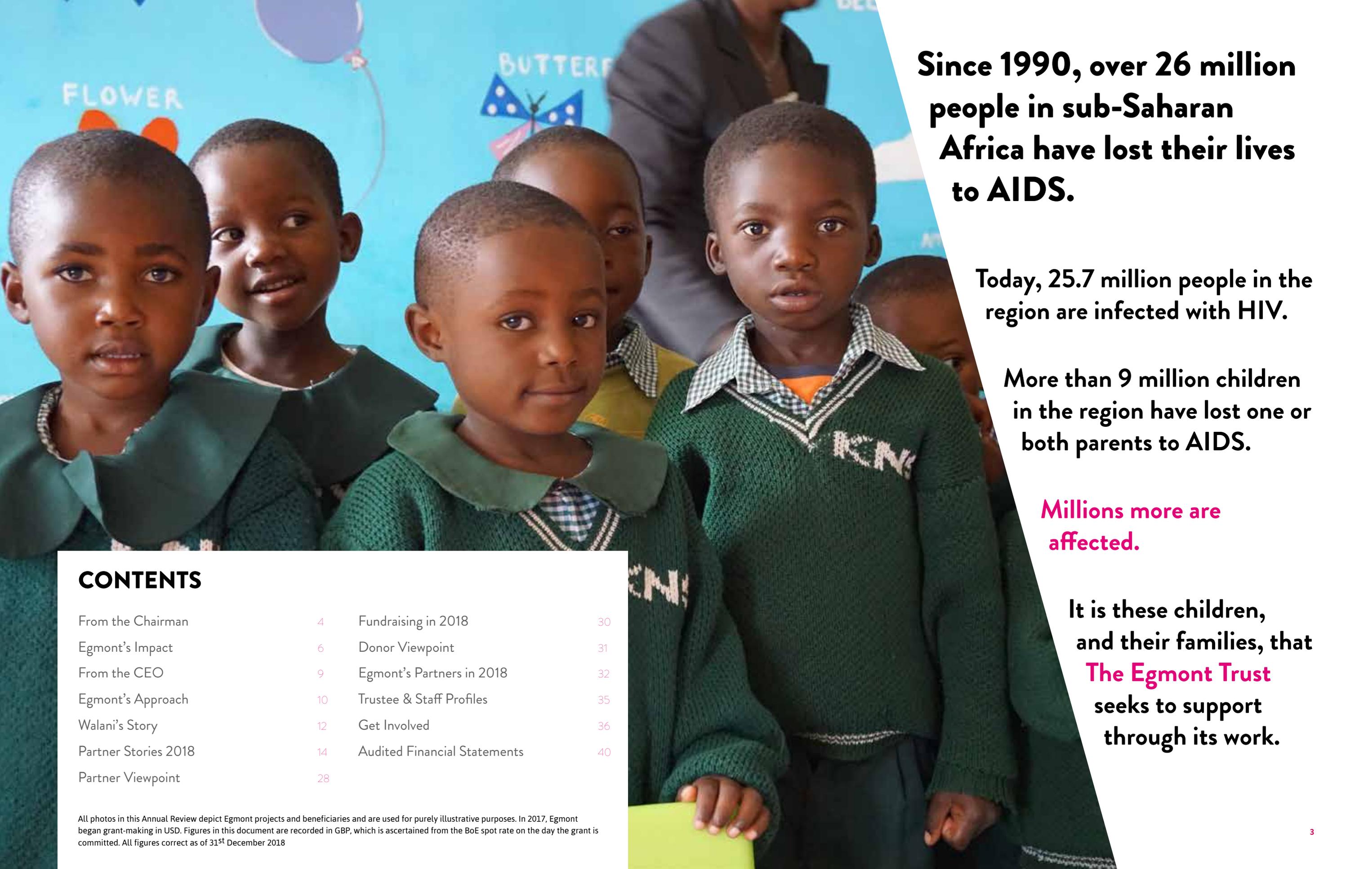


Annual Review 2018





Since 1990, over 26 million people in sub-Saharan Africa have lost their lives to AIDS.

Today, 25.7 million people in the region are infected with HIV.

More than 9 million children in the region have lost one or both parents to AIDS.

Millions more are affected.

It is these children, and their families, that **The Egmont Trust seeks to support through its work.**

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All photos in this Annual Review depict Egmont projects and beneficiaries and are used for purely illustrative purposes. 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. All figures correct as of 31st December 2018



From the Chairman

At Egmont's Annual Awards ceremony earlier this year, we celebrated for the first time not just our partners' achievements, but the extraordinary resilience and determination shown by some of those they are supporting.

Walani Ndolovu, our first 'beneficiary' award winner, has overcome incredible hardship to gain a scholarship at one of America's leading universities where he is now studying Mechanical Engineering. I hope that you enjoy reading Walani's inspirational story in the following pages of this Annual Review, where we also describe the outstanding work and results of just some of the 49 partners that Egmont supported during the course of 2018.

Although HIV & AIDS rarely make our newspaper headlines, 660,000 people died of AIDS-related illnesses in sub-Saharan Africa last year* and an estimated 25.7 million people in the region were living with HIV. For every parent who dies, a child – like Walani – is left orphaned; and a family is marginalised, with less income for school fees, food, or basic household necessities. For the millions living with the virus, lack of access to medication or complications arising from the disease mean that ill health remains endemic. The devastating impact of the disease in poor communities leaves many families and their children incredibly vulnerable.

It is these families and the children they care for, who have lost loved ones to AIDS or have family members who are HIV+, that Egmont's partners are supporting through their work.



