

# Annual Review 2017







## CONTENTS

From the Chairman	4
Egmont in Numbers	6
From the CEO	9
Egmont's Approach	10
Egmont's Impact Areas	12
Egmont's Impact in 2017	14
Notes from the Field	28
Donor Viewpoint	30
Projects Supported in 2017	32
Fundraising in 2017	35
Get Involved	36
Audited Financial Statements	38
Trustee & Staff Profiles	47

**All photos in this Annual Review depict Egmont projects and beneficiaries and are used for purely illustrative purposes.**



# From the Chairman

## The latest figures show that the HIV epidemic continues to ravage communities, families and children across sub-Saharan Africa.

Throughout the region, deaths due to AIDS-related illnesses are still measured in the hundreds of thousands, and annual infection numbers continue to exceed a million. Today, an estimated 13 million children in sub-Saharan Africa have lost one or both parents to AIDS.

In the following pages, I am very proud to be able to share the work that Egmont's partners have undertaken throughout 2017 to improve the livelihoods, education and health of some of these children and their families. Their commitment, passion and energy inspire all of us at Egmont on a daily basis.

2017 marked the first year in Egmont's history where we disbursed over £1M to projects in Africa. This investment enabled our 45 partners to support over 65,000 people across the 6 countries in sub-Saharan Africa where Egmont commits funding. Our Annual Review offers an insight into just some of the ways in which people's lives have been transformed as a result.

As Egmont's funding capacity has grown, we have been determined to ensure we keep our operations slim and unbureaucratic whilst maintaining the rigour in the selection of new partners that has always characterised Egmont's approach.

Most importantly, we are encouraged that this growth in disbursements is enabling our partners to reach and support even more of the world's most vulnerable children and their families.

**None of the work described in this document would be possible without the incredible generosity of Egmont's close family of supporters, for which, on behalf of our partners and their beneficiaries, I offer our heartfelt thanks.**

**Jeremy Evans**  
Chairman





**2017 marked the first year in Egmont's history where we disbursed over £1M to projects supporting children and families affected by HIV & AIDS in Africa.**

# 65,189

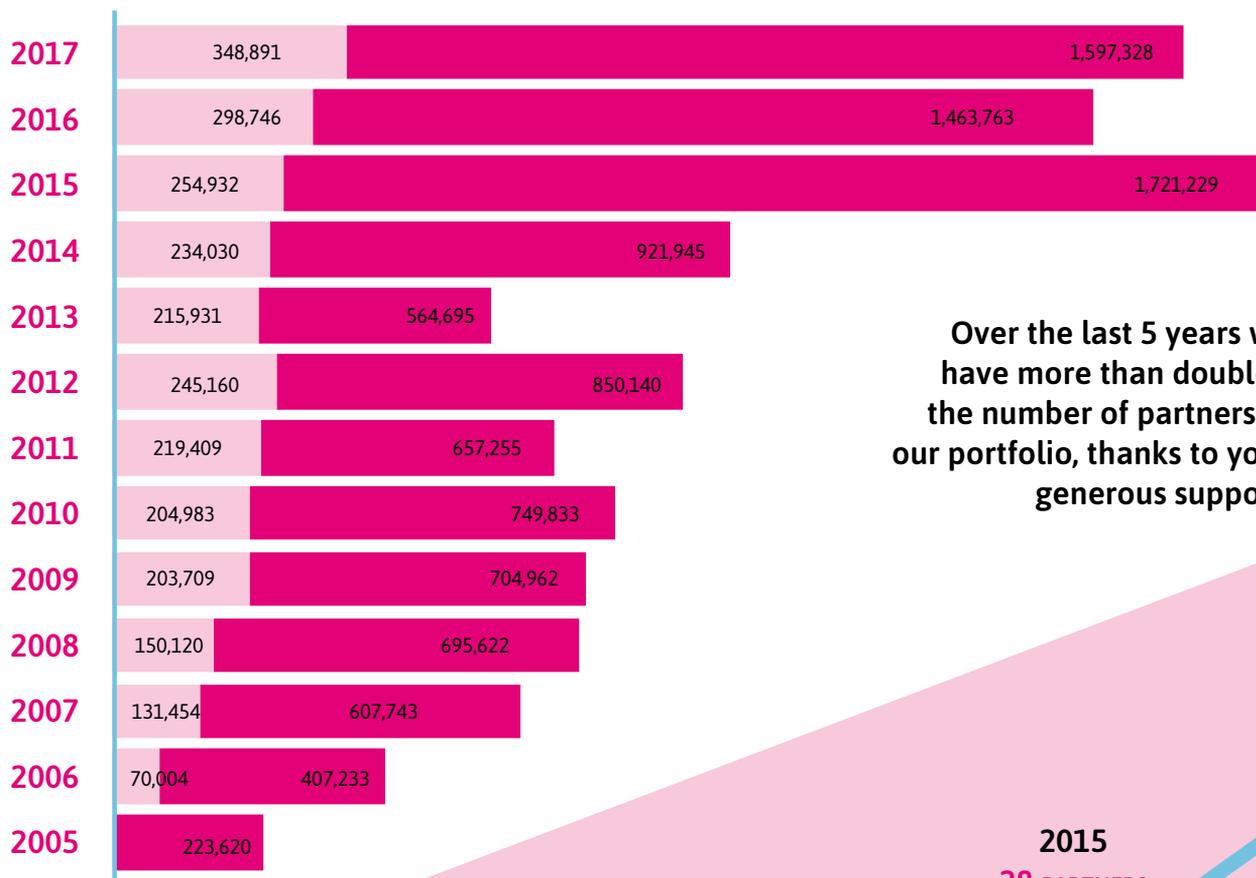
people helped in 2017

Egmont funding reached more people in 2017 than in any previous year.



## Egmont in Numbers

Operating costs Total income (£)



Over the last 5 years we have more than doubled the number of partners in our portfolio, thanks to your generous support.

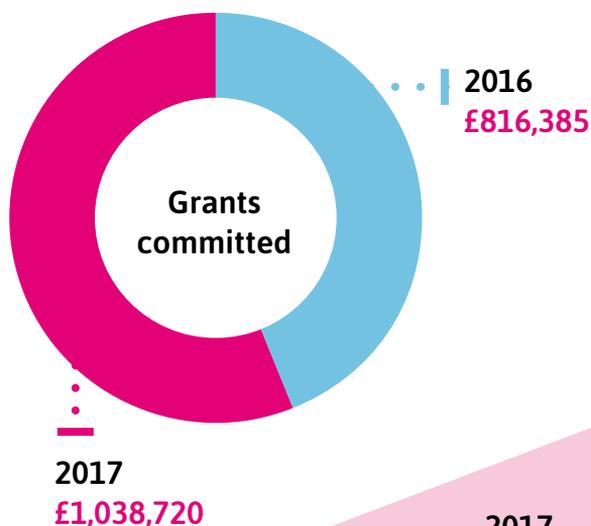
2013  
22 PARTNERS

2014  
22 PARTNERS

2015  
28 PARTNERS

In 2017, Egmont began grant-making in USD. Figures in this document are recorded in GBP, which is ascertained from the BoE spot rate on the day the grant is committed

Thanks to our hugely generous and committed supporters, Egmont was able to commit £1,038,720 to projects in 2017, enabling the charity to fund a portfolio of 45 partners, helping them to reach more people affected by HIV & AIDS.



2016  
39 PARTNERS

2017  
45 PARTNERS

Egmont's operating costs in the UK and Africa are entirely covered by our Trustees and Patrons, ensuring 100% of all other donations can be disbursed directly to our partners in Africa.



Partners are invited to apply for an Innovation Grant (up to ~£15,000 per annum) or a Core Grant (up to ~£26,000 per annum). Exemplary partners, who have demonstrated consistent, impressive results are invited to apply for a Strategic Grant (up to ~£75,000 per annum), allowing them to scale up successful initiatives. Our primary focus is to work with these partners to achieve measurable results from the monies entrusted to us.

## Portfolio Growth (2013-2017)

Active partners (running a project & in receipt of funds)

Through our networks of local contacts and in-country representatives, as well as visits by staff and Trustees, organisations are rigorously vetted and assessed for their ability to achieve results and deliver cost-effective solutions.

New partners in this period include an organisation piloting an innovative SMS helpline reaching young people with information on HIV & AIDS and a voluntary women's group in Kenya who helped over 3,000 children and young adults to get tested for HIV for the first time since the start of their project.

Where our grants went in 2017	Committed in 2017 (£)	Committed since 2005 (£)	Active partners in 2017	No. of projects since 2005
Kenya	163,276	1,076,759	7	34
Malawi	227,992	1,078,629	8	36
Mozambique	98,491	661,374	4	22
Tanzania	93,026	854,253	4	30
Zambia	157,189	1,216,009	6	46
Zimbabwe	298,746	1,692,354	16	60

Amounts raised and committed include direct third party funding of £407,012 secured in 2014-2017  
All figures correct as of 31<sup>st</sup> December 2017



**We have seen small organisations evolve in capacity and competence to become increasingly effective.**



## From the CEO

# Egmont's mission is to support the work of organisations selected from the several thousand locally driven initiatives in 6 countries of East and Southern Africa that have been responding to the reality and long-term impact of AIDS since its onset in the mid-1980s.

There are innumerable stories of improved lives, whether of those already infected with HIV & AIDS, others who have succeeded in making the changes in behaviour needed to prevent infection or indeed families and communities that have been affected emotionally and economically by the disease. And, over 13 years, we have been constantly inspired by examples among our own partners – pictures of determination, sacrifice and the triumph of hope and love over despair.

At the same time, we have seen small organisations evolve in capacity and competence to become increasingly effective both in the work they are carrying out as well as operationally in sometimes very challenging local contexts.

Despite the improvements in medical interventions for HIV, the need for support is not lessening. 1.7 million people were newly infected with HIV and AIDS in 2016 of whom 1.16 million were in sub-Saharan Africa, so the immediate issues remain. 25.5 million of the 36.7 million people living with HIV are in sub-Saharan Africa and 730,000 of the 1 million people who died from AIDS-related illnesses were also in this region. Of course, behind these simple statistics is the personal reality of life-long treatment, orphans in the millions, family disintegration, economic and social dislocation. For both the long-term effects and ongoing challenges, women and children continue to bear the brunt of the impact.

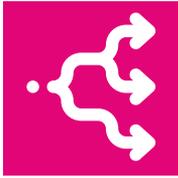
Fortunately, the work of local civil society and its potential to achieve life changing results has also continued to progress throughout this period. Local

non-governmental organisations have responded to the situation as they see it, finding practical ways of improving the lives of people affected in whatever way, whether or not they are HIV+. Most focus has been on children who have always been the most vulnerable in all respects.

Egmont has continued to select partners from within this sector that display integrity and can show results from the initiatives they develop. The portfolio now totals 45 across all 6 countries. We have seen small, often personally inspired, initiatives deliver effective work despite severe funding constraints and grow into mature, professional organisations.

