre management. This increased the level of interaction between participants, as well as the flow of information between the NACs.

Learning forums - The learning forums bring key practitioners together to consider how they 'learn from work on the ground; it also provides a space to share knowledge, skills and experience. It offers a chance to explore existing opportunities for learning as part of work and examine methods for analysing and learning from experiences.

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The learning forum held in Lesotho in February 2005 focused on Information and Knowledge Management (IKM). Participants shared learning, knowledge management and evaluation tools and looked at key elements of strategies for learning and communication. They also worked together on a range of common challenges such as developing a classification scheme, engaging communities in Resource Centre development, and advocating within their organisations for strategic investment in information and communication.

Learning exchanges and visits - HLWW co-ordinated a number of learning exchanges between different SIPAA countries. These included:

- The Tanzania NAC who visited Kenya and Uganda
- The Lesotho NAC who visited Uganda and Botswana
- The Ghana and Cameroon NACs who visited Uganda

Technical support - following on from the information needs assessments and resource centre development workshops, specific technical support around information and knowledge management was provided to three National AIDS Councils in Zanzibar, Swaziland and Ethiopia.

- *Zanzibar* - Support to set up the National AIDS Resource Centre
- *Swaziland*: Support to set up the internal resource centre within NERCHA, including designing the classification scheme, and collection policy and advising on database system. During this time, planning began around how to progress with setting up a National HIV and AIDS Resource Centre.
- *Ethiopia*: National information and knowledge management strategic framework, Ethiopia

Healthlink worked with the Ethiopian National AIDS Council (HAPCO) to develop a national information and knowledge management strategic framework.

Latin America regional overview

We continue to explore and assess the viability and potential of the Latin America Programme. Four major proposals for work in the region have been submitted for consideration by funders. We have continued to look at regional funding options, including United States foundations and trusts, and have some interest from the Kellogg Foundation. We continue to have strong partners in Peru, Brazil and Guatemala, and have developed some interesting case studies and evaluations of their work over the past year.

Middle East regional overview

All of the existing projects in the region came to an end during 04/05. HLWW have had a significant programme of work in Palestine for many years. There had been a substantial advocacy effort with our partners to try and resist the impending cuts in funding but these were not successful. All existing projects were completed and reports to donors submitted.

'Management Improvements in Primary Health Care Phase II:' September 1999 – March 2005.

Project partner - Birzeit University (Palestine), Institute of Community and Public Health (ICPH) in Palestine – donor DFID. The project's purpose over the five and a half year period was to upgrade existing human resources working in the health sector in Palestine. Through upgrading human resources it was hoped that a rehabilitation and reconstruction of the health care system would be partially achieved. This project did foster dialogue and co-operation between the three sub-systems of health care; those of the governmental health sector and the non-governmental organisations as well as United Nations Relief and Works Agencies (UNRWA). It also increased its Alumni Forum and other advocacy channels to influence health and other related policies in the area.

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Despite the deteriorating situation, faculty and staff have developed and maintained a high quality programme, delivering: a full teaching programme throughout the project with successful graduation for each year of the project; firmly established and developed an active Alumni Forum; supported development of national policy and debate on community and public health issues with PA institutions, UNRWA, local and international NGOs; developed a high quality public health resource library open to the public; and supported staff in developing quality teaching, including the development of innovative teaching through distance learning, achieving far beyond the programme's expectation. The end of project joint review was undertaken in Ramallah in December 2004, with faculty staff, DFID and HLWW.

Asia and South East Asia regional overview

There was significant activity in concept development and proposal writing to the main UK and some European donors, along with the development of consultancy opportunities and a push to explore new sources of funding such as in-country funds. This has afforded a revised view of our ideas around partnership in the region as we continue to examine our relationships. We are seeing an emerging trend in Asia for donors to use a tender process rather than a grant mechanism, which again demands new working relationships with existing and new partners. The main areas of work continue to be in advocacy, disability and sexual and reproductive health including HIV and AIDS. There is still a regional focus with an emphasis on India and China.

Establishing the China programme

A great deal of preliminary work continued with our partner, 'China HIV/AIDS Information Network' (CHAIN). This included the development of a more formalized partnership agreement, the temporary recruitment of a CHAIN Coordinator in Beijing and the setting up of office space. The Executive Director visited China with the Head of Programmes Asia and Head of Information Knowledge Systems in April 2005 resulting in the HLWW/CHAIN partnership being officially established with approval of the Chinese government. We also carried out a follow up to the previous resource centre training, which proved useful in positioning the partnership within CHAIN's current daily activities. CHAIN are well placed in China for all necessary HIV and AIDS information work. They can act as an important bridge between government and communities. Supporting this area of communication is seen as an area of growth for HLWW.

'Strengthening the voice of vulnerable groups in India'. – Communicating Health India Network (CHIN)

This project, which runs from 2002 – 2007, is funded by DFID CSCF. The purpose is to increase the capacity of the partner NGOs to empower vulnerable people to lobby for better health and social development policies and practices and change public attitudes. The four India partners: Centre for Health, Education, Training and Nutrition Awareness – (CHETNA) - Gujarat; Child in Need Institute – (CINI) – West Bengal; Rural Unit for Health and Social Affairs– (RUHSA) – Tamil Nadu, and Christian Medical Association of India – (CMAI) - New Delhi, formed the CHIN partnership with Healthlink. It was a busy year for CHIN, which saw a secretariat and partners meeting, a project review, and advocacy workshop and QUEST for all partners. (See p16 for detail on Quest). The reflective learning period for CHIN was highlighted in a very open mid-term review and in discussions in the post QUEST follow up. A strategy for HIV and AIDS work in India is being developed working closely with CHIN partners and others to ensure successful implementation.

Cross regional activities

Inclusive communication for disability: strengthening South-to-South communication:

This project aims to ensure that disabled peoples organisations (DPOs) represent those at the grassroots, and include their voices in advocacy and policy formation. The project partners are: Southern African Federation of the Disabled (SAFOD); Central African Federation of the Disabled (FACAPH); Social Assistance and Rehabilitation of the Physically Vulnerable (SARPV) and Centre for Services and Information on Disability (CSID), Bangladesh; Blind People's Association (BPA) and Amar Jyoti, India. The funder is DFID and runs from 2003-2006.

This project builds on previous disability communications work with the partner organisations involved. Key events during the year included a work with young people in Cameroon to document their experiences through photography, production of Disability Dialogue and advocacy workshop in Southern Africa. We also held a photography exhibition in DFID offices in London and East Kilbride, exhibiting the photos from both Bangladesh and Cameroon.

Communicating for Advocacy programme

The Communication for Advocacy (CFA) project began in July 2002 and has helped to develop the capacity of a number of NGOs and community groups across Asia to influence policy and practice in the region. The project has four key partners, including Healthlink Worldwide. The others are;

- The Health Action Information Network (HAIN), Philippines
- Cambodia Health Education Media Service (CHEMS);
- Social Assistance and Rehabilitation of Physically Vulnerable (SARPV) Bangladesh.