I would like to thank Alison Mayne, Trustee and Chair of our Fundraising Committee who left Egmont in 2018, for her incredible energy and dedication. Egmont raised a record £1.74M† last year – indeed, during Alison's tenure with Egmont, she oversaw a trebling of Egmont's income, an astonishing achievement. Luckily for us, Alison's seat has not long remained empty and I am delighted to announce that Martin Woodcock, one of our founding Trustees, has rejoined our Board. I have no doubt that Martin's knowledge and insights as manager of an African investment portfolio will prove invaluable to Egmont as we move into our 15th year.

As ever, the immense generosity of our close family of supporters remains central to all that Egmont has been able to achieve over the past year. On behalf of our partners and their beneficiaries, thank you for staying the course with us and for your amazing support.

Jeremy Evans
Chairman

*UNAIDS Report 2017 – the last year for which data is available
† Amounts raised include direct third-party funding of £105,615 in 2018

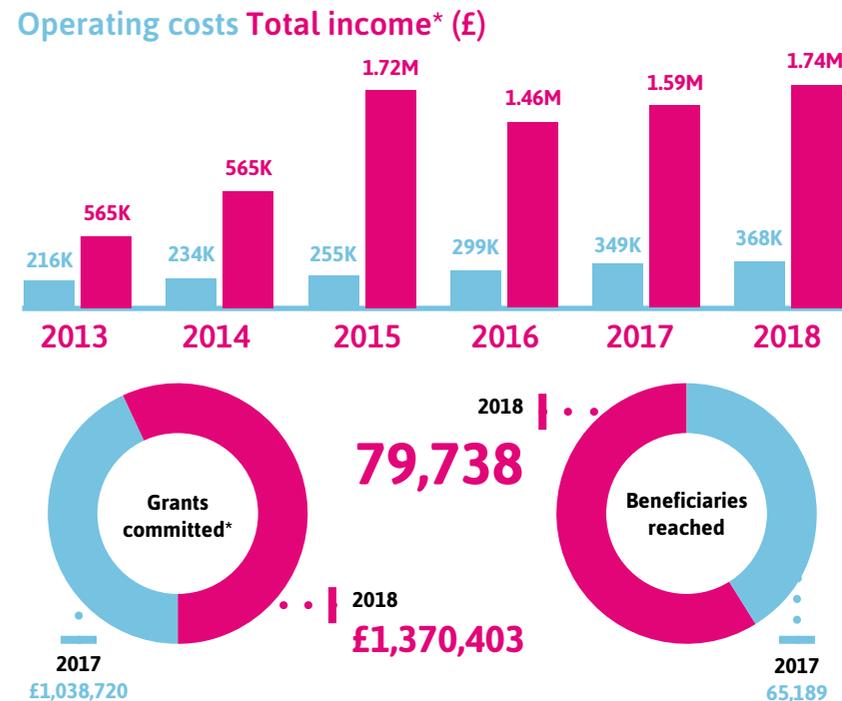


Impact in 2018

Thanks to our hugely generous and committed supporters, Egmont's total annual income has more than trebled since 2013. Over the same period, operating costs – as a percentage of total income – have halved.

This increase in funds has enabled us to more than double our portfolio of supported organisations over the same period and increase support to our top-performing partners with our Strategic grants programme.

2018 saw Egmont commit more than £1.37M to projects and continue the trend of reaching more people year-on-year.



VISION 2020

Egmont's Vision 2020 strategy sets our position for the next 10 years.

The challenges faced by families and young people in response to HIV & AIDS have hardly changed, particularly in east and southern Africa. Responses that are locally driven remain amongst the strongest, are the most cost-effective and have always found it the hardest to raise money. Egmont's Vision 2020 strategy aims to build on our success in finding, rigorously assessing and supporting those local, grassroots organisations that are able to achieve the most for children affected by AIDS from our investments.

Our medium (**Core** – up to £26,000 per annum) and small (**Innovation** – up to £15,000 per annum) grants have always made up the bulk of our portfolio. Our experience with these organisations has enabled us to identify exemplary partners whose results can be expanded and multiplied with increased investment. Under Vision 2020, Egmont provides higher level, **Strategic** grants to these top-performing partners, enabling them to reach many more people in need. We are also increasing turnover amongst partners in receipt of smaller grants, refreshing the portfolio with new organisations, employing innovative,

more cost-effective solutions that have potential for scaling up. **In 2018, we began to see expanded results from our pilot Strategic grants. Life Concern's** project has been given a 3.8x boost in funding, with an increase of 5.6x in the number of beneficiaries reached per year. The **Rafiki Girls Centre** has been an Egmont partner for 10 years. During that time, it has provided vocational training to 467 young women. With the increase in funding from the Strategic Grant facility, **Rafiki** plans to almost double this number in the next three years, training an additional 400 girls.

IN BRIEF

Egmont provides 3 grant types to our partners:

Innovation

Up to £15,000 for a 1-year project

For new and smaller organisations to scale up community responses or pilot innovative small-scale projects.

Core

Up to £26,000 for a 1- or 2-year project

For established partners to expand results, reach new communities, or bring in new project components.

Strategic

Up to £75,000 for a 3-year project

By invitation only. For exemplary partners, who have demonstrated consistent, impressive results allowing them to significantly scale up their initiatives and reach more people.

Egmont's Impact Areas

Egmont supported 49 partners in 2018, each running diverse projects with their own unique approaches. Our partners know what works best in their local context. As such, Egmont is not proscriptive and the projects supported vary greatly.

These impact areas underpin many of the varied interventions that our partners deliver to improve the lives of their beneficiaries.