In response to this, we are shifting our own approach to provide larger grants to our top-performing partners and over the coming 3 years plan to develop our portfolio in this way. Three larger strategic grants have already been made and we expect to award up to 5 more this year and next. We believe that, if funding allows, building and consolidating the quality of the portfolio will be more effective than simply increasing the number of small grants.

**Colin Williams OBE**  
Chief Executive Officer



# Egmont's Approach

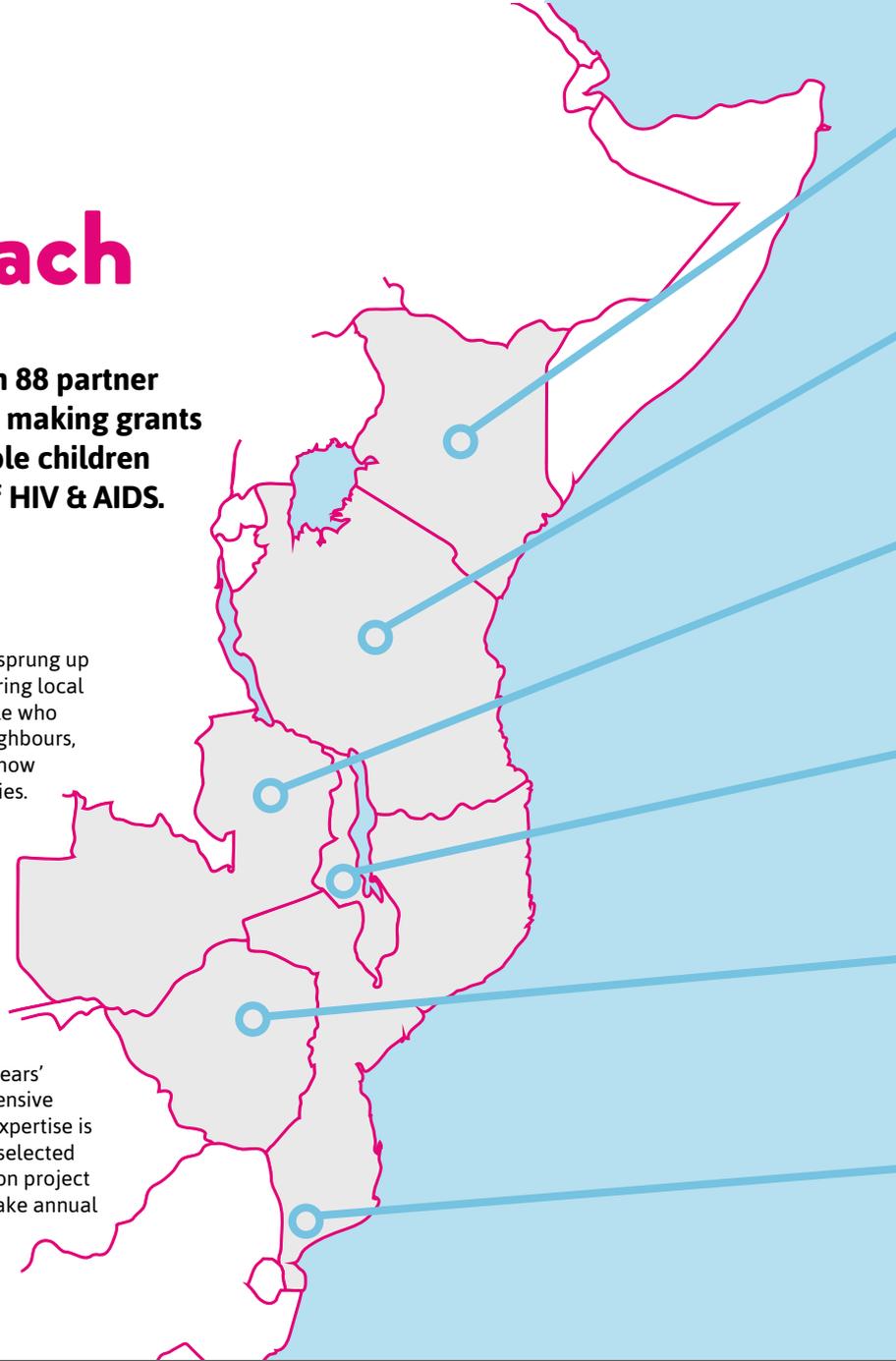
Since 2005, Egmont has worked with 88 partner organisations in sub-Saharan Africa, making grants of over £6.5 million to help vulnerable children cope with the devastating impact of HIV & AIDS.

## What we do

Across sub-Saharan Africa, many organisations have sprung up in response to HIV & AIDS. Organisations led by inspiring local people with direct experience of the epidemic. People who have seen the effects of the disease: on relatives, neighbours, colleagues and, of course, on children. People who know which interventions will work best in their communities. Driven by passion and local knowledge, these organisations are both cost-effective and able to bring about powerful results. Egmont's comparative advantage lies in our ability to find these capable and effective organisations and support them with targeted funding.

## How we do it

Egmont's Programme Committee has more than 70 years' experience in HIV & AIDS and development, with extensive local networks and contacts across the region. This expertise is combined with a rigorous assessment process. Once selected for funding, Egmont partners submit regular reports on project progress and financials. Egmont staff and trustees make annual visits to each country of operation to strengthen relationships and to monitor the sustainable outcomes being achieved for children and families.



**HIV REMAINS  
Nº1  
CAUSE OF DEATH IN  
10-24 YEAR OLDS  
IN AFRICA**

- Women and young girls account for more than half the total number of people living with HIV in sub-Saharan Africa.
- 430,000 young people (aged 15 -24) became newly infected with HIV in 2016.

**26  
MILLION  
PEOPLE  
IN  
SUB-SAHARAN  
AFRICA  
HAVE LOST  
THEIR LIVES  
TO  
AIDS  
SINCE 1990**

- Across the region, only 47.5% of people with HIV were able to access antiretroviral treatment in 2016.
- 730,000 people lost their lives to AIDS-related illnesses in 2016 throughout the region.

## Kenya

- + 11 partners funded since 2005
- + 34 projects funded since 2005
- + 148,686 people helped since 2005

## Tanzania

- + 10 partners funded since 2005
- + 30 projects funded since 2005
- + 83,771 people helped since 2005

## Zambia

- + 18 partners funded since 2005
- + 46 projects funded since 2005
- + 59,642 people helped since 2005

## Malawi

- + 15 partners funded since 2005
- + 36 projects funded since 2005
- + 86,562 people helped since 2005

## Zimbabwe

- + 25 partners funded since 2005
- + 60 projects funded since 2005
- + 97,539 people helped since 2005

## Mozambique

- + 9 partners funded since 2005
- + 22 projects funded since 2005
- + 12,624 people helped since 2005

## Our 100% promise

Egmont's operating costs in the UK and Africa are entirely covered by our Trustees and Patrons, ensuring 100% of all other donations can be disbursed directly to our partners in Africa. Partners receive an Innovation Grant (up to -£15,000 per annum) or a Core Grant (up to -£26,000 per annum). Exemplary partners, who have demonstrated consistent, impressive results are invited to apply for Egmont's Strategic Grant (up to -£75,000 per annum), allowing them to scale up their successful initiatives and reach more children and families affected by HIV & AIDS.



## Our reach

Since 2005, Egmont has committed more than £6.5M to 88 partner organisations working in **Kenya, Malawi, Mozambique, Tanzania, Zambia** and **Zimbabwe**, where AIDS has led to the deaths of over 2.8 million people in the last decade alone. Millions of children have been left orphaned as a result and many millions more are affected by the disease. It is these children and their caregivers that are the focus of our funding.

## Our priorities

- Focus on children and young people as the most vulnerable to the impact of HIV & AIDS
- An emphasis on locally driven, grassroots organisations
- Cost-effectiveness and value for money, seeking greatest impact from funds invested
- Flexible, efficient and unbureaucratic operations
- Achieving sustained improvements in nutrition; treatment and care; education; and family income
- Maintaining a portfolio approach to spread risk and transfer best practice
- Promoting locally owned systems of assessing impact and learning

**13** MILLION  
**CHILDREN**  
UNDER THE AGE OF 17  
HAVE LOST ONE OR BOTH PARENTS  
TO AIDS RELATED DISEASES

- There were 137,000 new HIV infections among children (aged 0-14) in sub-Saharan Africa in 2016.
- Every minute, 1 person under the age of 24 in sub-Saharan Africa becomes newly infected with HIV.

IN 2016  
**67%**  
OF NEW HIV INFECTIONS OCCURRED IN SUB SAHARAN AFRICA

- In 2016, there were 25.5 million people living with HIV in sub-Saharan Africa.
- Across Egmont's countries of operation, 8.3 million people were living with HIV in 2016.

# Egmont's Impact Areas

Egmont is not prescriptive. We recognise that our partners know what works best in their local context. As such, approaches are diverse, unique and often innovative. These impact areas underpin many of the varied interventions that our partners deliver to improve the lives of their beneficiaries.



## Improving Livelihoods

**1 in 4 people** across the world who are chronically hungry live in sub-Saharan Africa

The death of a relative to AIDS-related illness often leaves families struggling to feed, clothe and educate the children in their care.



### Improved Nutrition

→ **9,574** people helped in 2017

Improving nutrition has a cascade effect. Drugs and medical treatment become more effective. Children attend school more often and perform better. Families have the energy to farm and work.



### Increased Incomes

→ **3,332** people helped in 2017

Providing people with the skills, resources and training to gain employment or start their own income generating activities enables them to start providing for themselves and their families.



## Education

**20% of children aged 6-11** in sub-Saharan Africa are not enrolled in education

The cost of school fees, uniforms and other school essentials leaves education beyond reach for many children across sub-Saharan Africa.



### Access to Education

→ **3,962** people helped in 2017

Education leads to long-term, sustainable change. Children and adults who receive formal schooling or training are more likely to break the cycle of poverty.



## Healthier Futures

Sub-Saharan Africa accounts for **67% of the world's** new HIV infections

Hard-to-reach medical facilities prevent HIV+ people from accessing treatment. Poor knowledge of the disease leads to higher prevalence rates and discrimination against those infected.



### HIV & AIDS Education

→ **48,138** people helped in 2017

Awareness of HIV & AIDS is universal. Yet misconceptions and myths about the disease remain. Education on how HIV & AIDS is contracted and how to manage the disease is vital to halt its spread and counter stigma.



### Testing & Counselling

→ **13,699** people helped in 2017

An HIV test is the first step an individual can take towards reducing the impact of HIV & AIDS. People with positive results are able to access treatment. People who test negative take steps to reduce their chances of infection.



### Treatment & Care

→ **4,288** people helped in 2017

Accessible, affordable treatment leads to healthier, longer lives for those infected. Helping people adhere to ARV (anti-retroviral) regimens ensures low infection rates and better health.



## Safer Communities

Women and young children remain the groups most affected by HIV & AIDS

Neglect, child labour, early marriage and sexual exploitation increase children's vulnerability to infection. Gender-based violence and extreme poverty leave women especially at risk of contracting HIV.