These southern-based organisations are highly regarded for their work in health, media, disability and development. They provide practical support for marginalised communities and raise awareness of the issues affecting vulnerable community groups. Project activities have included a series of training workshops, support for networking, and the development of a training manual for the CFA partner organisations. This is a three year joint funded project by DFID and local organisations. (2002-2005)

The first collaborations, held in Cambodia, the Philippines and Bangladesh in 2003, resulted in 17 workshops for local NGOs and community organisations, which focused on the theory and practice of advocacy for community groups and communication skills development. The workshops provided an excellent way to develop CFA contacts and links and now CFA supports a network of over 360 organisations across the region.

Some of the achievements of CFA to date are: 5-6 core regional partners became CFA training organisations with at least 10 community groups trained by each of the core partners; the development of a CFA manual; 6 CFA workshops with core partners from India, Bangladesh and Thailand with a plenary workshop and meeting was organised in Cambodia; SARPV also organised the successful 'Seeing in the Dark' Exhibition in India. This is an experiential installation in which people with disabilities and visually impaired people were involved in the planning process, direction and management of the installation; in 2005 an exhibition of the Photovoice work from SARPV took place in the DFID Atrium in London and in East Kilbride.

HAIN have been working with five core partner organisations from the Philippines, Mongolia and Sri Lanka. Workshops have focused on reproductive and sexual health, advocacy for the Peoples Health Charter (Sri Lanka) and community-based advocacy work; CHEMS have been working with five partner organisations from Laos, Cambodia and Thailand. The results included the development of leaflets on HIV/AIDS, a radio spot, a public safety awareness TV slot (Laos), a newsletter based on the workshop and theatre performances and community drama by two of the core partners in six local areas.

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As a sign of CFA's continued expansion and development, a CFA workshop was held in Nazareth, Ethiopia from 22-26 August 2005. It was attended by 30 participants from 22 organisations from seven countries in Africa. The workshop was organised by Hiwot HIV and AIDS Prevention, Control and Support Organisation (HAPCSO) in Ethiopia and facilitated by HLWW. This workshop was part of HLWW's project, "Enhancing HIV communications in Africa" which seeks to contribute to the global effort to bring the HIV and AIDS pandemic under control.

The Disability Knowledge & Research Programme – (D-KaR)

The D-KaR programme was funded by DFID. This was the second year of this consultancy, in collaboration with the University of East Anglia, Overseas Development Group (ODG). It was designed to generate knowledge to support improved disability related policies and practice, as well as facilitating better methods to increase the influence of poor people on the policy agenda. HLWW had a role in the programme management group; responsibility for the Disability Policy Project, and management of the communication and dissemination.

The Policy Project was created to assist DFID in developing policies and processes to support the mainstreaming of disability. This involved the placement of the Disability Policy Officer in DFID to provide expert technical policy analysis and support to DFID on disability issues, while ensuring that other parts of the programme were responsive to DFID's needs.

Key outputs were: a detailed mapping of the work on disability within DFID; further research commissioned by the Policy officer in India, Cambodia and Rwanda; a final report called, "Disability, Poverty and the Millennium Development Goals: Relevance, challenges and opportunities for DFID". This brought together all of the Policy Officer's work as well as findings from other parts of Disability KaR in a comprehensive set of recommendations on the way forward for DFID and disability.

The knowledge and communication component included: developing a communication strategy; designing and managing three roundtables; newsletter production; producing the learning publication and organised its dissemination; managing the website and online forums, with Source overseeing the information and knowledge management.

During the Autumn of 2004 to Spring 2005 HLWW organised three roundtables, in collaboration with three southern-based disabled people's organisations :

Roundtable 1: The theme: Disability, poverty and the Millennium Development Goals (MDGs). It was hosted by the Federation of Disabled Organisations in Malawi with 39 participants from 12 countries. The aim was to highlight the links between poverty and disability and the relevance of disability to achieving the MDGs. It focused on the African Decade of the Disabled 2000-2009, and was integral to the development of the disability research prospectus that forms a central part of the Disability KaR programme.

Roundtable 2: The theme: Mainstreaming disability in development. It was hosted by the Blind People's Association in Ahmedabad India with 49 participants from 10 countries. The aim was to discuss 'How to' mainstream disability in development and consider the experience of the Biwako framework for an inclusive, barrier-free and rights-based society for people with disabilities in the Asia-Pacific region.

Roundtable 3: The theme: Disability Mainstreaming in practice: It was hosted by the Disability Action Council in Phnom Penh, Cambodia with 64 participants from 7 countries. The aim was to examine practical examples and share knowledge and experience of disability mainstreaming in education. It built on the UNESCO regional conference celebrating 10 years since the Salamanca Statement, examined the development of inclusive education, and shared lessons from the Lao PDR and recent initiatives in Cambodia.

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The roundtables provided a space for discussion and dialogue between policy makers and practitioners, including disabled people's organisations, in identifying gaps in current research. A positive aspect of the roundtables was that they encouraged face-to-face communication between the various stakeholders and created the opportunity for dialogue and learning for all attendees through sharing experience of their work in disability and development. The meetings were supported by an online forum which supported the international dialogue for people who could not physically attend.

A direct result of the roundtables was the creation of communication networks between these various disability players especially those previously marginalised such as parents of disabled children and those Disabled People's Organisations (DPO's) who lack capacity to link with policy makers. The first roundtable also played a key role in the development of the research prospectus that emerged in the form of the thematic research which was then commissioned by ODG. The prospectus covers a wide range of topics from disability statistics in the developing world, whether disabled people have a voice in the development process, the impact of the Tsunami on disabled organisations, education for children with disabilities and mainstreaming disabilities into development.

ODG created a substantial body of research which should inform policy and practice. A summary of this work is captured in the learning publication and a full text of all the research is available on the D-KaR website www.disabilitykar.net which Healthlink developed as part of the overall programme. The main deliverables were completed on time and to budget with HLWW continuing to maintain the D-KaR website and completing an additional dissemination programme of the learning publication which has been extended to May 06.

The development of the HLWW Quest Programme

HLWW developed a participatory communication training programme called Quest which assists organisations trying to develop their capacity to produce effective communication and information resources. It has been developed in recognition of the need for practical and comprehensive guidelines, relevant to a diverse audience; Quest is adaptable and can be applied at different levels and tailored to particular situations. A workshop manual and a series of practical 'How To' guides form the basic materials for the Quest programme.

HLWW also developed a 'lead group' for Quest facilitators which were established in July 2004 funded by Exchange. This is a team of 15 experienced, international facilitators from Cambodia, Egypt, Gambia, India, Kenya, Nicaragua, Palestine, the Philippines, the UK and Zimbabwe. This group has helped guide the strategic development of Quest work in the UK and overseas and engage with the method to investigate new applications of Quest. In 2004/5 there was a wide range of training and facilitation activities with the following Quest workshops delivered in 2004/5:

October 2004 - 17 members and partners of the Youth Network and Counselling Organisation (YONECO) – attended a five-day Quest workshop in Malawi. The workshop was requested by YONECO members to support in producing HIV and AIDS communication resources.