Improving Livelihoods

IMPROVED NUTRITION
11,901 people helped

INCREASED INCOMES
5,673 people helped

Education

ACCESS TO EDUCATION
7,535 people helped

2018

Healthier Futures

TREATMENT & CARE
4,933 people helped

TESTING & COUNSELLING
24,676 people helped

HIV EDUCATION
79,738 people helped

Safer Communities

PREVENTING CHILD ABUSE
26,247 people helped

VIOLENCE AGAINST WOMEN
8,270 people helped

Our Funding Promise

Our Trustees and Patrons cover all of Egmont's operating costs, enabling 100% of all other donations to be disbursed directly to our partners in Africa, helping to achieve real impact in the lives of children affected by HIV & AIDS.



Our task is not to try and understand the complex details of HIV and its impact better than those who have grown up with it, but to select the very best from the thousands of locally based organisations.



From the CEO

Over 14 years, Egmont has built a portfolio of locally driven grant partners who are responding directly to both the continuing long-term and immediate threats of HIV & AIDS in their communities.

All our partners, their staff and beneficiaries belong to a generation that have spent almost their whole lives with the daily reality of HIV. This practical – and emotional – knowledge of the effects of the epidemic on their families and their communities is unique, often underestimated, and has wholly informed the evolving work of local organisations responding to it.

The best responses marry this local knowledge with unabated personal commitment and compassion and give rise to practical, effective and often inspirational projects. These grassroots responses are able to improve people's lives in the short term while tackling the long-term consequences of HIV: the lifetime of symptoms and drug regimens; the underlying causes that drive infection rates and negatively impact on those living with HIV.

In this way, the activities Egmont supports are diverse, cutting across medical, economic and social sectors. From a local perspective, enabling babies to survive the loss of their mother in childbirth sits well with helping children to attend school; improving nutrition and incomes with better farming; and advocating for strong measures to prevent child abuse and reduce the vulnerability of young women through employable skills training, and even physical self-defence.

Our task is not to try and understand the complex details of HIV and its impact better than those who have grown up with it, but to select the very best from the thousands of locally based organisations, challenge them in their own analysis of the ever changing realities on the ground and hold them accountable for the funds we are making available.

In 2018, we supported a portfolio of 49 partners and continue to seek further growth. Results have continued to accumulate in terms of numbers benefiting and the depth of improved life status. We remind ourselves to maintain a clear focus on what these improvements are. Healthier, longer lives for those infected. Lower numbers of people dying. Fewer orphans, and better lives for children growing up today in a region – and in societies – shaped by AIDS.

For our part, Egmont's slim, professional team (in Cardiff, London, Lusaka and Harare) maintain efficient grant administration and conduct informed and systematic oversight. Our systems of partner selection, project assessment and communication of results continue to evolve. Increasingly, we are encouraging partners to learn from each other and join together to seek additional funds – providing greater impact – and are seeing positive results in this area.

Our Trustees continue to be the key contributors in finding new donors to join our club of committed, like-minded supporters. With our patrons, our Trustees also fully support our operating costs. Their generosity humbles us as much as our partners inspire us.

HIV has been with us for over 30 years and unlike many other diseases – smallpox, polio, cholera, typhus – has not been quickly overcome by modern medicine. It is not disappearing and its effects are not abating. HIV & AIDS affects communities in so many ways: death; illness; lack of resources for food, education, healthcare and other essentials; fear and discrimination; and introduces another level of danger to many ancient social ills and cultural traditions. Yet, somehow people cope and even overcome many of these effects: recovering livelihoods; promoting ways of reducing new infections; and protecting new generations. This provides real encouragement to us, and our partners, to continue our vital work.

Colin Williams OBE
Chief Executive Officer

2018 EGMONT PROJECT SITES

Egmont's Approach



Egmont identifies, rigorously assesses, and supports locally driven organisations in six 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.

Across sub-Saharan Africa, many thousands of organisations led by inspiring local people have sprung up in response to HIV & AIDS.

We work with people who have seen the effects of the disease on relatives, neighbours, colleagues and 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.

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

Since 2005, Egmont has committed more than £9.7M to 94 partner organisations.

Egmont has supported projects in Kenya, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe, where AIDS has led to the deaths of over 9.5 million people since 1990; equivalent to 37% of all AIDS-related deaths in sub-Saharan Africa. 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 our partners work with to alleviate the impact of AIDS.

WHAT WE DO

HOW WE DO IT

1

Potential partner organisations are identified through our network of contacts across our six countries and through an online facility. Face-to-face meetings and project site visits from Egmont Trustees, staff and representatives form a crucial part of this process.

Only 18% of organisations that apply are successful at this stage.



2

Organisations that are successful at Stage 1 are then invited to submit a project proposal for either an Innovation or Core grant. Egmont's Programme Committee then rigorously assesses these proposals and works with potential partners to ensure their effectiveness and cost-efficiency. Grants are awarded to organisations that can demonstrate rigour and positive results.

Less than 50% of the organisations that submit a project proposal are successful at Stage 2.



3

Partners commence project activities and submit regular reports on progress against objectives. Egmont's Programme Team provides regular feedback, highlighting improvements and commending successes.

Egmont undertakes visits to each country of operation to conduct project site visits and assess organisational progress.

Partners are linked up with one another, through Egmont's Peer Evaluation programme and our country-wide partner meetings, so they can share best practice and learn from each others' successes and challenges.



4

Partners are then graded on their performance, reporting standards and financial compliance. At the end of their project cycle, these scores determine whether partners will be invited to submit a new project proposal.

Innovation grantees that score well are invited to apply for a Core grant, enabling them to scale up their initiatives to reach more people. Core grantees that score well are invited to secure additional funding that enables them to continue their core work, reach new communities or bring in new project components that address arising needs and new issues that their beneficiaries are facing.