### Preventing Child Abuse

→ **5,046** people helped in 2017

Educating communities on the rights of children and pursuing legal action against perpetrators of child abuse helps children to flourish and reduces their risk of contracting HIV.



### Stopping Violence Against Women

→ **6,219** people helped in 2017

Reducing violence and its impact, through a combination of education, group therapy and increased access to justice or legal advice, results in fairer, safer communities for women and girls.



# Egmont's Impact in 2017





# Improving Livelihoods

Three decades of the HIV epidemic have left families struggling to cope. As a result, more than half of the world's children living in extreme poverty are in sub-Saharan Africa. 170 million children across the region live on less than \$1.90 a day.

Our partners help by:



## Improving Nutrition

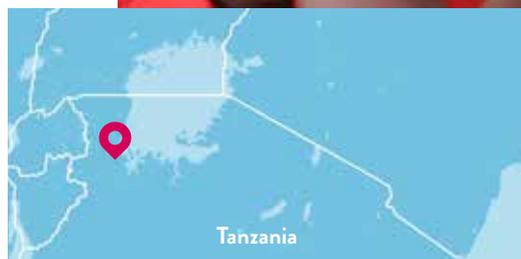
- + Providing seeds, fertilizer, small livestock, equipment and agricultural training
- + Establishing home and communal gardens
- + Offering access to agricultural tools and irrigation equipment
- + Providing nutrition training for caregivers of children affected by HIV & AIDS



## Increasing Incomes

- + Providing start-up finance, materials and business training for families to establish income-generating initiatives
- + Training unemployed young people for employment or self employment
- + Establishing Income Saving & Loans groups to allow those without access to traditional credit to secure loans for income-generating activities

**Name of partner** Kwa Wazee  
**Country** Tanzania  
**Started working together** 2017  
**Amount invested** £14,408  
**Number of beneficiaries** 434  
**Impact areas**



# Livelihoods in Focus

*Kwa Wazee*

## Context

Whilst Tanzania has a lower HIV prevalence rate than many of its sub-Saharan neighbours, 33,000 Tanzanians died of an AIDS-related illness in 2016. Rates of the disease have remained particularly high in the north of the country, fuelled by cross-border trade, commercial sex workers and truck drivers. In Kagera Province (where prevalence rates reached 30% at the height of the epidemic) children orphaned by the disease will often end up living with their grandparents. And when one parent has died and another is living with HIV or AIDS, it is often the children within a family who become the primary carers, taking on the responsibility for generating household income as well as caring for a sick relative.

## Intervention

Egmont partner Kwa Wazee was founded in 2003 to support orphaned children living with their grandparents or people living with HIV & AIDS in Kagera. Their programme is designed to build the resilience of children in these households with an emphasis on income generation. Egmont is supporting Kwa Wazee's work with a network of 1,626 vulnerable young people organised into 313 groups of 3-10 – a programme known as *Tatu Tano*. On a monthly basis, leaders from the groups receive training from specialists in 'cluster meetings', which they impart to fellow group members at their weekly sessions. As well as improving household income and learning new skills, being part of a network of children in circumstances similar to their own increases the children's self-confidence, self-esteem, responsibility and self-reliance.

## Outcome

Since May 2017, Egmont funding has enabled 188 children in the *Tatu Tano* groups to be trained in animal husbandry. Following the training, livestock including goats, rabbits, pigs and sheep has been distributed to 124 groups. Kwa Wazee has carefully monitored the progress of each group, making regular visits and offering the young people advice, for example on the importance of keeping sheds clean. Kwa Wazee reports that 29 kid goats, 85 rabbits and 6 lambs have been born to the animals. Visits from a vet help to ensure the animals' health and appropriate care. The *Tatu Tano* groups in receipt of livestock have also been taught about the use of the manure, and 22 groups have now successfully sold the manure they have collected, earning them a total of TSH320,000, or just under £100. Children have also been able to use the manure to fertilise their own vegetable crops.

As part of the Egmont-funded project, 1,508 children in 289 groups have been trained in how to grow food crops sustainably, including: how to grow seedlings; planting in line; inter-cropping; how to prevent disease; and irrigation. The children have also been encouraged to share their knowledge with their parents or carers. The purpose of the training is to educate the children in all aspects of agriculture to enable them to grow food to consume and sell. As well as these practical trainings, the monthly cluster groups have also received training in leadership, financial literacy and project management.

**"I can buy for myself exercise books, pens and small things that I wouldn't get from my grandparents. My grandparents are proud of me as I contribute to the income of the household."**

**Tatu Tano group member**

**Kwa Wazee reports that in just six months, the *Tatu Tano* groups have generated TSH 4,889,760 or £1,500 from their enterprises, £1,250 of which has been used by the children to fund the materials they need for school and also help buy food for their families.**



# Livelihoods in Focus

*Ace Africa Kenya*



## Context

Like so many Egmont partners, Ace Africa Kenya adopts a multi-faceted approach in its aim to support families living in poverty in Siaya County, where almost a quarter of the population is HIV+. As well as supporting orphaned and vulnerable children directly through child rights support groups operating through schools, Ace helps vulnerable families from which the children hail to improve their food security and income. Since 2016, as well as supporting families through traditional agricultural training and inputs, Ace has been piloting a new approach for households located along the shores of Lake Victoria.

## Intervention

Over-fishing and reducing fish stocks has led to the Kenyan Fisheries Department placing extensive restrictions on fishing in Lake Victoria in recent years. Whilst a necessary intervention to allow fish stocks to replenish, this has also had a devastating effect on the livelihoods of families who rely solely on fishing for their income. Ace's Area Advisory Committees have reported increasing cases of child labour within affected families. And so in 2016, Ace devised a new project to improve the livelihoods of affected households whereby 40 individuals (20 each year for 2 years), were given training in fish farming and the skills and materials to build fish cages.

After receiving training, the trainees were provided with a fish cage with a capacity for 3,000 Tilapia fingerlings. The group helped to position the cage in the lake and undertook the regular feeding of the fingerlings and general management of the cage.

**Name of partner** Ace Africa Kenya

**Country** Kenya

**Started working together** 2007

**Amount invested** £241,133

**Number of beneficiaries** 73,195

**Impact areas**

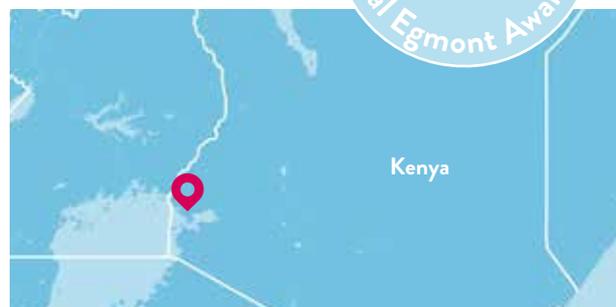


## Outcome

The first harvest for the trainees from 2016 took place in July 2017. The 20 fish farmers (mostly women and young men) sold the fish in the local market for KSH150,000 (£1,153) and the remainder of their harvest was consumed by the group members themselves. Ace Africa Kenya report that the group has now reinvested the money they made into horticultural farming and has plans to venture into water melon farming, spinach and other high-value nutritious crops such as cassava, sweet potato and beans. They have also purchased an additional fish cage to maximize profit from their fish farming venture and in August they restocked their cages with 2,000 more fingerlings. The group has now been registered by the relevant ministry as a legal fish-farming entity in Usenge and has appointed leaders who organise regular meetings and co-ordinate the ongoing fish farming activity.

Ace Africa will continue to give technical support to the group to ensure that their venture remains profitable. Fish cage farming is an innovative idea that if harnessed can change the lives of thousands of people living along the shores of Lake Victoria.

**This is just one of a range of targeted interventions led by Ace Africa Kenya, helping to improve the livelihoods of people living in poverty in Siaya County, where HIV rates have remained high since the start of the epidemic.**



Our partners reduce barriers to education for both children and adults, helping to break the cycle of poverty faced by those affected by HIV & AIDS and bring about sustainable long-term change.



## Education



## Education in Focus

*Kwithu Women's Group*

### Context

Malawi is one of the countries worst affected by the HIV & AIDS epidemic. An estimated 1 million people – or almost 1 in 10 of the populace – are infected with HIV. Over the last 10 years, 417,000 people have died as a result of AIDS-related illnesses. Families across Malawi – one of the poorest countries in the world – struggle to provide for the orphans and vulnerable children in their care. Mzuzu, in northern Malawi, has one of the highest HIV prevalence rates in the country at 13.8% and the devastating effects of the epidemic are felt all the more keenly as a result. Families struggle to meet the basic needs of the many children in their care, and while primary education is free in Malawi, secondary education is not. The added cost of school fees means that only one-third of children go on to attend secondary school.

### Intervention

Mzuzu is also home to Egmont partner, the Kwithu Women's Group. Each week, over 300 children are offered after-school tuition in English and Maths at Kwithu's Centre in Luwinga Ward, helping them to excel in their studies and break the cycle of poverty. Melina was enrolled at the Centre when she was 9 years old, after her father died of AIDS-related illnesses. Melina's mother was frequently ill and struggled to provide for her and her siblings. As a result, Melina missed many of her classes at school while she was caring for her mother, and had only one threadbare uniform.

Melina was also supported onto the Kwithu feeding programme to meet her nutritional needs and provided with a new school uniform and other school essentials such as work-books and pens. The after-school classes helped Melina to excel in her studies and she scored over 90% in her final primary examinations. This secured Melina a place in secondary school but her mother was unable to meet the cost of school fees.

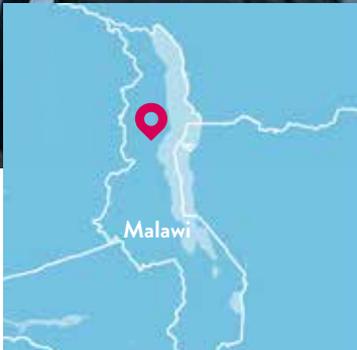
Fortunately, Kwithu was supported by Egmont last year to begin placing some of the most promising students from their education programme into a mixture of private and government secondary schools. Kwithu selected 55 children for support using a mixture of the results of their final primary school examinations and the personal and family circumstances of each child. Kwithu arranged for Melina to attend Loyola Jesuit Secondary School, a

Our partners' work enables:



Access to Education

- + Increasing school enrolment of vulnerable children by providing essential supplies and paying fees
- + Community schools to widen school provision in poor and rural areas
- + Extra-curricular learning programmes
- + Literacy and numeracy classes for adults, improving household budgeting and ability to generate income



**Name of partner**  
Kwithu Women's Group

**Country**  
Malawi

**Started working together**  
2015

**Amount invested**  
£53,210

**Number of beneficiaries** 1,923

**Impact areas**



new government boarding school. While Melina has not contracted HIV, many of the children Kwithu supports are HIV+. Kwithu helps to educate their care-givers on the importance of adhering to the children's antiretroviral (ARV) regimens, drugs that keep the levels of HIV virus – and its effects – low within their bodies. Kwithu also arranges for HIV+ children to have their viral levels tested at the local hospital to assess how well the ARV treatment is working. Those with high levels of the virus are assisted with extra nutritional support, which increases the efficacy of the ARV treatment.