January 2005 - Atz'anem K'oj (Guatemala) - this workshop took place with the Clowns in Guatemala. This was the first Quest workshop in Spanish, and aimed to strengthen the Clown's skills in developing effective materials, but also helped them reflect on their organisational processes.

May 2005 - the Western Women's Empowerment Network, Kenya (WWEN) took part in a Quest workshop to learn how to produce quality health communication resources for people in Western Kenya. The workshop methodology and style inspired deeper questioning and reflection of the different aspects of good communication.

July 2005 - CHIN partner network - (India) - The CHIN partners requested this workshop to further their understanding of communication for social change and to assess their communications capacity within the Indian context.

Quest in Palestine – Over the past few years the Quest manual and “How To’s” have been translated into Arabic and used in a wide range of activities by the Palestinian Quest group. There is also a Pal-Quest online forum moderated by one of the workshop participants where Quest users can share ideas and experience.

International facilitators group achievements include: the online network was maintained, 7 additional facilitators/trainers added to consultants database, additional Spanish-speaking facilitator was identified for the Quest workshop in Guatemala; over 20 useful training resources of relevance to participatory facilitation and communication processes identified.

Consultancy activity in 2004/5

Consultancy work is becoming very successful both in programme and partnership development and in terms of income. Our consultancy work is now aligned with our mission and vision and affords us opportunities to engage in different work and partnerships. The financial target for consultancy is to maintain 30% of our total annual income. This should help stabilise our funding as we can use any surpluses to contribute to our core costs. This represents new ways of working as we apply our expertise in joint bids and proposals with other agencies and collaborations as well as HLWW leading on bids.

Consultancy Projects 2004/5

1. **World Health Organisation (WHO):** Supporting design and delivery of training manual and workshop on promoting rational drug use in the community. 2002 – 2004.
2. **People’s Health Movement:** Evaluation of the People’s Health Movement. November 2004.
3. **DFID:** Review of DFID’s Communication and HIV and AIDS guidance note. October to November 2004.
4. **International Community of Women Living with HIV/AIDS:** Editing and production of a project report. October 2004 to January 2005.
5. **Malaria Knowledge Programme (MKP) Liverpool School of Tropical Medicine:** Supporting the design and implementation of the communication and dissemination component of a multi-disciplinary research programme on malaria in Africa. September 2004 – March 2005.
6. **PATHS Nigeria Partnership for Transforming Health Systems:** Synthesising and editing two reports of quantitative and qualitative research on factors influencing immunisation uptake in Nigeria. May 2005.
7. **DFID and UK Consortium on AIDS and International Development:** Development of HIV/AIDS Taxonomy for DFID Aids Portal (www.aidsportal.org) June 2005.
8. **Health Unlimited:** Supporting organisational learning within Health Unlimited, including designing and facilitating a participatory learning workshop to draw out and build on experiences and learning of HU programme staff working in Laos, Cambodia, Guatemala, Nicaragua, Kenya, Rwanda, UK, and China. December 2004 and June 2005.
9. **Global Health Watch:** Providing advice and input into the communication and dissemination strategy and launch of Global Health Watch Report. July 2005.
10. **National AIDS Council, Ethiopia:** Supporting the development of a national strategic framework on information and knowledge management. August 2005.
11. **National AIDS Council, Cameroon:** Writing and producing a summary of a research study on ‘Women at the centre of responses to HIV/AIDS: Protecting and promoting rights of women and girls in Cameroon’. September 2005.

12. **Infodev (Information for Development Programme), World Bank:** Research to develop a knowledge map and framework paper on the role and use of information and communication technologies (ICT) in the health sector in developing countries. November 2005
13. **Bernard van Leer Foundation:** Reviewing and synthesising the literature around the impact of HIV/AIDS on very young children; producing two working papers, a summary Findings paper and an online information hub signposting key information resources and contacts. 2004 – 2005.
14. **Liverpool School of Tropical Medicine (LSTM):** Project to strengthen communication of the research and findings from the DFID funded Equi-TB Programme at LSTM, particularly to donors and policy makers and also working with the STI and HIV/AIDS program at LSTM to evaluate the use of a toolkit on mainstreaming HIV and AIDS. 2005.
15. **ActionAid Africa:** Documentation and learning component of the Support to International Partnerships Against AIDS in Africa (SIPAA) programme. Burundi, Cameroon, Ethiopia, Ghana, Kenya, Lesotho, Nigeria, Rwanda, Swaziland, Uganda and Zanzibar 2003-2005
16. **DFID contract in collaboration with Overseas development Group- University of East Anglia- the Disability - Knowledge and Research Programme (D-KaR) 2003-2005**

Information and Knowledge Systems (IKS)

The Information and Knowledge Systems (IKS) team was formed in October 2003 and emerged from a need both to manage the significant developments sought from our resource centre facility called Source and to further strengthen the use of electronic media for information and knowledge management as well as communication in the work of HLWW and its partners. IKS played a significant role in a range of consultancies and projects across the organisation.

Source - International Information Support Centre.

Source provides free online access to over 22,000 abstracts and full-text health and disability resources. (www.asksource.info) This facility is funded and run as a collaboration between Handicap International; the Centre for International Child Health; Healthlink Worldwide and Exchange. HLWW is a founding member of Source.

During 2004/5, significant progress was made in the digital development of Source, with an impressive new website, a range of topical key lists, two cd-roms and an increase in full-text documents available online. A promotion drive around the launch of the website has increased website users to around 5000 per month (from 3000) and regular emailing of the What's new in Source email bulletin targets over 2000 users with 60% coming from the South.

Source has established a strong brand based on the website design and is reflected in all its outputs. It contributes to an increasing number of projects to offer a body of evidence around key areas of work and to act as a powerful dissemination tool. Work continues on marketing Source, realising its potential to strengthen organisational projects and raising core funding to ensure its sustainability.

Improving access to disability information – D-KaR project

This project was a collaboration between Handicap International and Source International Information Support Centre. The project was funded through the DFID Disability- Knowledge & Research Programme (D-KaR).

The project aimed to improve access to and awareness of disability-related information (published and unpublished) produced by or for people in developing countries. This is in order to promote research, innovation, learning, training and improved practice. The goal was to improve the quality of life and well-being of disabled people in developing countries.

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The information shared included findings of research programmes, practical manuals and toolkits, training materials, and descriptions and evaluations of grass-roots projects. Highlighting access to Braille, audio-materials and web resources that are accessible to disabled people was a core aim of the project, although printed directories will also be produced.

Project outputs included

- An accessible website with access to disability resources including; key lists of essential resources in priority topic areas relating to disability and development, and signposts to other information centres and resources.
- An e-mail bulletin of 'What's New in Source'.
- CD-ROMs of the contacts and bibliographic databases.
- CD-ROMS for the Convention of the Rights of Persons with Disabilities. This includes a CD-ROM for the fifth Ad Hoc meeting, New York. The CD-ROM of 90 resources is aimed at Disabled People's Organisations, NGOs and governments.
- Directories of selected materials, resource centres and other organisations, in print, Braille and on audiocassette (as required).