Exemplary partners who have consistently scored among the top of all Core grantees may be invited to apply for a Strategic grant, enabling them to greatly scale up their projects and provide deeper impact.



WHY WE DO IT

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

- In 2017, there were 25.7 million people living with HIV in sub-Saharan Africa.
- Across Egmont's countries of operation, 8.5 million people were living with HIV in 2017.

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

- Across the region, only 53% of people with HIV were able to access antiretroviral treatment in 2017.
- 66,000 people lost their lives to AIDS-related illnesses in 2017 throughout the region.

SUB-SAHARAN AFRICA ACCOUNTS FOR 9 OUT OF 10 AIDS RELATED DEATHS IN ADOLESCENTS

- In 2017, there were 159,000 new HIV infections among children (aged 0-14) in sub-Saharan Africa, a 16% increase from 2016.
- Across the region, 1 person under the age of 24 dies due to AIDS every 4 minutes.

IN 2017 65% OF NEW HIV INFECTIONS OCCURRED IN SUB-SAHARAN AFRICA

- Girls and young women (aged 10-19) are almost three times as likely to contract HIV as their male counterparts.
- 282,000 young women (aged 15-24) became newly infected with HIV in 2017.



Walani's Story



Walani was born in Blantyre, Malawi, the youngest of seven children. When his father died in 2001, his family were left homeless and with no income.

Walani's mother had no choice but to move the family 500 miles north to Mzuzu, in northern Malawi, where a family friend had a partially built house they could live in. Walani's mother started a small business selling snacks in the local market but there was too much competition for the business to succeed, and she found it hard to provide even the basics for her family.

Despite her meagre income, Walani's mother was determined to ensure all of her seven children received an education. She searched for loans to help her to pay the cost of her children's school fees, having to sell belongings when she could not cover the repayments. Walani recalls that his siblings were often sent home from school because their tuition fees were not paid on time.

Walani describes his mother as "the most dedicated and hard-working individual I have ever come across. She always found a way to feed us at least once a day, even in the most difficult times. And she always tried to find money to buy me a candle so I could do my homework".

In 2004, Walani and his family came to the attention of one of Egmont's partners, Kwithu Women's Group, led by local woman Anna Msowoya Keys. Anna set up Kwithu to provide educational and nutritional support for children affected by HIV & AIDS after losing her sisters to AIDS-related illnesses. Walani attended Kwithu every Monday and Friday, where he had porridge for lunch and took part in after school tutoring. He particularly loved to read and would often take a book to read in the bushes near the kitchen so he wouldn't be disturbed.



In 2018, Egmont's Malawian partners helped 1,884 children back into the classroom through provision of school uniforms, payment of school fees, informal tuition or business training for caregivers so they could meet the cost of their children's education on their own.

In 2010, Walani was one of the seven Kwithu students selected to receive a scholarship to Mzuzu International Academy. Egmont funded his fees.

Walani says: "I was not fluent in English at the time so I thought attending an international school would be scary. But being in a boarding school meant I did not have to think about food shortage. I could concentrate on my studies and take advantage of the library and computer lab. I also had a chance to participate in clubs such as the debating society. My team made the finals of the Malawi Northern Region Debate Festival and qualified to represent Malawi in Books Botswana Debate Festival. I also attended the Pan African Youth Leadership Program hosted by Meridian International Center on behalf of the US Department of State in Washington DC in 2014."

In 2015, he graduated from Mzuzu Academy with the school's top results, 5 A* and an A in his IGCSEs.

After graduation, he won a scholarship to attend one of America's top private schools, Taft School in Connecticut, where he took Advanced Placement courses. Walani was able to transfer the courses and exams he took at Taft as college credits, and applied for University. He was offered a place to study at the prestigious Union College located in upstate New York, where he is currently studying mechanical engineering. Walani will graduate next year.

Walani is very proud of his roots and conscious of the privileged position he holds. He has secured a job at the University, and sends money home to his mother and his siblings every month. With his support over the years, his family have been able to build a new home, and he has paid for his brother to undertake vocational training. He visits Malawi every year and volunteers at Kwithu, helping other children who've experienced similar hardship to him. Whilst he is not yet certain about his career goals, he would like to work in the power generation industry in Malawi in the future.

Egmont was delighted that Walani was able to join us at our recent Award Ceremony, where he received the award for Exceptional Personal Achievement. His speech was testament to the confident and accomplished young man he is, and an endorsement, should any be needed, of the investment in his education. The most fitting way to conclude is in Walani's own words:

"I am proud to acknowledge that the support from Kwithu and Egmont has made me into the man I am today. Your support enabled me to achieve more than I ever could through hard work alone. I believe that the best way to show my gratitude is to make the most out of the opportunity you gave me and give back to Malawi."



"Being in boarding school meant that I did not have to think about food shortage. I could concentrate on my studies."





Improving Livelihoods

The death of a relative to AIDS-related illness often leaves families struggling to feed, clothe and educate the children in their care. As a result, **nearly half of all children living in sub-Saharan Africa are living in extreme poverty, surviving on less than \$1.90 a day.**

Our partners help by:



Improving Nutrition

- + Providing seeds, fertiliser, 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



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 ZRDF

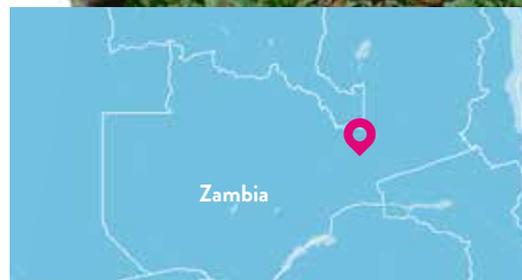
Country Zambia

Started working together 2017

Amount invested £54,169

Number of beneficiaries 5,146

Impact areas



Livelihoods in Focus

Zambia Rainbow Development Foundation

Context

Agnes lives in the small, rural community of Kalubula in Mkushi District, central Zambia. After the loss of her children to AIDS-related illnesses, Agnes became the sole provider for eight of her grandchildren and two other orphans, as well as her own younger children who had not yet left home. Agnes had so little income, she had to prioritise food over school fees, medicine and household essentials like soap or cooking utensils.