## Outcome

As a boarding student at Loyola Jesuit School, Melina has found an environment where she can concentrate on her studies. Her nutritional needs are met and she is able to complete her homework after school. In her end-of-year results, Melina was placed in the top 15% of her class, excelling in Mathematics and Science. Melina now dreams of becoming a nurse. Her mother received agricultural training from Kwithu and has set up a small garden where she grows vegetables for her family. She even sells some of her produce and has started to generate a small income. Meanwhile, the 54 other children supported by the scholarships have also completed their end-of-year examinations with notable results, particularly those who were placed in boarding schools. Those at Loyola Jesuit scored an average of more than 70% in English and Mathematics and Brian, one of the older boys supported into Mzuzu Academy, has been selected as Head Boy.

Photo: Kwithu, Malawi  
Photo credit: LUSHphotography



## Education in Focus

*Betty's Story*

**In Lusaka, there are an estimated 30,000 children living on the streets. Young girls are the most vulnerable, in danger of exploitation, trafficking and sexual abuse, leading them to be more than three times as likely to be infected with HIV as their male counterparts.**

Egmont partner Vision of Hope is the only organisation in Lusaka that works exclusively with girls living on the street. Set up by Chitalu Chishimba, Vision of Hope was born out of a desire to help young girls, who were often victims of abuse, to turn away from a life on the streets and start making steps towards a positive future.

Betty lost both of her parents when she was very young, and moved with her older sister to live with her aunt in the border town of Livingstone. Her aunt was already struggling to care for her own children after the death of her husband and turned to prostitution to provide for her family. One night, Betty's aunt left home with her own children, leaving Betty, then 8 years old, and her sister alone. After being evicted from their house, Betty and her sister jumped onto a train, unsure of its destination.

Arriving in Lusaka, they found themselves unable to speak or understand the local language and after a week, Betty's sister disappeared. As Betty waited at the train station, desperate for news or to catch sight of her sister, she met other street children who were living around the station. For six years Betty eked out an existence on the streets, becoming addicted to a construction



**There are 450,000 children under the age of 17 in Zambia today who have lost one or both parents to AIDS. Often, these children are taken in by grandparents or extended family members, but some have nowhere, or no one, to turn to and end up on the streets.**



**Name of partner** Vision of Hope  
**Country** Zambia  
**Started working together** 2013  
**Amount invested** £94,152  
**Number of beneficiaries** 8,282

**Impact areas**



solvent, known as *bostik*, which brings feelings of warmth and numbness, and is therefore the drug of choice for street children. Betty became pregnant at 13 years old and gave birth at 14, although sadly her baby did not survive.

Chitalu discovered Betty shortly after this. “There were no safe houses in Lusaka for girls living on the streets at this time, only adoption homes for very young children.” Luckily, Chitalu had just secured premises for the girls she found sleeping rough and Betty and the other girls were able to feel safe and secure in Vision of Hope’s compound. A safe house, however, was not enough for the girls, or for Chitalu.

**“They came, they slept, they ate but without education, it is like you are just hitting a hard rock that will not break!”**

Egmont funding, which began in 2014, enabled Vision of Hope to start sending some of the girls to local schools, and Betty was one of the first cohort to receive educational support. The transition from a life on the streets to life at the Vision of Hope compound was not easy for Betty and neither was adjusting to the school environment. However, with extra tuition provided at the compound, Betty was able to quickly progress through the lower grades and went on to secondary school and then to technical college, where she trained to become a cook.

Now, Betty has secured employment at the Chamba Valley Hotels chain and, with the money she is earning, has been able to move out of the Vision of Hope compound into the nearby neighbourhood of Ng’ombe. On International Women’s Day last year, Betty was recognised as a ‘Young Female Achiever’ at an event hosted by the Zambian Vice-President.

**Since Egmont funding began, 319 street girls have been provided with a safe and secure environment, supported into school, reintegrated with family members or assisted – like Betty – into a position where they can provide for themselves and live healthy lives.**



Left: Betty at the Vision of Hope compound in 2014

Right: Betty at her own home, today



# Healthier Futures



HIV remains a constant presence in every community across sub-Saharan Africa. Across the region, 25.5 million people are infected; an estimated 41% of whom are unaware that they are HIV+. Of those that know their status, over half are unable to access treatment – increasing the chances of passing on the infection.

**Name of partner** Child Protection Society  
**Country** Zimbabwe  
**Started working together** 2016  
**Amount invested** £27,024  
**Number of beneficiaries** 200

**Impact areas**



## Health in Focus

*Tatenda's Story*

Zimbabwe is one of the countries hardest hit by the HIV & AIDS epidemic. At the height of the crisis nearly 1 in 5 people were HIV+, and it is only over the last few years that this has stabilised to around 1 in 7 people. Since the first cases of HIV were identified in the country in the mid 1980s, over 1.8 million people in Zimbabwe have died as a result of AIDS. The ongoing result is that generations of children have grown up without parents.

15-year-old Tatenda lost his mother when he was just 6 weeks old, and now lives with his 61-year-old grandmother. Tatenda's grandmother struggled to provide for him, but she also struggled to explain how he became orphaned or why he had to take daily medication. Like many elderly grandparents caring for HIV+ orphans in Zimbabwe, Tatenda's grandmother was unable to bring herself to tell him that his mother was HIV+ and had passed it on to him at birth. HIV is still a disease shrouded in stigma within Zimbabwean society.

Egmont is supporting the Child Protection Society (CPS) to

help children who have stopped taking their antiretroviral (ARV) treatment, drugs that are essential in keeping HIV at bay. Fortune, CPS's Health Officer, explains that children commonly default on their treatment due to its unpleasant side effects, such as nausea, vomiting or skin rashes. Some are unaware of their status and question why they have to take daily medication when their friends do not. Others are simply unable to afford the cost of travel to the nearest clinic to collect their medication.

CPS works with community health workers (CHWs), who volunteer their time and are well known in their communities.

## Our partners' work enables:



### Treatment & Care

- + Transport to clinics for HIV+ people, helping ensure full compliance with treatment regimes
- + Treatment for HIV & AIDS-associated diseases such as tuberculosis by those unable to afford treatment
- + Educating family members caring for sick relatives in effective, inexpensive treatment



### Testing & Counselling

- + More people to be tested for HIV and more HIV+ individuals to be supported with adequate nutrition
- + Additional staff at existing treatment centres and specialist outreach services for poorly serviced communities
- + Promoting antenatal care amongst pregnant women, helping to prevent mother-to-child transmission of HIV



### HIV & AIDS Education

- + Communities to be educated on how HIV is transmitted and how infection can be avoided
- + Promotion of family planning methods
- + Reduction in stigma and discrimination of HIV+ people
- + Support groups for people living with HIV

The CHWs conduct regular home visits to families caring for HIV+ orphans, helping them to disclose to their children and providing advice on living with HIV. They are also able to highlight crisis cases, where there is not enough food within the family, or a child has stopped taking their ARVs, so that additional support can be arranged. Care-givers are also assisted with business training to help them generate an income.

When Tatenda stopped taking his ARV medication, he quickly became ill. Even though his grandmother worked in the school fields to help pay for his school fees, he was unable to attend his lessons. Fortunately, Tatenda's neighbours informed their CHW who enrolled Tatenda into the CPS project. With training from CPS, the CHW was able to counsel Tatenda and his grandmother, explaining his status to him and the importance of adhering to his treatment.

As Tatenda had stopped taking his medication, his HIV developed a resistance to it and he had to be prescribed more advanced, '2<sup>nd</sup> line' treatment – which is only available from central hospitals. CPS provided his grandmother with a monthly allowance to travel the longer distance to collect his new medication. They also provided Tatenda with nutritional support packs to increase the efficacy of the drugs and reduce some of their unpleasant side effects. His grandmother was enrolled in a local business group, to help her generate an income and meet some of their basic needs. Tatenda is now back in school and is an exemplary student, being recognised at a district level for

**“The visits are useful as at the clinic you do not always have the time or feel comfortable asking these questions. But with the CHW you can ask at home and you have time.”**



**“I was having difficulty disclosing the status of my child, I thought my son was going to die as he was HIV+. Now he is on 2<sup>nd</sup> line treatment, he has a life.”**

achieving some of the best results in his end-of-year examinations. He hopes to become a doctor.

This project is an example of a local response to an emerging, and unexpected consequence of the impact of the HIV epidemic – the difficulty that older care-givers have in explaining their HIV status to young children in their care. CPS was supported by Egmont to identify 200 children like Tatenda, who have developed a resistance to the life-saving medication needed to suppress the levels of HIV in their systems.

**In 2017, 151,000 children and adolescents across sub-Saharan Africa lost their lives to AIDS. Thanks to the work of CPS and their volunteers, Tatenda and the other children supported by the project now have a healthier future ahead.**



# Safer Communities

“We used to have many cases of domestic violence to settle in our courts but now they have reduced. The children are happier as families have changed the way they settle disputes.”  
Mr Nharwira, Village Chief

Cultural traditions and societal structures across sub-Saharan Africa continue to adversely affect women and children, leaving them vulnerable to abuse, neglect and sexual violence, increasing the risk of infection. Educating men, women and children on behaviours and rights that combat these trends, and working with legal and judicial bodies to enforce them, helps create fairer and safer communities.



**Name of partner**  
AIDS Counselling Trust  
**Country**  
Zimbabwe  
**Started working together**  
2007  
**Amount invested**  
£177,684  
**Number of beneficiaries**  
9,110  
**Impact areas**



# Communities in Focus

AIDS Counselling Trust

## Context

In rural Zimbabwe, patriarchal systems render women less able to negotiate for safe sex and more likely to suffer domestic violence. In an area where nearly 1 in 5 people are HIV+, such an environment makes women more vulnerable to contracting the disease. With support from Egmont, The AIDS Counselling Trust (ACT) is working to address this issue in the rural areas surrounding Marondera – 50 miles south of Harare – where tradition continues to dominate social life.

## Intervention

The project targets 421 men and boys from 4 villages who have been enrolled on ACT's 'Transformative Masculinity' programme. Men taking part have been recruited from beer-halls and community centres with the help of traditional leaders and village health-workers. Peter Kamusiya, ACT's Programme Manager, explains that ACT offers no financial incentives for taking part in their programme. They prefer to explain to the men how changing long held traditions (e.g. on inheritance where land is only passed down to sons) can actually benefit them and their families.

Men enrolled in the programme also explore issues related to gender and positive masculine traits with the aim of reducing violence against women, improving male involvement in prevention of mother to child transmission of HIV, promoting good parenting and encouraging health seeking behaviour. Women are also enrolled in the programme and receive HIV treatment literacy workshops so that they can learn how to lead healthy lives with HIV. Women are signposted to testing facilities, learning how often they should get tested and the benefits of knowing their status; that they should have their children tested at 6 months; safe feeding practices for their babies; and about the side effects of ARVs and how to mitigate them. Women also provide feedback to ACT on how the project is impacting their partners' behaviour.