The Healthlink Worldwide website

The HLWW website - www.healthlink.org.uk is an increasingly dynamic communication tool, regularly updated with stories which reflect the range of organisational projects and activities and promotes HLWW's expertise to potential clients (visitors to the site increased over the year from 4,000 a month to 10,000 a month. A redesign of the site is planned in 2006 in order to better communicate HLWW's revised focus and niche in strengthening communication, knowledge and learning.

Communication Development and Production (CDP)

During the year CDP took a lead on prospecting for consultancy contracts and overseeing marketing, training and publications production. There was a great deal of work drafting strategies and procedures; this included research into developing contract work. The team explored a number of ways to increase capacity to deliver work while keeping costs low. A major issue being worked through were changes to working practice and culture suggested by doing for-profit work in a non-profit organisation and how to manage the challenges and contradictions.

The main challenge was to develop consultancy and training within HLWW whilst meeting its significant fundraising targets and ensuring delivery of quality technical outputs. During the year there was a review of the team and its functions. This was also combined with funding issues and it resulted in the CDP team being disbanded and the work they were covering being absorbed into the existing teams or outsourced.

There was a wide range of printed materials produced during the year These included:

- 3 KaR Newsletters and a learning publication;
- SIPAA newsletter no. 1 produced in English and French; SIPAA newsletter no. 2 in French and SIPAA learning publication;
- 61-page Voices and Choices report on women's sexual and reproductive health rights in Francophone West and Central Africa: separate versions in English and French;
- Source/HI disability resources CD-ROM;
- Malaria Knowledge Programme reports (MKP) and folder and re-print of MKP materials;
- 90-page research report on mental health situation of Palestinian youth for Birzeit University;
- Annual Review 2004.

The Exchange Programme

Exchange is a networking and learning programme on health communication for development. It was funded by DFID – Health Research/Information Communication & Development from 2000 to December 2005. Purpose: Exchange acts as a catalyst for building capacity around reflection, documentation, and learning processes to improve communication and programming work among community-based organisations, national and international NGOs, networks, academic and government institutions. Exchange worked with over 80 organisations around the world to strengthen communication processes and share learning from practical experiences.

The beginning of this financial year saw the Exchange Programme finalising a new five-year operational plan to run from January 2005 until December 2009. In early January 2005, DFID announced major changes in the structure of the team that was managing the Exchange funding and changed priorities. As a consequence, long-term funding of Exchange would no longer be possible. A one-year extension to the programme was negotiated, and an emergency plan put in place to complete the existing commitments of the programme, while seeking alternative approaches to maintaining the programme's experience, skills and learning.

As the decision affected partners with which the Exchange programme works, and also affected a number of other programmes and projects with which Exchange sometimes collaborates around communication for development and social change, a number of dialogues were started with DFID and to explore options for future collaboration.

The major strategy for preserving the experience of the Exchange programme was to explore incorporating the work of the programme directly into HLWW programme activities. By mid-2005, negotiations were well progressed and a transitional plan was in place to start the integration in October 2005. By April 2006, the process will result in a new organisational structure. Exchange's expertise will continue to be available through HLWW's work with a range of partners.

Overview of the Exchange work during 04/05

The Exchange programme managed some significant achievements during 2004-05. There were four strategic elements: sharing learning; building communication capacity; using communication strategically to influence policy and practice; strengthening processes for monitoring and evaluation of impact.

Sharing Learning - Exchange continued its successful series of lunchtime discussions as one means of sharing learning. Four lunchtime discussions were held on:

- the Most Significant Change methodology for evaluating complex social change;
- communicating about malaria;
- the role of communication in meeting the Millennium Development Goals;
- the use of radio in health communication.

Exchange worked with representatives from Health Unlimited to build reflection and learning processes including research on the health conditions of indigenous people and participatory processes to undertake research for advocacy around access to health care for marginalised populations in Cambodia, Rwanda and Peru.

Other publications Exchange produced during the period include :

- a *DrumBeat* article on culture and communication published in January 2005
- a DrumBeatChat forum on culture and communication and *Findings* papers on culture and communication
- community level approaches to malaria communication and communicating research.

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Building communication capacity - Workshops were supported and facilitated in collaboration with UNAIDS and the Southern African Editors Forum (Malawi, November 2004), with the Liverpool School of Tropical Medicine's Malaria Knowledge Programme (South Africa, December 2004), with Africa Health and the ministries of health of Uganda, Kenya and Tanzania (Tanzania, October 2004), and with the Western Province Women's Empowerment Network in Kenya held in May 2005.

Influencing policy and practice - Efforts to influence policy and practice included:

- Support for Global Health Watch and the People's Health Movement to support their communication and advocacy activities in 2005, including around the launch of the first GHW report and the People's Health Assembly, both in July 2005;
- Participation on the steering group developing a World Congress on Communication for Development, being organized by the World Bank, Food and Agriculture Organisation and the Communication Initiative, planned for October 2006;
- Development of a workshop on communicating research as part of the Global Forum for Health Research held in Mumbai, India in September 2005,
- Work on a major piece of research on the use of information and communication technologies in the health sector of developing countries for InfoDev at the World Bank, which included inputs into the World Summit for the Information Society in Tunis, in November 2005.

Monitoring and evaluation of impact

- Support for work by UNICEF and its local partners around developing impact indicators for social change communication programmes in Zambia and Ethiopia;
- The launch of the Pelican Initiative discussion dialogue on communication, learning and evaluation together with the European Centre for Development Policy and Management, the International Development Research Centre and Bellanet, which has stimulated the development of case studies and new analysis, (see www.dgroups.org/groups/pelican)
- Designing and facilitating a HLWW partners workshop on monitoring and evaluation of HIV and AIDS communication in Kenya in May 2005;
- Completing a participatory evaluation of the People's Health Movement (November 2004)
- Contributing to the development of a participatory process for the evaluation of the International Foundation for Rural Transport for Development.

Administration and Financial Management activity

Accounts for 2004 /2005 were filed with Companies House and the Charities Commission following the AGM. The notification of change of Company Secretary has been filed with Companies House. Following approval at the May Council meeting HLWW switched banks from NatWest to HSBC.

Financial management development - Quarterly management accounts and end of year accounts were produced to schedule. A review of budget holders and their reporting is now under review. Work continues with all teams to produce improved analyses of core costs between funded and non- funded elements. Three-year financial projections have been drafted.

Human resources - The external assessment of Investors in People (IIP) status, which expired in March 2005, was successfully completed and ongoing IIP status secured for three years. A Human Resources audit was carried out in January/February 2005 and this has been used to inform the HR planning in the future. A new grading system was designed with the help of an external HR advisor. The purpose was to streamline the various scales and number of points throughout.

Staff changes - There has been a number of staff leaving the organisation during the year due to changes in the structure, funding decisions and re-allocation of resources to progress our strategic priorities. The following staff left HLWW during 2004/5: Christine Kalume (Head of Communication Development & Production), Kathy Al-Jub'eh (Middle East and Asia Programme Manager), Oscar

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Franklin (Administrative Assistant), Jorge Sanchez-Chiara (Latin America Programme Manager), Hawah Bunduka (Training Coordinator), Nabila Yousaf (Consultancy Development Officer), Georgina Kyriacou (Production Editor), Clare Haskins (Fundraising Coordinator). The two year contract for Philippa Thomas (Disability Poverty Officer) came to an end in September 2005. None of the above posts have been replaced. This is partly due to funding and partly due to re-thinking the nature of the posts and integrating functions into existing teams.