Intervention

The Zambia Rainbow Development Foundation (ZRDF) has been supported by Egmont to work in three rural communities across Mkushi District with 60 extremely poor households, including Agnes'. ZRDF trains families to grow soya beans – providing them with the inputs and support they need to grow this lucrative cash-crop. Each family is given seeds and fertiliser and then enrolled into a seed-bank, whereby they contribute a portion of their harvested beans to other families in need. This enables the small investment to grow and benefit more people.

Families are also enrolled into savings groups, helping them to pool their resources and take out loans to grow their businesses. They agree to contribute a percentage of each harvest to local school-feeding programmes that benefit 600 more vulnerable children, ensuring that they are also well-fed during the week and able to concentrate in class. After receiving agricultural training at ZRDF's demonstration farm, Agnes was supported with 50kg of soya bean seed, herbicides and fertiliser equivalent in cost to £96. After enrolling in one of ZRDF's savings groups, Agnes also invested in some additional seed and was able to harvest nearly 5 tonnes of soya beans.

Outcome

Agnes' harvest fetched 11,000 Zambian Kwacha (~£650), almost 7 times the value of ZRDF's initial material investment. With the profits from the sale of the beans, Agnes was able to pay school fees for all of the children in her care and managed to pay off her debts. ZRDF has also taught Agnes about the importance of diversifying crops, both to generate income and ensure food security and good nutrition. Agnes is therefore looking to expand into growing groundnuts, sunflowers, beans, pumpkins and bambara nuts.

ZRDF's simple and effective approach – increasing families' ability to grow diverse crops that are both nutritious and command a high market value – has already transformed the livelihoods of 60 families. Going forward, Egmont has committed to supporting ZRDF to expand into two new communities, supporting an additional 250 households.

ZRDF's Achievements in 2018

- 75 tonnes of soya beans have been harvested helping the farmers to realise 165,300 Zambian Kwacha (~£10,000).
- Three schools were also supported with seed and inputs and harvested 31 tonnes of produce for their school-feeding programmes.
- A total of 1,739 people were tested for HIV.
- 2,256 school-children were reached with HIV information.
- 18 community health volunteers were trained, identifying 613 people who had defaulted on their ARV drug regimens and counselled them back onto treatment.



Livelihoods in Focus

Girl Child Counselling Women's Group

“When I saw my test results, I became very disappointed and confused. I lost strength in my legs and fell down. I asked them to take the test again with a different test kit. It came back positive again.”

Lydia comes from Uasin Gishu County in Kenya and was 18 years old and pregnant when she found out she was HIV+. After her mother died when she was just 3 years old, Lydia lived with her grandmother and had few prospects as she reached adulthood. Lydia's story is not unusual for young girls and women living in Uasin Gishu County. The HIV & AIDS epidemic has decimated the adult population and over half of the populace is below the age of 24, resulting in many child- and grandparent-headed households.

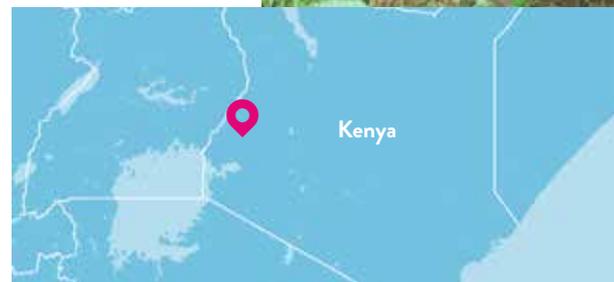
Across Kenya, 42% of the population live on less than \$1.90 a day and access to basic services such as healthcare, education, clean water and sanitation is a luxury. Young girls are particularly vulnerable to infection as they turn to prostitution to meet their basic needs. As a result, young women across the region are far more likely to be HIV+ than their male counterparts.

“For more than three months, I lived in denial. I even considered suicide.”

Lydia had decided to get tested after having a persistent rash on her legs. The clinic put her in contact with Egmont Partner, the Girl Child Counselling Women Group (GCCWG) and together they provided Lydia with emotional and psychological support to accept the results and begin antiretroviral (ARV) treatment. ARVs help stop the progression of HIV to AIDS and – crucially for Lydia – can prevent HIV from being passed from mother to child. Thanks to their intervention, Lydia's son was born without HIV.

Lydia and her grandmother were then faced with caring for a young child, while they struggled to provide for themselves. Moreover, Lydia was determined that her son should go to school, as she herself had not received an education.

Name of partner GCCWG
Country Kenya
Started working together 2015
Amount invested £90,002
Number of beneficiaries 9,364
Impact areas



“I was among the lucky new HIV+ mothers that GCCWG provided with a milk goat.”