## Outcome

These two strands of the project work in tandem. The work with the men helps to reduce behaviour that can lead to HIV infection, such as unsafe sexual practices and also shows them how to become better partners and fathers. The work with the women mitigates the damage wrought by these behaviours, for example teaching them to get medical treatment that can prevent HIV from gaining hold in their immune systems after sexual assault. It also teaches women how to seek treatment to prevent the spread of HIV to their babies amongst other things. Feedback from the spouses of the 421 men enrolled in the project is positive, with the women noting significant changes in the behaviour of their partners:

**"My husband has changed since the training. He helps me with chores and looks after our baby."**

**"After the training me and my partner went for testing. We now know we should go periodically so we are always aware of our status. Now I know if I become HIV+ I can live a healthy life and have a healthy family."**

Village leaders state that since the training there has been a significant reduction in cases of domestic violence reported to them, where previously they dealt with an average of three a month. The head of Chikota village, Mr Nhawira, notes that men now carry their babies or their partners' nursery bags to village meetings. "Couples are gardening together where before we were only seeing women in the gardens." Perhaps most significantly, Chikota village has begun changing its inheritance customs: fathers are now setting aside land for their daughters, one of the many steps this community has taken towards gender equality in the last 12 months with ACT's support.



### Our partners' work enables:



#### Preventing Child Abuse

- + Victims of child abuse to access legal recourse and protection
- + Reduction in child labour cases, enabling children to attend school
- + Prevention of early marriages, allowing young girls to live the lives they wish to pursue
- + Reduction in incidences of female genital mutilation



#### Violence Against Women

- + Victims of sexual violence to access psychological support through counselling and support groups
- + Quicker access to post-exposure treatment (PEP), reducing the likelihood of HIV infection

# Notes from the Field



**Earlier this year, Wellington College students Maya Stock and Chloe Ansell were given the opportunity to spend five weeks in Zambia and see the results that PLAEP was achieving with Egmont's support. Here, in their own words, is what they thought.**

Partners for Life Advancement & Education Promotion (PLAEP) is based in Kitwe, which has the second highest prevalence rate in Zambia. Our first impression of PLAEP was the scale of operation relative to the charity's size. It is reaching an astonishing number of beneficiaries in the local area, and growing still! The local community school that it supports (Musonda OVC Community School) has grown exponentially over the past few years, and a new classroom block is currently underway, making us appreciate PLAEP's work even more. We have also broadened our understanding of the disease in general, not only its practical infection but the wide-ranging destruction it can and does inflict on a community.



The top floor and attic were near to completion and students were already having lessons in the first floor classrooms. PLAEP runs a great number of powerful projects: social enterprises, community lending and savings groups, and HIV educative projects to name but a few! A trait we noticed that seemed to be key to the success of PLAEP, and indeed any grassroots charity, was the fact that the majority of the staff were locally based, meaning that they directly knew the communities that they were helping, and had an added passion to serve their people.

Prisca, PLAEP's Director, was one of the most passionate and hard-working people we've ever met. Stemming from her experience of working for OXFAM, Prisca established an NGO founded on an aim to improve the lives of her local community through the means of education. She comes to the job with not only a background in development work but a strong, sustainable vision for her community. Her ambitious nature was infectious and filtered down through to the other members of PLAEP and indeed to us.



**We were in awe of her dedication to the cause and the fact that she simply did not stop working!**

Regarding our experience of working with an African NGO, one of the aspects we liked was its direct work with, and for, the local community. It was amazing to see the raw work of individuals striving for change, as opposed to the broad 'visions' of larger charities that we so often hear about. The effectiveness of PLAEP is evident in all aspects of its work. The recent impressive Grade 7 results from Musonda are a testament to the power of the support that PLAEP is providing to the school, as without it we are sure that such a feat would have been unachievable. The GROW group that we visited appeared to be an extremely efficient system, adapted from an already established strategy, and with PLAEP members overseeing each GROW group's weekly meeting, the whole system worked very well. We enjoyed observing a micro-financing scheme in actuality and the way that control was given to the members, who were mostly women, allowed for a community driven change 'from the bottom up'. The Smart Choices programmes rolled out to the local youth also seemed to be effective, and we spent one afternoon observing

## Wellington College has been supporting Egmont partner PLAEP in Zambia since February 2017.



a session. We were slightly taken aback by the content of the videos shown, but could appreciate the need for a shocking angle to be taken in order to make the students aware of the destructive nature of the disease.

For 3 weeks, we taught phonics (English) 3 days a week to Grades 1, 2, 3, 4 lower, and carried out guided reading with Grade 4 higher (with some of the books we had taken out as donations). On top of this, we helped with the school feeding programme that ensures each child receives a nutritious meal, 5 days a week.



We also helped with profiling some of the Grade 5 and 6 students, giving us an insight into their home lives – whether they were single or double orphans, whether they knew their birthdays and which community they lived in, as well as the occupations (if any) of their parents/carers. On our second last Friday, we helped with the launching of Musonda’s new youth corner (a new PLAEP supported project) that was not only for the youth attending Musonda, but also the surrounding community schools, where we ran an art session. The corner provided a perfect space for teenagers to come and enjoy themselves, whilst learning integral life skills and receiving life training such as entrepreneurship and HIV awareness.

It was sad to see the entrapment of an evident poverty cycle, making a school like Musonda even more integral to bettering the local children’s lives. An even sadder side to poverty within the communities such as Musonda, Ipusukilo, Kwacha East or Bulangililo was the idealising of marriage amongst young girls. We heard stories of abuse and teen pregnancies and learnt how a lack of options leads girls down this path.

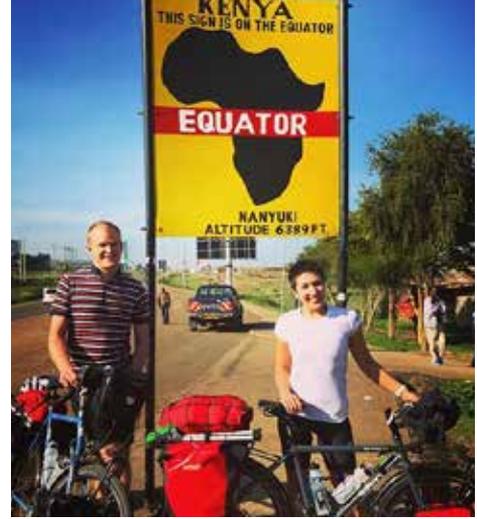


**Our experience working with one of Egmont’s partners was an eye-opening journey for us. We made incredible friends in Kitwe with whom we hope to keep in contact. We hope that we can continue to give our time to Egmont in future.**



# Donor Viewpoint

## Naomi Scarano & Charlie Bellingham



In March, Egmont supporters Naomi and Charlie embarked on a 4-month long, 7,000km charity bike ride from Kenya to Cape Town to raise money for Egmont's partners. In Zambia, 5 weeks into their journey, we catch up on how they are doing and why they chose to support Egmont and our partners' work.

### Why Egmont?

When we decided that we wanted to do our first ever unsupported bike tour for charity, we did a lot of research to find the organisation that ticked all of our key criteria:

- Based in Africa – Africa was to be our home for 4 months and we were hoping be welcomed as we traversed this continent. It had to be our host and its people that would benefit.
- Bang for your buck – we knew we wouldn't be raising millions, so we wanted to ensure that every penny (if possible) went straight to the beneficiaries.
- A focus on supporting and assisting children – given the nature of Naomi's work, this was always a priority for any charitable donations and fundraising.
- Preferably something smaller with a passionate community feel – we wanted to be wholly involved in the spirit and activities of our chosen charity, and to feel as though we could be part of something for longer than just the 4 months in the saddle.

### What do you like about our partners?

We have had the privilege of spending time with VAP in Nairobi, Kenya; ACE Africa in Arusha, Tanzania; and LICO in Rhumpi, Malawi. All the partners, people and projects are unique however there were some clear parallels to be drawn between

the three organisations and employees. Firstly, and most predominantly, is the unwavering commitment and passion for their respective causes, projects and community which flows from every member of the partner organisation – from project directors to volunteers in the field. This unwavering commitment can only come from people who fully understand, empathise and can engage with beneficiaries and projects.

The unique insight of the partners into the root causes of the issues within their own communities, and their knowledge of effective solutions based on an understanding of culture/traditions/social-economic and general living situations of the target beneficiaries gives the partners an unchallengeable advantage over any foreign aid trying to achieve the same aims. The partners do not overcomplicate matters, and they do not have the luxury of throwing money at the problems – this leads to creative but always simple solutions following their core values.

### Future challenges?

How to reach a wider audience of supporters without spending more on marketing and potentially compromising on a core Egmont policy of 100% of donations making it to African partners. How to do this while ensuring the strong and effective Egmont community (in both the UK and Africa) continues to grow, and secure the long-lasting effectiveness of partner organisations so that they do not rely solely on a couple of strong people.



START

TANZANIA

MALAWI

ZAMBIA



# Special Report



## In Kenya, Naomi and Charlie spent time with Egmont partner Vajana Amani Pamoja (VAP), which uses the power of football to reach children and young people with information about HIV.

Today we had the privilege of visiting the first Egmont partner organisation on our route between Kenya and South Africa. We made it to Nairobi early this morning and met the wonderful Charles at midday for a tour of the VAP office before watching the beneficiaries in footballing action.

It's difficult to describe what you can see and learn in the space of a few hours on a stifling Easter Sunday afternoon, but all we know is that the world would be a far richer place with more people like Charles and the team at VAP. The best way to share what we learned is to distil it into the simple and effective approach of VAP themselves:

“A football pitch is a positive community: like minded young people come and play and make different and healthier choices. It is a safe space away from the very real and very serious social problems in the slums around Nairobi. It is the place for gaining a wider education and even employment. It is the perfect spot for Sunday afternoons in the sunshine with your friends – running around, getting sweaty and not giving a damn.

The football team is a bond of trust: it starts with the game and players wearing the same shirts. It develops into friendships between players and coaches, filled with confidence and understanding. It becomes a place where young people feel able to be open, honest and heard. Girls and boys learn about pressure in relationships, safe sex and are HIV tested. They all learn to avoid peer pressure and make their own independent decisions. Young people find real inspirational role models who have run their dusty streets in their tired shoes.

The game of football is the key: pick up a ball and throw a few jackets down and the game is on. It starts small, (but important), with laughter, friendships and teamwork. It grows into an education and lifelong and life-saving decisions. Huge life changing impact is made to over 2,500 participants. Every. Single. Year.”

And here we were thinking it was just a game and just a patch of grass.