In addition the Administrative Assistant was made redundant as part of the cost-cutting review. We also had two interns, Steve Hamm and Marie Saldanha, working with us for several months on researching and responding to funding opportunities. This proved a useful way of providing additional skills, time and energy to the Programmes team. Our thanks for their input.

Mary Helena (Office Manager) joined and left within the year and has been replaced. Rob Vincent (Deputy Director – Exchange) and Myrrhine Crowe (Source Co-ordinator) also left and will be replaced in due course.

All the above staff contributed a great deal to the organisation during their time with us and they will all be missed. We wish them well in the future.

A temporary Head of Finance Chris Clarkson completed an eight-month contract from October 04- June 05. During this time we introduced three year funding planning and reviewed the process and format for the reporting of financial information. In the meantime we recruited a permanent Head of Finance and Administration (F&A), Richard Greenhough, who started working with us in May 05.

We were also pleased to welcome Nicola Ward (Programme Manager – Africa), with special responsibility for coordinating memory work and SIPAA.

Annual Plan & Budget for 05/06

HLWW had been working to a bi-annual plan from October 2004-06, which required a review in September 2005 to set the priorities for 2005/06 along with a budget. This plan was revised due to the projected shortfall in funding for 2005/06. It resulted in each team producing a revised work plan for the first two quarters of 2005/06 based on prioritising key objectives and making sure we deliver on a huge amount of outputs from existing grant and consultancy contracts. Our six month transition plan, started on 1st October 2005 and runs until the end of March 2006. There will be an 18 month plan running from April 2006 to September 2007.

A four point plan for going forward was submitted by senior management at the August 2005 Council meeting. It is based on four strategies:

- Develop a specific focus in our work and build capacity in the South.
- Develop a sustainable grant funded programme
- Develop a sustainable consultancy funded programme
- Intensify the development of strategic partnerships.

Organisational structure in 2005/6

The new financial situation and the need to integrate the work of the Exchange programme more fully into HLWW required a substantially different approach. As from 1st October 2005 a new structure was introduced linking together all our programme work under an integrated Programmes structure. We now have three teams with a cross-organisational support function for all the teams and taking a lead role in programme development. This function may eventually form a fourth team. Andrew Chetley has been given a new role as the Programme Director (PD). He will oversee the three teams and line manage the Heads of each team.

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The new structure should result in:

- a better synergy between the organisational and programme strategy;
- a clearer framework for operational planning and priority setting;
- integrating monitoring, evaluation, review, reflection and learning processes;
- a better process for managing funding planning;
- a devolved budgeting system and decision making process;
- more opportunities to communicate internally and externally.

Risk Analysis and Management

During the year the Council and management have refined the risk analysis, which is regularly updated. The risk analysis report is divided into four sections with each section managed by relevant expertise in the organisation, which will provide different perspectives. The Council of Management is aware of its responsibility to provide a statement outlining the major risks faced by the charity and steps taken to mitigate those risks. The four areas of risk are:

1. **Governance:** The risks will be identified and managed by the Board who will review this section of the risk report annually.
2. **Financial:** The risks will be identified and managed by the Treasurer, the Director and the Head of Finance. The quarterly management accounts will include a risk update as well as including the full update in the annual risk report. We will review the financial risks in a larger grouping as part of the annual planning away day.
3. **Strategic:** The risks will be identified and managed by the Director, the senior management team, and one member of the Board. They will be reviewed as part of the strategy away day and will complete this section of the risk report annually.
4. **Operational:** The risks will be identified through the whole staff team and managed by two senior managers who will complete this section of the risk report annually. Part of the review process will include a session at the annual planning away day.

In addition, we have developed a risk assessment model in our financial projections. We adjust the percentages of expected income depending on whether it is a concept note or has progressed to a full proposal. We have a slightly different treatment on the risk associated with grants and consultancies.

Financial Review and Reserves Policy

Total incoming resources rose 7.5% from the previous year to £2,832,706. Of this, £672,213 was unrestricted, an increase of 21% over 2003/4, largely due to the larger portfolio of consultancy work. Total expenditure was £2,861,094, up 13% from the previous year.

The Council of Management's approved reserves policy is to hold reserves equivalent to three-months worth of expenditure with reference to the total recent annual expenditure recorded. Total unrestricted expenditure for the year is £542,234; three months' equivalent will amount to £135,559. The Council of Management considers that this level of reserves will provide sufficient resources to enable the charity to respond to any unexpected adverse changes in the charity's funding or activities.

Total unrestricted reserves as at 30 September 2005 are £131,041 indicating that reserves are below the expected level by 3%. This is regarded as an acceptable level of variance from the target.

Grant Making

Healthlink Worldwide is not a grant-making body. However, it facilitates the transfer of funds from donors to its partners in developing countries. These partners are selected according to a number of criteria, including:

- Matching of mission and values;
- Capacity and experience in the activity area;
- Track record and reputation;
- Availability of time and resources;
- Availability of other income sources;
- Clear employment policies relating to people from vulnerable groups.

Joint proposals are made for funds with these partners and subsequent transfers are made to partner organisations according to the terms of funding agreements with donor agencies.

Investment Policy

The existing policy is to invest funds in readily accessible bank deposit accounts so that they are available as and when required. The majority of cash held at year-end relate to restricted funds.

Responsibilities of the Council of Management

Company law requires the Council of Management to prepare Financial Statements for each financial year, which gives a true and fair view of the state of affairs of the Charity and of the surplus or deficit of the Charity for that period. In preparing these Financial Statements the Council of Management are required to:

- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether applicable 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 Charity will continue in business.

The Council of Management are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Charity and to enable them to ensure that the Financial Statements comply with the Companies Act 1985. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Auditors

On 1 April 2006, HLB AV Audit plc changed its name to HLB Vantis Audit plc. In accordance with section 385 of the Companies Act 1985, a resolution proposing that HLB Vantis Audit plc be re-appointed as auditors of the company will be put to the Annual General Meeting.

The Council of Management would like to thank the staff for the tremendous effort and commitment they have shown during a very challenging but successful year.

Approved by the Council of Management and signed on its behalf by:



R Macnair
Chair 16/2/2006



P Kurup
Treasurer

Independent Auditors' Report to the Members of Healthlink Worldwide

We have audited the financial statements of Healthlink Worldwide for the year ended 30 September 2005, which comprise Statement of Financial Activities, the Balance Sheet and related notes. These financial statements have been prepared under the historical cost convention and the accounting policies set out therein.

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

Respective Responsibilities of the Council of Management and Auditors

The Council of Management (who are also directors of Healthlink Worldwide for the purpose of company law) carries responsibilities for preparing the Council of Management's Report and the Financial Statements in accordance with applicable law and United Kingdom Accounting Standards are set out in the Statement of Council of Management Responsibilities.