Egmont supports GCCWG to provide mothers like Lydia with agricultural training and lessons on animal husbandry, as well as a pregnant goat, so that they can generate an income and bolster their family's nutrition with goat milk. GCCWG helped Lydia to construct a goat pen and trained her how to feed her goat inexpensively, using local plants and agricultural by-products such as Napier grass, maize stalks and sweet potato vines. They also taught Lydia how to grow protein rich feeds, such as alfalfa, that help to improve milk production. Lydia and the other young women chosen for support, were also taught how to select a good buck to breed their goat with and GCCWG arranged for frequent visits from local vets to ensure all the goats were healthy and to provide vaccinations. Critically, Lydia was also taught basic book-keeping, marketing and given business training so she could use her new income to establish additional income generating businesses – increasing her financial security and resilience.

Lydia was lucky and her goat gave birth to twins and started producing 2 litres of milk a day. She used 1 litre for her and her son's nutritional needs and sold the other litre to her neighbours. Within 2 months, Lydia had saved Ksh 4,000 which she used to set up a road-side stall selling fruit, vegetables and charcoal. The stall brought in an additional Ksh 300-500 per week, adding to the Ksh 600 Lydia receives from selling the milk. Lydia saved up again and purchased a spot for her kiosk near the local shopping centre, where the much greater footfall nets her a weekly profit of Ksh 700.

As a result of GCCWG's small investment, and Lydia's own drive and commitment to provide a better life for her child, she is now able to support herself, her grandmother and her baby.

“Now I have an income from the milk and the kiosk business my life has completely changed for the better. I am healthier as I can afford to buy different types of nutritious food and I am hopeful for a better future.”

GCCWG & Egmont

Since partnering in 2015, Egmont's support has enabled GCCWG to provide 140 young HIV+ mothers like Lydia with the means to provide for themselves, through goat milk farming or vocational training. In addition, GCCWG has helped over 7,400 community members and school children to get tested for HIV, helping those diagnosed HIV+ to accept their status, start treatment and avoid passing on the infection.



Education is the promise of a better future.

However, the ongoing impact of the HIV & AIDS epidemic means education is denied to many millions of children across sub-Saharan Africa.



More than one-half of the global total of out-of-school primary age children live in sub-Saharan Africa, an estimated 34 million children.

A further 97 million children are not attending secondary school. Across the region, there have been years of under-investment in education. While primary education is ostensibly free in each of the countries that Egmont partners work in, school fees still exist in the form of parent-teacher association contributions, material and uniform costs and various other levies such as contributions to fund new school facilities and even 'caution money' to cover damage to school property.

In Egmont's countries of operation – amongst the worst affected by HIV & AIDS – the loss of parents and caregivers to illness and death, coupled with the added burden of caring for the orphans of relatives, means that many families cannot meet the cost of education for some or all of the children in their care. As a result, 45% of all out-of-school children across the region never attend school and 58% of all children never complete secondary school.

Older children – particularly girls – are often pulled out of school to help care for younger siblings, grow food in the family garden or work to generate income for the family.

Yet it is only through education that the cycle of poverty and ill health can hope to be broken for future generations. Higher levels of education correlate with greater lifetime earnings, longer life expectancy and lower infant mortality. Education also plays a key role in lowering transmission rates of HIV, reducing vulnerability to a variety of factors such as prostitution, unequal gender relationships and exploitation. It enhances people's ability to make informed health choices and follow behaviours that reduce the likelihood of HIV transmission.

In 2018, 25 Egmont partners – more than half of the organisations in our portfolio – delivered programmes that increased access to education for over 7,500 children and adults.



Access to Education

How our partners help

Our partners reduce barriers to education for both children and adults, providing them with the skills to lift themselves out of poverty and bring about sustainable long-term change for those affected by HIV & AIDS.

Direct Material Support

Our partners help vulnerable children back into formal education through:

- + Provision of school uniforms, textbooks and other school essentials
- + Paying for tuition fees of primary, secondary and tertiary students
- + Providing additional tuition for children who have dropped out of school, ensuring they catch up on their lost studies
- + Literacy and numeracy classes for adults, improving household budgeting and ability to generate income

Informal Education & Ancillary Support

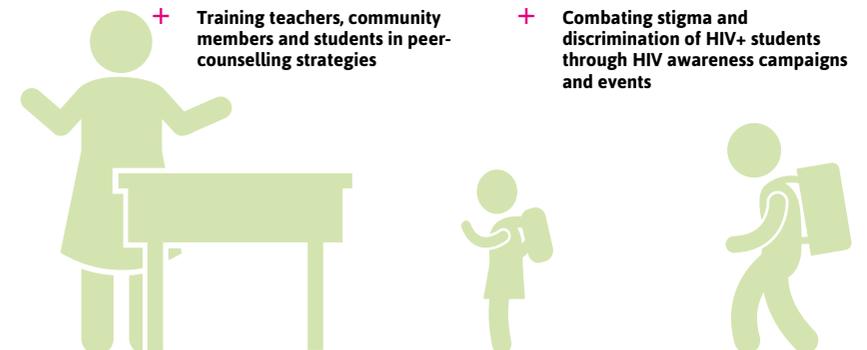
Some partners set up informal educational institutions for those who cannot afford mainstream school, or work with schools to provide better learning environments for those affected by HIV & AIDS, by:

- + Establishing community schools to widen school provision in poor and rural areas
- + Running school feeding programmes so children are nourished and can concentrate in class
- + Providing sanitary pads so adolescent girls do not miss classes
- + Providing additional support to HIV+ students, ensuring they can attend school

Changing the role of schools

All of our partners recognise that the role of schools has changed in AIDS-affected communities. The need to integrate sexual health information and HIV education into the curriculum; the new roles as counsellors that teachers – and students – must adopt; the need to act in a safeguarding capacity for children affected by HIV & AIDS. In the communities where our partners work, school has become a focal point for the programmes and community structures that improve the health, wellbeing and lives of children, through initiatives such as:

- + Establishing school clubs through which health information can be disseminated
- + Setting up Child Protection Committees that safeguard children against early-child marriage, abuse and exploitation
- + Training teachers, community members and students in peer-counselling strategies
- + Working with local government and agencies to identify and support vulnerable children
- + Working with parents and caregivers to develop their own skills and incomes to better care for their children
- + Combating stigma and discrimination of HIV+ students through HIV awareness campaigns and events





Education in Focus

Chiedza

Name of partner
Chiedza
Country
Zimbabwe
Started working together
2015
Amount invested
£104,104
Number of beneficiaries
393
Impact areas



Zimbabwe's economic crisis has exacted a heavy toll on its population, not least in respect of its education system, once reputed to be the best in Africa.