**Naomi and Charlie**



BOTSWANA

NAMIBIA

SOUTH AFRICA

FINISH





# Projects supported in 2017

Country	Partner	Focus of project(s)	Grant type	Total approved 2017 (£)	Total committed since 2005 (£)
Kenya	Ace Africa Kenya	Increases children's access to nutritious food, medication, child rights, psychosocial support and HIV prevention	Core	25,930*	241,133 ‡
Kenya	Girl Child Counselling Women's Group	Provides vocational training to mothers and young women at risk of HIV infection, helping them to establish an income stream	Core	26,000*	62,000 ‡
Kenya	Kenya Poverty Elimination Network	Improves orphan care through grandparents by providing training in bee-keeping, and goat-rearing; and psychosocial support	Core	27,277*	252,762 ‡
Kenya	Rural New Life Development	Improves quality of lives for young women and children living with HIV using the 'DECENT CARE' approach	Innovation	25,068	39,683
Kenya	Sponsored Arts For Education	Reduces incidences of female genital mutilation (FGM) through community dialogue and traditional dance	Core	27,133	52,933
Kenya	Trust for Indigenous Culture and Health	Disseminates health information and encourages self-motivated community responses to problems linked to HIV and poverty in urban slum households	Core	4,568	213,751 ‡
Kenya	Vijana Amani Pamoja	Supports youth behaviour change, with the goal of reducing the HIV infection rate and empowering more girls to lead safe, healthy lives through the medium of football	Core	27,300*	185,076‡
Malawi	Community Partnership for Relief and Development	Household economic strengthening for improved livelihoods and early years education support for vulnerable children	Innovation	†	34,159
Malawi	The Dalitso Trust	Provides rural communities with training in holistic health, parenting skills and small-scale infrastructure improvements such as latrines and hand-washing facilities	Innovation	†	17,259
Malawi	HIV/AIDS at Workplace Intervention Programme	Promotes good nutrition for HIV+ children and supports women caregivers to improve their economic status through community support groups	Core	27,200	211,721
Malawi	Kwithu Women's Group	Education and feeding programme for vulnerable children in Luwinga ward, Mzuzu. Academically gifted children offered scholarship to secondary schools	Core	27,294	53,210
Malawi	Life Concern	Increases access and uptake of Prevention of Mother To Child HIV Transmission services amongst women in rural areas	Core	24,500	212,148
		Child sexual abuse prevention and support through Edu-Toy programme	Strategic	74,692	
Malawi	The MicroLoan Foundation Malawi	Microfinance and training to impoverished women helping them to develop sustainable businesses	Core	48,306	88,000

Country	Partner	Focus of project(s)	Grant type	Total approved 2017 (£)	Total committed since 2005 (£)
Malawi	National Smallholder Farmers Association	Enhances community resilience through functional literacy, and promotes crop diversification and livestock production for smallholder farmers	Core	26,000	204,864
Malawi	YouthCare Ministries	Vocational training for vulnerable children	Innovation	†	9,324
Mozambique	A Little Gesture	Provides education for impoverished and malnourished children infected with HIV/AIDS, on a day care basis, ensuring adequate nutrition, medication and medical assistance	Core	22,167	68,167
Mozambique	Meninos de Moçambique	Provides medical, social and educational assistance to street children and youth, including reintegration with families when possible	Core	25,166	241,166
Mozambique	Associação Missao Moçambique	Residential centre for vulnerable and orphaned children affected by, or infected with, HIV/AIDS	Core	25,157	51,157
Mozambique	Vukoxa	Improves community support, food security and basic services for older carers to raise the quality of life for vulnerable children	Core	26,000	211,503
Tanzania	Ace Africa Tanzania	Strengthens community skills, structures and systems to improve access to child protection, HIV prevention, life skills and psychological support	Core	26,447	221,161
Tanzania	Forever Angels	Provides families with babies at risk of malnourishment and starvation with nutritional support and business training	Core	26,000	74,000
Tanzania	Kimara Peer Educators and Health Promoters Trust Fund	Educational, nutritional and psychosocial support for children; microcredit and business training for carers	Core	26,171	223,179
Tanzania	Kwa Wazee	Tatu Tano support group system for vulnerable children providing them with agricultural skills and inputs, enabling them to attend school and meet their basic needs	Innovation	14,408	14,408
Zambia	Kucetekela Foundation	Scholarship support for academically gifted, disadvantaged children and community service projects	Core	1,300	159,594
Zambia	Mitengo Women Association	Promotes income-generating agricultural activities and microcredit of rural and semi-rural women groups through training and equipment	Core	48,164	295,940
Zambia	Partners for Life Advancement and Education Partners	Accelerated learning and feeding programme for out-of-school, vulnerable children with income generation support for their guardians and care-givers	Core	29,730	43,990
Zambia	Restless Development Zambia	HIV and sexual reproductive rights education with in and out-of-school youths through use of the peer-led 'Girls Like Us' model	Core	26,000	71,924
Zambia	Vision of Hope	Provides a protective environment for girls on the streets through education, shelter, life skills and healthcare	Core	25,995	94,152

\* These figures include funding in 2017 that was secured by Egmont from a third party to the value of £103,916.

‡ These figures include funding secured in 2014-2017 by Egmont from a third party to the value of £407,009.

† Grant committed in 2016 to support a project running through 2017.

Country	Partner	Focus of project(s)	Grant type	Total approved 2017 (£)	Total committed since 2005 (£)
Zambia	Zambian Rainbow Development Foundation	Training and inputs for soya-bean farming for families in Mkushi and Luani Districts, enabling them to contribute to a school feeding programme	Core	26,000	26,000
Zimbabwe	AIDS Counselling Trust	Reducing gender-based violence, harmful beliefs and behaviours by redefining gender stereotypes and promoting behaviours that reduce the likelihood of HIV infection	Core	26,485	177,684
Zimbabwe	Chiedza	Remedial and informal schooling for children from disadvantaged families, enabling them to reintegrate into the formal school system	Core	27,300	49,100
Zimbabwe	Child Protection Society	Promotes adherence to HIV treatment and home-based care for vulnerable children and adolescents	Core	1,039	27,024
Zimbabwe	Hospice Association of Zimbabwe	Provides support systems and training in income-generating activities for girls and young women at risk of HIV infection and gender-based violence	Core	27,268	198,811
Zimbabwe	Leonard Cheshire Disability Zimbabwe	Provides training and support to young girls and women living with disabilities and vulnerable to HIV infection	Core	25,331	25,331
Zimbabwe	Matabeleland AIDS Council	Support to 10-24-year-olds living with or affected by life-limiting illnesses with home-based care and income-generating initiatives	Core	25,683	51,683
Zimbabwe	Midlands AIDS Service Organisation	Support group system for grandmothers caring for AIDS-affected children	Innovation	15,000	35,000
Zimbabwe	Pamuhacha	Economic strengthening and training, comprehensive sexual reproductive rights education for adolescent girls and young women	Innovation	15,000	30,000
Zimbabwe	Rafiki Girls Centre	Empowers disadvantaged girls economically and socially through vocational and life-skills training	Core	†	277,742
			Strategic	75,000	
Zimbabwe	Restless Development	Provides HIV prevention information and support to sexual abuse survivors and young women forced into sex work	Core	27,297	201,496
Zimbabwe	Rujeko Home Based Care Programme	Enhances care and support services for vulnerable children affected by HIV & AIDS in Buhera District	Core	1,300	27,300
Zimbabwe	Sharmwari Yemwanasikana	Helps young girls back into school, with training on making sanitary ware and supporting their families to establish businesses	Innovation	14,850	14,850
Zimbabwe	Southern Africa Dialogue	Improves access to HIV treatment and provides alternative therapy through community health clubs to enhance patient recovery in urban households	Core	2,938	64,644
Zimbabwe	Sikhethimpilo Centre	Village goat-breeding project to increase vulnerable families' ability to pay for school fees, medical treatment and other household expenses for children affected by HIV & AIDS	Innovation	†	13,086
Zimbabwe	Talia Women's Network	Agricultural and vocational training for young parents and commercial sex workers	Innovation	14,255	14,255
Zimbabwe	Youth Advocates Zimbabwe	Delivers HIV prevention services through an MSM text-based helpline	Innovation	†	15,000



# Fundraising in 2017

**During 2017, Egmont continued to benefit from financial contributions from its loyal base of committed supporters.**

**Over the course of the year, including direct project support, total fundraising income stood at £1,597,325<sup>†</sup>, slightly exceeding the target of £1,588,922.**

## Fundraising highlights

### Events

Egmont's Annual Awards, where we celebrate our partners' achievements, were held on 8th March. 2016 Award Winners, Ruth Njiha from Girl Child Counselling Women's Group in Kenya and Florence Lutale from Kucetekela Foundation in Zambia, shared their stories with Egmont supporters. Whilst the Awards do not have a fundraising focus, donations totalling £5,365 were made following the event.

On 16th May, Egmont Trustees Stuart Powers and Rory Powe captained opposing teams (Team Rafiki versus Team Kimara Peers) in a closely fought cricket match at the Honorable Artillery Company cricket-ground. The event was a chance to introduce Egmont's work and approach to a new network of supporters. A nail-biting finish saw Team Rafiki prevail over Team Kimara Peers in the final minutes of the match.

On Wednesday 8th November, Alison Mayne hosted an evening for Egmont's Ambassadors at her home. Guests heard about Egmont's plans for the future, as well as how they can continue to actively support Egmont by helping to fundraise, making new introductions to the charity and acting as an advocate for Egmont's work.

### The Egmont US Foundation

In February 2017, the Egmont US Foundation was granted tax exempt status under Section 501(c)3 of the US Internal Revenue Code, allowing gifts to the Egmont US Foundation to be deductible to the extent allowed by law.

The Egmont US Foundation is governed by an independent Board of Directors (who volunteer their time and receive no compensation of reimbursement) and shares the Egmont Trust's mission to alleviate the impact of HIV & AIDS on children in sub-Saharan Africa.

All administrative costs of the Egmont US Foundation are separately funded, so that 100% of donors' gifts can support projects working to improve the lives of children affected

by HIV & AIDS. If you would like to find out more about how you can support The Egmont US Foundation, please contact [USfoundation@egmonttrust.org](mailto:USfoundation@egmonttrust.org)

### Equator to Cape Cycle Challenge

Naomi Scarano and Charlie Bellingham have chosen to fundraise for Egmont as they undertake the adventure of a lifetime, riding their bikes 7,000km from the Equator in Kenya to Cape Town in South Africa. As well as planning for their departure, Charlie & Naomi threw their energy into their fundraising efforts, organising a quiz night and a fundraising spin cycle amongst other events. So far, Naomi and Charlie have raised an amazing £4,004.20 for Egmont. You can follow their progress across Africa at [www.equatortocape.com](http://www.equatortocape.com) and sponsor them here: [mydonate.bt.com/fundraisers/equatortocape](http://mydonate.bt.com/fundraisers/equatortocape).

### Wellington College

We would like to extend our thanks and congratulations to the girls and parents of Combermere House at Wellington College for their fantastic support.

On 3rd February, Combermere House raised over £10,000 for Egmont's partners at their Entertainment Night. All of the money raised has been directed to Egmont partner Partners for Life Advancement and Education Promotion (PLAEP) in Zambia. PLAEP is improving the chances of 250 vulnerable children affected by HIV & AIDS in the town of Kitwe, north-central Zambia. These children are being supported through the provision of school fees, extra tuition and a school feeding programme to ensure that they are receiving a nutritionally balanced diet.