Our responsibility is to audit the Financial Statements in accordance with relevant legal and regulatory requirements and United Kingdom Auditing Standards.

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

We read other information contained in the Council of Managements' report and considered whether it was consistent with the audited Financial Statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the Financial Statements. Our responsibilities do not extend to any other information.

Basis of Opinion

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

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

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Independent Auditors' Report to the Members of Healthlink Worldwide

Opinion

In our opinion the Financial Statements give a true and fair view of the state of the charitable company's affairs as at 30 September 2005 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended and have been properly prepared in accordance with the Companies Act of 1985.

HLB Vantis Audit plc

HLB Vantis Audit plc
Chartered Accountants
Registered Auditor

Date 8 May 2006

66 Wigmore Street
London
W1U 2SB

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Glossary

ACEVO	Association of Chief Executives of Voluntary Organisations
AGM	Annual General Meeting
AHILA	Association for Health Information and Libraries in Africa
AHRTAG	Appropriate Health Resources and Technologies Action Group
AIDS	Acquired Immunodeficiency Syndrome
BOND	British Overseas NGOs in Development
BPAI	Blind Peoples Association of India
BVLF	Bernard Van Leer Foundation
CAF	Charities Aid Foundation
CAFOD	Catholic Fund for Overseas Development
CBOs	Community Based Organisations
CCATH	Child Centred Approaches to HIV/AIDS
CDP	Communication, Development & Production
CEDHA	Centre for Educational Development in Health, Arusha
CFA	Communication for Advocacy
CHAIN	China HIV/AIDS Information Network
CHEMS	Cambodia Health Education Media Service
CHETNA	Centre for Health Education Training & Nutrition Awareness
CHIN	Child In Need Institute
CICH	Centre for International Child Health
CINI	Child In Need Institute
CMAI	Christian Medical Association of India
CODEP	Conflict, Development and Peace Network
COM	Comic Relief
CSCF	Civil Society Challenge Fund
CSID	Centre for Services & Information on Disability
CSOs	Civil Society Organisations
CWG	Consultancy Working Group
CYP	Commonwealth Youth Programme
DFID	Department for International Development
D-KaR	Disability - Knowledge & Research
DOMINGO	Directors of medium-sized International NGOs
DPO	Disabled People's Organisation
ENDA	Environment and Development for the Third World
EU	European Union
EVAG	Evaluation Action Group
FACAPH	Federation d'Afrique Centrale des Personnes Handicapees
FACT	Family Aids Caring Trust
FHI	Family Health International
GCMHP	Gaza Community Mental Health Programme
GIC	Gimlett International Consultants (private consultancy firm)
HAIN	Health Action International Network

Glossary

HDIP	Health Development & Information Policy Institute
HAD	Health Development Agency
HAPCO	HIV/AIDS Prevention & Control Office
HAPCSO	Hiwot HIV/AIDS Prevention Care and Support Organisation
HI	Handicap International
HIF	Health Information Forum
HIV	Human Immunodeficiency Virus
HIVOS	Humanist Institute for Co-operation with Developing Countries
HU	Health Unlimited
ICASA	International Conference on Aids & Sexual Health in Africa
ICCO	Interchurch Organisation for Development Co-operation
ICPH	Institute of Community & Public Health
ICT	Information Communication Technology
ICW	International Committee of Women Living with HIV/AIDS
IDDC	International Disability and Development Coalition
IFH	International Family Health
IKM	Information Knowledge Management
IMP	International Memory Project
INFO-DEV	InfoDev - ICT Health
IPAA	International Partnership against AIDS in Africa
IPHN	International Poverty and Health Network
KANCO	Kenya AIDS NGOs Consortium
KaR	Knowledge and Research
KIWAKKUKI	Kilimanjaro Women's Group against AIDS
LATH	Liverpool Associates in Tropical Health
LSTM	Liverpool School of Tropical Medicine
MDGs	Millennium Development Goals
MKP	Malaria Knowledge Programme
MWG	Mothers Welfare Group
NAC	National AIDS Councils
NACWOLA	National Association of Women Living with HIV & AIDS
NCA	National Centre for AIDS/STD
NERCHA	National Emergency Response Council on HIV/AIDS
NGO	Non-governmental organisation
ODG	Overseas Development Group
PHA	People's Health Assembly
PHCM	Primary Health Care Management
RUSHA	Rural Unit for Health & Social Affairs
SAfAIDS	Southern Africa AIDS Information Dissemination Service
SAFOD	Southern Africa Federation of the Disabled
SARPV	Social Assistance & Rehabilitation of Physically Vulnerable
SCF	Save the Children Fund

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Glossary

SFAH - OVC	Supporting Families Affected by HIV/AIDS in Pallisa, Uganda
SIPAA	Support to International Partnership against AIDs in Africa
SOAK - OVC	Supporting OVC Affected by HIV/AIDS in Kaduna, Nigeria
STI	Sexually Transmitted Infection
TALC	Teaching-aids at Low Cost
TB	Tuberculosis
TILLA	TILLA Association of Women living with HIV & AIDS
UNAIDS	United Nations Aids Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNRWA	United Nations Relief & Works Agencies
UPMRC	Union of Palestinian Medical Relief Committee
US	United States of America
YONECO	Youth Network and Counselling Organisation
WHO	World Health Organisation
WWEN	Western Women's Empowerment Network

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Statement of Financial Activities (Incorporating an Income and Expenditure Account)

For the Year Ended 30 September 2005

		Restricted	Unrestricted	2005 Total	2004 Total
	Note	£	£	£	£
Incoming resources					
Donations	2	-	26,680	26,680	55,906
Programmes/CDP Activities	3	1,468,318		1,468,318	1,604,341
Exchange Programme	3	692,175	-	692,175	476,467
Consultancy		-	616,880	616,880	397,243
Activities for generating funds					
Rental Income		-	-	-	53,671
Investment Income		-	13,571	13,571	2,795
Other Income		-	15,082	15,082	44,647
Total incoming resources		<u>2,160,493</u>	<u>672,213</u>	<u>2,832,706</u>	<u>2,635,070</u>
Less: Costs of generating funds					
Rental Costs		-	-	-	53,671
Fundraising Costs		-	8,827	8,827	28,849
Net Incoming Resources available for Charitable application		<u>2,160,493</u>	<u>663,386</u>	<u>2,823,879</u>	<u>2,552,550</u>
Charitable expenditure					
Cost of activities in furtherance of the charity's objects:					
Programmes/CDP Activities		1,694,301	4,509	1,698,810	1,505,316
Exchange Programme		513,262	-	513,262	478,247
Consultancy		-	456,479	456,479	271,444
Support Costs		111,297	37,099	148,396	152,380
Management and Administration		-	35,320	35,320	40,326
Total charitable expenditure	4	<u>2,318,860</u>	<u>533,407</u>	<u>2,852,267</u>	<u>2,447,713</u>
Total resources expended		<u>2,318,860</u>	<u>542,234</u>	<u>2,861,094</u>	<u>2,530,233</u>
Net Movement in funds	6	(158,367)	129,979	(28,388)	104,837
Funds transfer	12	12,637	(12,637)	-	
Funds at 1 October 2004		<u>410,954</u>	<u>13,699</u>	<u>424,653</u>	<u>319,816</u>
Funds at 30 September 2005		<u>265,224</u>	<u>131,041</u>	<u>396,265</u>	<u>424,653</u>

All the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above.