Context

More than 30% of primary school pupils drop out of school each year as their families cannot afford the school registration fees or the mandatory uniforms. To compound this problem, children in Zimbabwe who are absent from school for at least 10 consecutive learning days are removed from the register. These children then struggle to re-enter the education system and this becomes ever more challenging for children who have not attended school for more than a year and who fall behind with their learning.

Intervention

Harare Southern district, home to the Mbare community, is the poorest, oldest and most densely populated suburb in Harare. Chiedza is a community-based organisation working out of a five-acre plot based in the suburb, with the aim of supporting children affected by HIV & AIDS. Their Egmont-funded programme offers a second chance at education for 200 primary school children who have dropped out of school for at least two terms. Children are educated in three specially constructed schoolrooms on Chiedza's premises, with the aim of

reintegrating as many as possible to mainstream education as soon as they and their families are ready.

Students are taught by specially recruited teachers, in class sizes of around 20 students (far smaller than in government schools where there are up to 100 children in a class) allowing them the best chance of catching up on their missed education.

Chiedza provides special training for the teachers in non-formal delivery techniques and pastoral care. Teachers deliver individualised lessons, ensuring students are treated with patience and receive teaching tailored to their needs. This approach is designed to meet any challenges that the students are facing, academic or social, in order to ensure their individual welfare needs are fully met and to help them progress academically. Chiedza also has a nutrition component to its work, providing daily meals both for those taking part in the education programme and for a wider group of children who travel to the centre every day for a meal.

Children's readiness to return to school is based on a number of different criteria. In addition to educational support, Chiedza helps families to attain birth certificates for children who are undocumented and works with families of the children attending the school to help them become economically independent. 11 groups of 4-6 members each have set up income savings and loans (ISAL) groups, with records that each member is saving \$4-10 a month. While not yet enough to meet the cost of school fees, this income does allow caregivers to meet the other basic needs of the children in their care.

As well as formal education, children at Chiedza has the chance to take part in sports such as volleyball, soccer, netball and athletics. Competition is a key part of their learning and the children take part in friendly matches and competitions with other schools. Children also have the chance to participate in music and dance, and Chiedza run a marimba band and traditional dance lessons.

Outcome

Over a 2-year period to the end of 2018, 186 primary school age children were reached through Chiedza's second chance education programme, 97 of whom were successfully reintegrated into government primary schools. Of these, 15 have now completed their primary education and moved to secondary school. During the same period, Chiedza also enrolled 74 children into their secondary education programme, 13 of whom have now taken their O levels on site. 6 of these have progressed to studying for their A Levels outside of the centre.

Chiedza's work with the children's families helps to deliver the sustainability of the project, as their stronger financial capabilities help to ensure families can fund their own children's education. Already, Chiedza reports that thanks to the ISAL groups, 37 caregivers have managed to take on the cost of their children's school fees. 78 caregivers have been able to buy uniforms, school stationery and are providing bus fares for their children to attend school, with families reporting that they have also been able to pay user fees in clinics and hospitals as well as buy medicines.



By age 14, one-fifth of all children in Zimbabwe have dropped out of school. By age 16, half of all girls have left the education system.

SOURCE: FHI360



Healthier Futures

The number of people infected with HIV continues to rise. Across the region, **25.7 million people are infected with HIV**, accounting for 70% of the global total.

Our partners' work enables:



Treatment & Care

- + Transport to clinics for HIV+ people, helping ensure full compliance with treatment regimes
- + Support onto second-line ARV drugs where first generation medicines are no longer effective
- + Training in effective, inexpensive treatments for common illnesses



Testing & Counselling

- + More HIV testing facilities for poorly serviced areas
- + Additional staff at existing treatment centres
- + Prevention of mother-to-child transmission of HIV

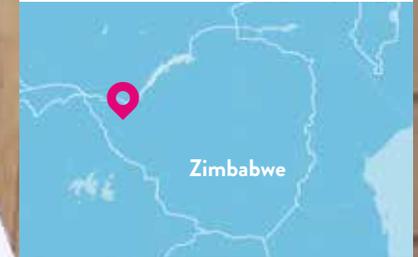


HIV Education

- + Education on how HIV is transmitted and avoided
- + Promotion of family planning methods
- + Reduction in stigma and discrimination of HIV+ people
- + Support groups for people living with HIV



Name of partner Wild4Life
Country Zimbabwe
Started working together 2018
Amount invested £15,654
Number of beneficiaries 1,500
Impact areas



Health in Focus

Wild 4 Life

Context

The quality of healthcare in rural Africa has long been acknowledged as inadequate. Clinician staffing levels are typically deficient, as is the clinical experience of many rural health workers. Most critically, supervisors rarely have the capacity or resources to adequately support health workers in remote locations to improve service quality. Long distances and the lack of transport in remote geographies pose significant barriers to access for patients and also challenge ministries to maintain facilities to functional standards. Compounding

this problem, many donor programmes favour health interventions in dense urban areas where better returns on investment can be achieved.