## Thank You!

**Last but not least, our heartfelt thanks go to our Trustees, Patrons, Ambassadors and many generous supporters, whose exceptional generosity and support enables our partners to undertake their life-changing work.**

<sup>†</sup> Amounts raised include direct third-party funding of £103,916 in 2017.



# Get Involved

**Your support helps our partners to deliver long-term sustainable projects that help thousands of orphans and vulnerable children affected by HIV & AIDS every year.**

## Donate

As a charity, Egmont relies entirely upon the generosity of its many supporters and we welcome every donation. We particularly encourage people to join us as regular givers. Don't forget to sign a Gift Aid form to allow us to claim an additional 25p for every pound you donate, at no extra cost to you. You can print one off online at [www.egmonttrust.org/getinvolved](http://www.egmonttrust.org/getinvolved)

### Standing orders and bank transfers:

Please use the following details:  
Clydesdale Bank plc, Sort Code 82-04-03, Account Number 10307910. Standing order forms are available on our website.

**Cheques:** please make cheques payable to 'The Egmont Trust' and send to The Egmont Trust, Temple Court, Cathedral Road, Cardiff CF11 9HA.

**Online:** please go to [mydonate.bt.com/charities/egmonttrust](http://mydonate.bt.com/charities/egmonttrust).

## Fundraise for Egmont

Whether it's running, cycling, or demonstrating your knowledge at a quiz night, join our many supporters who fundraise for Egmont every year.

## Engage your business

Egmont is keen to create strong partnerships with companies and their staff. Our fundraising team will work to maximise your engagement with Egmont, no matter how large or small your business. We can help support staff fundraising initiatives, which build morale and raise awareness of your commitment to social responsibility.

## Keep in touch

Sign up on our website to receive our newsletters and email updates, where we report on our partners' progress and tell the stories of people whose lives are transformed by Egmont's support.

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For more details on how to give, please contact us at [info@egmonttrust.org](mailto:info@egmonttrust.org) or visit the Egmont US Foundation website: [www.egmontfoundation.org](http://www.egmontfoundation.org)

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# A huge thank you to all of Egmont's supporters

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## Patrons

**Mark and Sarah Ansell, The Syncona Foundation, Ross Turner, Various anonymous.**

## Acknowledgements

**Thank you to the Egmont US Foundation's Directors: Robert Chartener, Jeremy Evans and Donald McNeal, for their help and support in establishing Egmont US.**

**Thank you to the Redburn Editorial Team for assistance with document design and to DG3 for assistance with printing.**

## Major Supporters

**The Syncona Foundation, The Britford Bridge Trust, Cathrine and Hakan Filipson, Goldman Sachs Gives, Sjoerd Leenart, The Littlefield Foundation, The Rosemarie Nathanson Charitable Trust, Ross Turner, The Treebeard Trust, The Waterloo Foundation, Combermere House of Wellington College, The Woodcock Family Charitable Trust, Various anonymous.**

## What your money can buy...

**£25**

Provides HIV testing and counselling to 17 teenage girls and boys, letting them know their status and access treatment

**£50**

Trains 2 families caring for vulnerable children in bee-keeping and agriculture, helping them to grow their own food and earn an income

**£100**

Provides nutritional packages of flour, sardines, sugar, cooking oil and soap for a child affected by HIV & AIDS for 1 year

**£150**

Provides vocational training for 2 disadvantaged out-of-school young people in tailoring, food preparation or carpentry, enabling them to earn a living

**£350**

Pays for tuition, exam fees and materials so that 1 young woman affected by HIV & AIDS can train as a nurse's assistant

**£500**

Buys 500 chickens, including vaccines and chicken coops, for families caring for vulnerable children enabling them to generate an income

**£1,000**

Provides 50 women with start-up capital for income generating businesses enabling them to provide for the vulnerable children in their care

**£1,500**

Provides 250 children with a hot meal in school, every day for a year, helping to keep them attending classes and gain an education

**£2,500**

Provides 4 young children living with HIV with a specialist in-school programme, offering nutrition, access to medication and educational support, helping them to stay healthy and at school

**£5,000**

Provides HIV testing and counselling for 3,600 in- and out-of-school young people in hard-to-reach rural areas, letting them know their status and helping to prevent future infections





# Audited Financial Statements

## Reference and Administrative Details

**Charity name** The Egmont Trust

**Charity registration number** 1108199

**Principal address** Temple Court, Cathedral Road, Cardiff, CF11 9HA

**Trustees** Clare Evans, Jeremy Evans (Chairman), Rory Powe, Alison Mayne, Stuart Powers

**Chief Executive Officer** Colin Williams OBE

**Bankers** Clydesdale Bank, 35 Regent Street, London, SW1Y 4ND

**Auditors** Haines Watts Wales LLP, 7 Neptune Court, Vanguard Way, Cardiff, CF24 5PJ

**Investment Advisor** CCLA Investment Management Ltd, COIF Charity Funds, 80 Cheapside, London, EC2V 6DZ

## Independent Auditors' Report to the Trustees of The Egmont Trust

### Opinion

We have audited the financial statements of The Egmont Trust (the 'charity') for the year ended 31 December 2017 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

This report is made solely to the charity's trustees, as a body, in accordance with Section 144 of the Charities Act 2011 and regulations made under Section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2017 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland'; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

### Basis for opinion

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

### Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Other information

The Trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our Report of the Independent Auditors thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Report of the Trustees is inconsistent in any material respect with the financial statements ; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

## Responsibilities of Trustees

As explained more fully in the Statement of Trustees Responsibilities, the Trustees are responsible for the preparation of the financial statements which give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

## Our responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a Report of the Independent Auditors that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Report of the Independent Auditors.

**Haines Watts Wales LLP, Statutory Auditors**

## Statement of Financial Activities for the Year Ended 31 December 2017

		Unrestricted funds	Restricted funds	Total funds 2017	Total funds 2016
	Notes	£	£	£	£
<b>Incoming resources</b>					
<b>Income and endowments from</b>					
Donations and legacies	2	1,047,609	445,452	1,493,061	1,237,220
Other trading activities	3	-	-	-	25,295
Investment income	4	351	-	351	83,296
<b>Total</b>		<b>1,047,960</b>	<b>445,452</b>	<b>1,493,412*</b>	<b>1,345,811</b>

\* An additional £103,916 was raised directly for 4 partners in Kenya from one individual donor

<b>Expenditure on Charitable activities</b>	5				
Alleviation of the impact of HIV & AIDS		816,509	118,296	934,805	698,649
Grant Management		-	145,025	145,025	126,832
Fundraising & Publicity		-	97,996	97,996	81,796
Finance & Governance		-	50,182	50,182	47,332
Office & Data Management		-	47,423	47,423	42,786
Other		-	8,265	8,265	-
Foreign Currency		-	37,890	37,890	-
<b>Total</b>		<b>816,509</b>	<b>505,077</b>	<b>1,321,586</b>	<b>997,395</b>
<b>Net income/(expenditure)</b>		<b>231,451</b>	<b>(59,625)</b>	<b>171,826</b>	<b>348,416</b>
<b>Reconciliation of funds</b>					
<b>Total funds brought forward</b>		<b>1,346,516</b>	<b>328,149</b>	<b>1,674,665</b>	<b>1,326,249</b>
<b>Total funds carried forward</b>		<b>1,577,967</b>	<b>268,524</b>	<b>1,846,491</b>	<b>1,674,665</b>

### Continuing operations

All income and expenditure has arisen from continuing activities.

## Balance Sheet as at 31 December 2017

	Notes	Unrestricted funds £	Restricted funds £	2017 Total funds £	2016 Total funds £
<b>Fixed assets</b>					
Tangible assets	10	5,465	-	5,465	619
<b>Current assets</b>					
Debtors	11	493,641	268,524	762,165	31,035
Cash at bank and in hand		1,558,494	-	1,558,494	1,889,439
		2,052,135	268,524	2,320,659	1,920,474
<b>Creditors</b>					
Amounts falling due within one year	12	(479,633)	-	(479,633)	(246,428)
<b>Net current assets</b>		<b>1,572,502</b>	<b>268,524</b>	<b>1,841,026</b>	<b>1,674,046</b>
<b>Total assets less current liabilities</b>		<b>1,577,967</b>	<b>268,524</b>	<b>1,846,491</b>	<b>1,674,665</b>
<b>Net assets</b>		<b>1,577,967</b>	<b>268,524</b>	<b>1,846,491</b>	<b>1,674,665</b>
<b>Funds</b>	13				
Unrestricted funds				1,577,967	1,346,516
Restricted funds				268,524	328,149
<b>Total funds</b>				<b>1,846,491</b>	<b>1,674,665</b>

## Cash Flow Statement for the Year Ended 31 December 2017

	Notes	2017 £	2016 £
<b>Cash flows from operating activities</b>			
Cash generated from operations	1	(287,701)	325,181
Finance costs		(37,890)	-
<b>Net cash provided by (used in) operating activities</b>		<b>(325,591)</b>	<b>325,181</b>
<b>Cash flows from investing activities</b>			
Purchase of tangible fixed assets		(5,705)	(771)
Interest received		351	83,296
<b>Change in cash and cash equivalents in the reporting period</b>		<b>(330,945)</b>	<b>407,706</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<b>1,889,439</b>	<b>1,481,733</b>
<b>Cash and cash equivalents at the end of the reporting period</b>		<b>1,558,494</b>	<b>1,889,439</b>

## Notes to the Cash Flow Statement for the Year Ended 31 December 2017

1. Reconciliation of net income to net cash flow from operating activities	2017 £	2016 £
<b>Net income for the reporting period (as per the statement of financial activities)</b>	171,826	348,416
<b>Adjustments for:</b>		
Depreciation charges	859	808
Interest received	(351)	(83,296)
Finance costs	37,890	-
(Increase)/decrease in debtors	(731,131)	1,026
Increase in creditors	233,206	58,227
<b>Net cash provided by (used in) operating activities</b>	<b>(287,701)</b>	<b>325,181</b>

## Notes to the Financial Statements for the Year Ended 31 December 2016

### 1. Accounting policies

#### Basis of preparing the financial statements

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard for Smaller Entities (effective January 2015) and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

#### Incoming resources

Donations are recognised when there is entitlement, certainty of receipt and the amount can be measured with sufficient reliability.

Investment income is recognised on a receivable basis.

#### Resources expended

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation

## 1. Accounting policies – continued

can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category.

Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

Grants payable are payments made to third parties in the furtherance of the charitable objectives of the Trust. Single or multi-year grants are accounted for when the recipient has a reasonable expectation that they will receive the grant and the Trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive the grant and any condition attaching to the grant is outside the control of the Trust.

### Governance costs

Governance costs include costs of the preparation and examination of the statutory accounts, the costs of trustee meetings and the cost of any legal advice to trustees on governance or constitutional matters.

### Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off the cost less estimated residual value of each asset over its estimated useful life.

Computer equipment – 33% on cost

Individual fixed assets costing £1,500 (2016 – £300) or more are initially recorded at cost.

### Taxation

The charity is exempt from tax on its charitable activities all of which are within its stated primary purpose.

### Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

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

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

### Foreign currencies

Assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the rate of exchange ruling at the date of transaction. Exchange differences are taken into account in arriving at the operating result.

### Pension costs and other post-retirement benefits

The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate

## 2. Donations & legacies

	2017	2016
	£	£
Donations	1,476,559	1,232,157
Gift Aid	16,502	5,063
	1,493,061	1,237,220

## 3. Other trading activities

	2017	2016
	£	£
Fundraising events	-	25,295

## 4. Investment income

	2017	2016
	£	£
Interest received and foreign exchange gains	351	83,296

## 5. Charitable activities costs

	Direct costs	Grant funding of activities (See note 7)	Support costs (See note 8)	Totals
	£	£	£	£
Alleviation of the impact of HIV & AIDS	-	934,805	-	934,805
Grant Management	8,264	-	136,761	145,025
Fundraising & Publicity	-	-	97,996	97,996
Finance & Governance	-	-	50,182	50,182
Office & Data Management	-	-	47,423	47,423
Other	-	-	8,265	8,265
Foreign Currency	-	-	37,890	37,890
	8,264	934,805	378,517	1,321,586

## 6. Grants payable

	2017	2016
	£	£
Alleviation of the impact of HIV & AIDS	934,805	698,433
<b>The total grants paid to institutions during the year was as follows:</b>		
Kenya	59,362	40,215
Malawi	227,992	163,569
Mozambique	98,490	100,000
Tanzania	93,026	69,944
Zambia	157,189	69,560
Zimbabwe	298,746	255,145
	934,805	698,433

## 7. Support costs

	Management	Finance	Other	Governance costs	Totals
	£	£	£	£	£
Alleviation of HIV & AIDS	(6,365)	630	-	5,735	-
Grant Management	136,761	-	-	-	136,761
Fundraising & Publicity	90,607	-	-	7,389	97,996
Finance & Governance	50,182	-	-	-	50,182
Office & Data Management	46,564	-	859	-	47,423
Other	8,265	-	-	-	8,265
Foreign Currency	-	37,890	-	-	37,890
	326,014	38,520	859	13,124	378,517

## 8. Trustees' remuneration and benefits

### Trustees' remuneration and benefits

There were no trustees' remuneration or other benefits for the year ended 31 December 2017 nor for the year ended 31 December 2016.

### Trustees' expenses

There were no trustees' expenses paid for the year ended 31 December 2017 nor for the year ended 31 December 2016.

## 9. Staff costs

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Wages and salaries	213,003	196,674
Social security costs	14,045	13,836
Other pension costs	4,209	4,073
	<u>231,257</u>	<u>214,583</u>

The average monthly number of persons employed by the charity during the year was as follows:

	<b>2017</b>	<b>2016</b>
Charitable activities	<u>6</u>	<u>6</u>

No employees received emoluments in excess of £60,000.

## 10. Tangible fixed assets

	<b>Computer equipment</b>
	<b>£</b>
<b>Cost</b>	
At 1 January 2017	4,865
Additions	5,705
At 31 December 2017	<u>10,570</u>
<b>Depreciation</b>	
At 1 January 2017	4,246
Charge for the year	859
At 31 December 2017	<u>5,105</u>
<b>Net book value</b>	
At 31 December 2017	<u>5,465</u>
At 31 December 2016	<u>619</u>

## 11. Debtors: amounts falling due within one year

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Other debtors	<u>762,165</u>	<u>31,035</u>

## 12. Creditors: amounts falling due within one year

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Trade creditors	471,698	239,870
Other creditors	7,935	6,558
	<u>479,633</u>	<u>246,428</u>

## 13. Movement in funds

	At 01.01.17	Net movement in funds	At 31.12.17
	£	£	£
<b>Unrestricted funds</b>			
General fund	1,346,516	231,451	1,577,967
<b>Restricted funds</b>			
Operational costs	188,753	(2,205)	186,548
Treebeard Trust	15,000	-	15,000
VoH – 2015 Fundraising	11,706	(11,706)	-
Peer Partner Activities	30,786	(7,824)	22,962
Foreign currency translation	81,904	(37,890)	44,014
	328,149	(59,625)	268,524
<b>Total funds</b>	1,674,665	171,826	1,846,491

Net movement in funds, included in the above, are as follows:	Incoming resources	Resources expended	Movement in funds
	£	£	£
<b>Unrestricted funds</b>			
General fund	1,047,960	(816,509)	231,451
<b>Restricted funds</b>			
Operational costs	338,852	(341,057)	(2,205)
Treebeard Trust	15,000	(15,000)	-
Waterloo Foundation	65,000	(65,000)	-
VoH – 2015 Fundraising	-	(11,706)	(11,706)
Project specific grants	26,600	(26,600)	-
Foreign currency translation	-	(37,890)	(37,890)
Peer Partner Activities	-	(7,824)	(7,824)
	445,452	(505,077)	(59,625)
<b>Total funds</b>	1,493,412	(1,321,586)	171,826

**The Operation Costs fund** – provided by Trustees and Patrons to cover the operating costs of the Charity, thus ensuring that all other income raised can be utilised on primary charitable activities.

**The Treebeard Trust fund** – to be used to support specific Egmont partner in 2018, yet to be decided.

**The restricted fund (Waterloo Foundation)** – set up to receive funds specifically for the support of 4 partner organisations focussed on education.

**VoH 2015 fundraising** – The Vision of Hope (VoH) fund was set up following multiple donations received at two charity events, held in 2015, specifically for a partner in Zambia.

**Project Specific Grants Fund** – set up to manage donations restricted to specific partner projects.

**Foreign currency funds** represent the gains or losses year on year upon translation of US dollar bank accounts or debtors into the charities' functional currency.

**Peer Partner Activities** – Costs associated with peer partner activities such as in-country partner meetings for shared learning, funded by Trustees and Patrons.

## 14. Related party disclosures

During the year the charity made a grant payment of £Nil (2016: £6,000) to Malawi Mzuzu Academy. Mr C Williams, an employee of the charity, is a trustee of Malawi Mzuzu Academy.

During the year the charity made a grant payment of £Nil (2016: £15,000) to Youth Advocates Zimbabwe. Ms N Gola, an employee of the charity, is a trustee of Youth Advocates Zimbabwe.



# Trustee profiles

## Jeremy Evans

**Chairman**

**Member of: Finance & Governance Committee, Fundraising Committee**

Jeremy is Senior Partner of Redburn. Previously, he was Head of UK and European Equities at Flemings. Following the acquisition of Flemings by JP Morgan Chase in 2000, he was appointed a Managing Director of JP Morgan. MA, Magdalene College, Cambridge University.

## Clare Evans

**Trustee**

**Chairwoman of: Programme Committee, Member of: Fundraising Committee**

Clare worked for ActionAid (1997-2000) initially as Africa Programme Officer and then as HIV & AIDS Policy Officer. Prior to this she was at VSO (1994-97), first

as support staff in London and then as Programme Officer in Zambia. BA (Hons), Manchester University.

## Alison Mayne

**Trustee**

**Chairwoman of: Fundraising Committee**

Alison worked for JP Morgan for eight years. She qualified with a PGCE (Primary) at the Institute of Education, University of London, in 2004. Alison has been involved with a number of different charities, working as a trustee and fundraiser. MA, History and German, Oxford University.

## Rory Powe

**Trustee**

Rory joined Man GLG in 2014 from Powe Capital, the firm he founded in 2002. Prior to this, he was a fund manager at INVESCO where he managed the

European Growth Fund unit trust (1991-2001) and was head of the European Equity Team (1993-2001). Rory was made Global Partner of parent company AMVESCAP in 1994. BA (Hons), Modern History, Trinity College, Oxford University.

## Stuart Powers

**Trustee**

**Chairman of: Finance & Governance Committee**

Stuart is Chief Investment Officer at Hengistbury Investment Partners, a global equities fund that he founded in 2011. Prior to this he was a partner at The Children's Investment Fund (2004-2010) and a director at Cazenove (1998-2004). Stuart qualified as a Chartered Accountant with Deloitte & Touche in 1997. BA (Hons), Modern Languages, St Peter's College, Oxford University.

# Staff profiles

## Colin Williams OBE

**Chief Executive Officer**

**Member of: Programme Committee**

Colin spent 22 years with ActionAid, setting up country programmes in Somalia, Uganda (where he was part of the successful early response to HIV & AIDS) and Malawi, then becoming Africa Region Director. He was awarded an OBE for services to fighting poverty in Africa in 2002. Based in Zambia, Colin helped set up Egmont in 2005. BA, Economics, Sheffield University; MA, Carleton University, Ottawa.

## Nomuhle Gola

**Programme Manager**

**Member of: Programme Committee**

Nomuhle joined Egmont in 2016 to manage and oversee Egmont's relationships with our expanding portfolio of partners. Nomuhle brings extensive professional and local experience to the post. Previously, Nomuhle was Country Director for Zimbabwe at Restless Development. MSc, International Relations, University of Zimbabwe.

## Jane Baker

**Operations Manager**

**Member of: Finance & Governance Committee**

Jane joined Egmont in December 2009. For more than 20 years Jane worked in a variety of key operational roles for Barclays Bank plc.

## Louise Dixon

**Finance Manager**

**Member of: Finance & Governance Committee, Programme Committee**

Louise joined Egmont in August 2017. Previously, Louise worked for Bridgend Council, Tros Gynnal and University of South Wales and brings over 17 years' financial management experience in the charitable and public sector to the Egmont team.

## Jane Arnold

**Finance Officer**

Jane joined the Trust in 2015 having previously worked for Cardiff Council, RK Aggarwal Ltd & General Electric.

## Aisha Sterling

**Grants Administrator**

Aisha joined Egmont in 2017 to assist the Programmes Manager with the Grant process and database management.

## Sophie Crooke

**Head of Fundraising & Communications**

**Member of: Fundraising Committee**

Sophie heads Egmont's fundraising & communications department. Previously Head of Development at the Almeida Theatre and Development Director for the Prince's Foundation for Children & the Arts. BA (Joint Hons), Bristol University.

## Jake Westlake

**Communications & Programme Officer**

**Member of: Fundraising Committee**

Jake joined Egmont in 2014, bringing experience in design and communications. Jake is currently studying for an MSc in International Development at Bristol University. BA (Joint Hons), Sussex University.



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Wales, UK**

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**[www.egmonttrust.org](http://www.egmonttrust.org)**

**[info@egmonttrust.org](mailto:info@egmonttrust.org)**

**UK CHARITY REGISTRATION  
NUMBER 1108199**

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Some names and identifying details have been changed to protect the privacy of individuals. Often, photos are purely illustrative and do not represent the individuals described.

Front Cover: YouthCare Ministries, Malawi

Back Cover: Life Concern, Malawi