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Balance Sheet

As at 30 September 2005

	Note	£	2005 £	2004 £
Fixed assets				
Tangible Assets	9		15,671	61,987
Current assets				
Debtors	10	153,744		544,126
Cash at bank and in hand		<u>356,378</u>		<u>62,846</u>
		510,122		606,972
Creditors: amounts falling due within one year	11	<u>(129,528)</u>		<u>(244,306)</u>
Net current assets			380,594	362,666
Net assets			<u>396,265</u>	<u>424,653</u>
Funds				
Restricted funds	12		265,224	410,954
Unrestricted funds				
General funds			<u>131,041</u>	<u>13,699</u>
Total funds	13		<u>396,265</u>	<u>424,653</u>

Approved by the Council of Management on 16th February 2006 and signed on its behalf by



R Macnair
Chair



P Kurup
Treasurer

Healthlink Worldwide

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Notes to the Financial Statements

For the Year Ended 30 September 2005

1 Accounting Policies

a) Accounting Convention

The financial statements are prepared under the historical cost convention and in accordance with the Statement of Recommended Practice (SORP), Accounting and Reporting by Charities, published in October 2000 and applicable accounting standards.

b) Incoming Resources

Voluntary income is received by way of donations and gifts and is included in full in the Statement of Financial Activities when receivable.

Volunteer time is not included in the financial statements.

Grants are recognised in full in the statements of Financial Activities in the year in which they are receivable.

Grants for the purchase of fixed assets are credited to restricted incoming resources when receivable. Depreciation of fixed assets purchased with such grants is charged against the restricted fund. Where a fixed asset is donated to the charity for its own use, it is treated in a similar way to a restricted grant.

c) Resources expended

All expenditure is accounted for on an accruals basis. The costs of distributions to partner organisations, costs of generating funds, network and learning, consultancy and administrative costs comprise expenditure, including staff costs, directly attributable to the activity. Where costs cannot be directly attributed they have been allocated to activities on a cost basis.

The costs of generating funds relate to the costs incurred by the charitable company in raising funds for charitable work.

Support costs comprise all services supplied centrally, identifiable as wholly or mainly in support of the charitable objectives, and include an appropriate proportion of general overheads.

Central overheads are allocated to operational fundraising, support costs and administrative functions on the basis of their use of central support services.

Management and administrative costs relate to the management of the Charity's assets, organisational administration and compliance with constitutional and statutory requirements.

d) Depreciation is provided on all tangible fixed assets in order to write off the cost, by equal annual instalments over their expected useful lives.

The rates adopted are as follows:

Computer Equipment	33%
Fixtures and Fittings	10%
Office Furniture and Equipment	25%

Items of equipment are capitalised where the purchase price exceeds £200.00. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities.

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Notes to the Financial Statements

For the Year Ended 30 September 2005

e) Funds

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund accordingly.

Unrestricted funds comprise accumulated surpluses and deficits on general funds. They are available for use at the discretion of the Council of Management in furtherance of the general charitable objectives.

Designated funds are unrestricted funds that have been put aside at the discretion of the Council of Management for particular purposes.

f) Rentals payable under operating leases are charged against income on straight-line basis over the lease term.

g) The pension costs charged in the financial statements represent the contributions payable by the charity during the year in accordance with FRS 17.

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Notes to the Financial Statements

For the Year Ended 30 September 2005

2. Donations

(unrestricted)

	Restricted	Unrestricted	2005 Total	2004 Total
	£	£	£	£
Trusts	-	-	-	20,350
Individuals	-	25,080	25,080	33,896
Corporate and other	-	1,600	1,600	1,660
Total	-	26,680	26,680	55,906

3. Programmes/CDP activities

	Restricted		Unrestricted	2005 Total	2004 Total
	Exchange Programme	Programmes/ CDP Activities	£	£	£
UK Government (DFID)	692,175	604,280	-	1,296,455	1,467,417
Other UK Agencies	-	700,550	-	700,550	379,634
International Agencies	-	163,488	-	163,488	232,534
Non-UK Government	-	-	-	-	1,223
	<u>692,175</u>	<u>1,468,318</u>	<u>-</u>	<u>2,160,493</u>	<u>2,080,808</u>

Healthlink Worldwide
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Notes to the Financial Statements

For the Year Ended 30 September 2005

4. Charitable Expenditure

	Partner Support/ Communications Development & Production		Exchange	Consultancy	Support	Management & Administration		2004
	£	£				£	£	
Staff and staff related costs (note 7)	347,533	138,293	206,820	107,540	22,061	822,247	739,881	
Communications/Information	27,065	11,093	13,396	7,122	1,461	60,137	76,665	
Printing and publication, resources	10,068	2,262	18,804	1,614	-	32,748	19,492	
Travel incl.conferences & workshops	76,400	21,309	86,254	5,022	-	188,985	92,305	
Distributions to partner organisations (note 5)	1,105,498	292,942	4,761	-	-	1,403,201	1,253,384	
Project activity costs	67,949	22,541	99,022	6,121	1,256	196,889	128,704	
Audit and professional fees	1,883	-	-	2,382	6,727	10,992	16,036	
Property costs	38,598	14,940	17,076	11,724	2,407	84,745	103,952	
Loss on disposal of fixed assets	13,280	5,141	5,858	4,034	828	29,141	-	
Depreciation	10,536	4,741	4,488	2,837	580	23,182	17,294	
Total Charitable Expenditure	1,698,810	513,262	456,479	148,396	35,320	2,852,267	2,447,713	

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Notes to the Financial Statements

For the Year Ended 30 September 2005

5 Distributions payable to Partner Organisations.

	2005	2004
	£	£
Southern Africa:		
South Africa AIDS Information Dissemination Services	34,435	61,299
SAFOD	43,625	30,857
Family Aids Caring Trust	49,827	92,653
Other distributions in South Africa and other Regions	66,293	60,129
East/West Africa:		
Kenya AIDS NGO Consortium	29,579	4,780
AIDS Care Education Training	-	2,808
National Community of Women Living with HIV/AIDS	78,331	1,701
National Community of Women Living with HIV/AIDS-Pallisa	4,733	7,134
Child to Child Trust UK	-	1,534
Mother's Welfare Group	25,902	38,120
Kiwakkuki	31,812	-
Hapcso	36,529	-
Tilla - Walwh	14,308	-
AfriAya	55,000	-
Other distributions in East/West Africa and other regions	24,494	1,478
Middle East:		
Primary Health Care Course	258,066	376,696
Health Development Information Policy Institute	34,857	49,373
Gaza Community Mental Health Programme	67,412	57,261
South - East Asia:		
Health Action International Network	23,003	38,821
Cambodia Health Media Service	10,003	32,962
Social Assistance and Rehabilitation of the Physically Vulnerable	9,703	22,570
Other distributions	940	-
South Asia;		
Christian Medical Ass. Of India (CMAI)	35,497	34,566
Child in Need Institute	347	-
CHETNA	-	1,300
Other distributions	440	-
Latin America:		
Calandria/ABIA	-	80,419
Prodesca	80,361	90,260
North America:		
Communication Initiative	143,746	37,499
Europe:		
International Network for Advancement of Scientific Publications	17,500	20,000
One World Action	23,600	-
Distributions on behalf of International Family Health	145,000	-
Distributions to other institutions	57,858	109,164
Total distributions payable Partner Organisations	1,403,201	1,253,384

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Notes to the Financial Statements

For the Year Ended 30 September 2005

6. Net movement in funds

This is stated after charging / crediting:

	2005	2004
	£	£
Depreciation	23,182	17,294
Loss on disposal of Fixed Assets	29,141	-
Council of Managements' Reimbursed Expenses	80	778
Auditors' Remuneration:		
Audit (Current year)	7,000	6,750
Under accrued (previous year)	-	1,228
Project Audit	1,500	1,250
Operating Lease Rentals:		
Property	65,025	93,592
Other	<u>16,422</u>	<u>6,740</u>

Expenses reimbursed to members of the Council of Management represents the reimbursement of travel costs to 1 member of the Council of Management for attending meetings during the year (2004:1).

None of the members of the Council of Management receive any remuneration.

7. Staff Costs and Numbers

Staff costs were as follows:

	2005	2004
	£	£
Salaries and Wages	689,204	600,823
Social Security Costs	69,840	62,211
Pension Contributions *	47,224	36,135
Staff training, recruitment and other staff costs.	<u>23,597</u>	<u>40,712</u>
	<u>829,865</u>	<u>739,881</u>
of which :		
Fundraising staff	7,618	21,592
Other staff	<u>822,247</u>	<u>718,289</u>
	<u>829,865</u>	<u>739,881</u>

* The charity operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charity in an independently administered fund. The pension cost charge shown above represents contributions payable under the scheme by the charity to the fund.

No employee earned more than £50,000 during the year.

The average weekly number of employees (full-time equivalent) during the year was as follows:

	2005	2004
	No.	No.
Programmes	7	6
Communication, Development and Production	5	3
Information and Knowledge Systems	5	4
Exchange	4	3
Fundraising and Consultancy	1	3
Finance and Administration	<u>6</u>	<u>5</u>
	<u>28</u>	<u>24</u>

Healthlink Worldwide
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Notes to the Financial Statements

For the Year Ended 30 September 2005

8. Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

9. Tangible Fixed Assets

	COMPUTER EQUIPMENT	FIXTURES & FITTINGS	OFFICE EQUIPMENT	Total
	£	£	£	£
COST				
At 1 October 2004	52,973	79,295	17,450	149,718
Additions in Year	3,114	-	2,566	5,680
Disposals in Year	-	(70,563)	-	(70,563)
	<u>56,087</u>	<u>8,732</u>	<u>20,016</u>	<u>84,835</u>
DEPRECIATION				
At 1 October 2004	28,585	43,652	15,494	87,731
Charge for the Year	15,415	6,513	1,254	23,182
Disposal in Year	-	(41,749)	-	(41,749)
	<u>44,000</u>	<u>8,416</u>	<u>16,748</u>	<u>69,164</u>
NET BOOK VALUE				
At 30 September 2005	<u>12,087</u>	<u>316</u>	<u>3,268</u>	<u>15,671</u>
At 30 September 2004	<u>24,388</u>	<u>35,643</u>	<u>1,956</u>	<u>61,987</u>

All tangible fixed assets are used to fulfil the objectives of the charity.

10. Debtors

	2005	2004
	£	£
Project Debtors	74,570	387,303
Consultancy Debtors	69,363	141,600
Other Debtors	6,299	12,248
Prepayments	3,512	2,975
	<u>153,744</u>	<u>544,126</u>

11. Creditors : Amounts Falling Due Within One Year

	2005	2004
	£	£
Project Creditors	32,707	134,705
Other Taxation & Social Security	25,484	29,201
Accruals	48,902	52,377
Other Creditors	22,435	28,023
	<u>129,528</u>	<u>244,306</u>

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Notes to the Financial Statements

For the Year Ended 30 September 2005

12. Restricted Funds

	At 1 October 2004 £	Incoming Resources £	Outgoing Resources £	Transfer from unrestricted funds £	At 30 September 2005 £
Restricted Funds:					
Programmes/CDP activities					
Enhancing HIV/AIDS Communication	73,735	155,857	175,107	-	54,485
IFH Projects	-	174,000	174,000	-	-
Rural responses to HIV/AIDS	5,657	80,418	82,656	-	3,419
HIV & Disability	1,954	-	88	-	1,866
Inclusive Communication for Disability	75,393	157,045	173,698	-	58,740
CCATH *	18,909	1,520	4,011	-	16,418
ICW * (Memory Book Project)	22,030	287,485	308,345	-	1,170
SFAH - OVC *	559	7,631	6,803	-	1,387
SOAK - OVC *	9,806	43,380	40,219	-	12,967
PHCM * (Phase 2)	78,104	289,212	358,028	-	9,288
Strengthening Civil Society in Palestine	26,572	43,567	68,002	-	2,137
Training to strengthen Civil Society	20,014	19,418	37,432	-	2,000
Strengthening HIV/AIDS Prevention and Care Initiatives (Peru & Brazil)	2,041	-	2,041	-	-
Travelling HIV/AIDS Education Circus	2,283	95,748	97,376	-	655
Communication for Advocacy	719	43,059	39,652	-	4,126
Strengthening the voice of vulnerable groups in India	6,421	46,378	47,797	-	5,002
Exchange	58,544	692,175	669,038	-	81,681
Others	8,213	23,600	34,567	12,637	9,883
Total Restricted Funds	410,954	2,160,493	2,318,860	12,637	265,224

Note:

- * Please refer to Glossary on pages 25 to 26.
- Others - refer to smaller amounts received from various sources.
- Outgoing resources above include a proportion of support costs where permitted by the donor
- The transfer of £12,637 represents overspending on certain restricted funds reimbursed from unrestricted funds.

13. Analysis of Net Assets Between Funds

	Restricted Funds	General Funds £	Total Funds £
Tangible Fixed Assets	-	15,671	15,671
Current Assets	318,180	191,942	510,122
Current Liabilities	(52,956)	(76,572)	(129,528)
Net Assets as at 30 September 2005	<u>265,224</u>	<u>131,041</u>	<u>396,265</u>
Net Assets as at 30 September 2004	<u>410,954</u>	<u>13,699</u>	<u>424,653</u>

Healthlink Worldwide
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Notes to the Financial Statements

For the Year Ended 30 September 2005

14. Operating Lease Commitments

The charitable company had annual commitments under operating leases expiring as follows:

	Property		Equipment	
	2005	2004	2005	2004
	£	£	£	£
2 - 5 Years	<u>65,025</u>	<u>93,592</u>	<u>14,114</u>	<u>-</u>