Binga District is one of the most sparsely populated regions in Zimbabwe, with only 15 health facilities and just two qualified doctors for a population of 145,000. Only 52% of HIV+ pregnant women in the district are accessing antiretroviral (ARV) treatment – essential drugs in preventing the progress of HIV. ARV coverage for HIV+ children is only 71% — well below the 91% national average. Binga also has the third-highest number of underweight children within Matabeleland Province.

Intervention

Egmont Partner Wild4Life was set up 10 years ago in Hwange District, north west Zimbabwe, where HIV prevalence was 13.4% and ARV coverage rates were amongst the lowest in the country. Their work focusses on significantly raising the quality of primary health care and improving overall health outcomes by working directly with rural health clinics. Following Wild4Life's intervention in Hwange District, it is now ranked the second-best nationally in adult ARV coverage among 62 districts. With Egmont funding, Wild4Life are extending their tried-and-tested healthcare improvement programme to Binga District.

The project is being delivered by a small team of 5 Wild4Life staff who work closely with the Binga District Health Executive team and their respective staff in the 15 health facilities in the district. The Wild4Life staff target existing health interventions carried out by the clinics for improvement and scale up, for example: HIV testing; ARV initiations; viral load testing; and DNA/PCR testing of HIV exposed infants.

Concurrently, Wild4Life also put in place data monitoring tools for key metrics to measure progress and identify where resources need to be focused to achieve positive health outcomes, for example: ARV retention rate; % of pregnant women who attend early antenatal care; % of men attending antenatal appointments with their partners.

Wild4Life also partners with other organisations in the district that can support patients beyond the initial clinic visit, ensuring that patient health is maintained; such as World Vision, which provides nutritional support to malnourished children.

Outcome

Whilst the project is still in its initial stages, the meticulous baseline studies that the Wild4Life team has undertaken in 8 health centres point to the powerful potential this project has for the health of Binga's population. A total of 16 intensive and comprehensive mentoring sessions were undertaken and the 8 clinics were assigned grades based on their performance.

Their findings confirmed major shortcomings in each clinic. However,

Wild4Life have drawn up a plan to help the health centres improve their quality of care. Specific recommendations for each of the key indicators are now being implemented, helping to improve efficiency and patient care. Recommendations include better hygiene in maternity wards; the introduction of wall thermometers to ensure medicines are stored under the correct stipulated conditions; training in adequate record keeping which will help clinics to better monitor patient health; better follow-up of patients; and additional training on how and when to test for both HIV and TB.

Wild4Life is one of Egmont's newest partners, the recipient of an Innovation grant. In just 3 months of operation, it has already made huge strides in improving the quality of care in one of Zimbabwe's most isolated regions.



Safer Communities

Communities in Focus Meninos de Moçambique

The HIV & AIDS epidemic has stretched traditional societal structures to near-breaking point and brought the risk of infection to many cultural practices and behaviours. Educating men, women and children on behaviours and rights that protect the most vulnerable, and working with legal and judicial bodies to enforce them, helps to create fairer and safer communities.

Context

Even after immense international efforts and investment into Mozambique's health sector – half of all health expenditure in the country is met by external sources – the number of HIV+ people continues to rise. Now, with 1 in 8 of the population estimated to be HIV+, Mozambique is experiencing one of the most widespread and devastating HIV epidemics in the world.

In the past 15 years, 1.2 million people have died of AIDS-related illnesses across Mozambique.

There are currently more than 920,000 children below the age of 17 in Mozambique who have lost a parent to AIDS. Many are cared for by relatives. Some, however, find themselves living on the streets where the need for safety and food makes them vulnerable to transactional sex, petty crime and the lure of gangs.

Intervention

In Maputo, Egmont partner Meninos de Moçambique works to support children living on the streets of the capital, helping to search for and reintegrate them with extended family members. The organisation also provides older children with vocational training so that they can provide for themselves and move away from a life on the streets. Meninos also

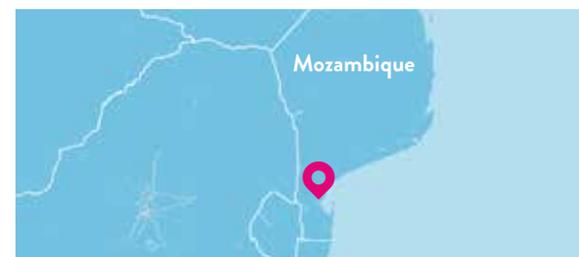
partner with police and local authorities and with the children themselves to create safer, healthier environments.

Meninos works out of its centre in central Maputo, providing street children with a place to shower, wash their clothes, eat and play games. These visits also provide Meninos with an opportunity to check on the health of each child and – by partnering with local health clinics – ensure they are vaccinated and receiving antiretroviral (ARV) treatment if necessary. ARVs are essential in halting the progression of HIV to AIDS and transform an HIV diagnosis from life-threatening to manageable.

The lynch-pin in Meninos' success in getting the hard-to-reach demographic of street-children to reach out willingly to them for help, is their staff. Meninos project officers patrol the zonas where the children congregate and build their makeshift homes, during the day and night, striking up relationships and trust with the children they meet.

Outcome

In 2018, Meninos helped 119 children access medical care for the treatment of common ailments such as *chiggers* to more serious conditions such as TB. 39 street children were also tested for HIV and 111 children were vaccinated against rubella, measles and tetanus. Over the course of the year, Meninos identified 34 HIV+ street children who had defaulted on their ARV drug regimens. They counselled them back onto treatment, with those caring for infants provided with nutritional support packages.



Name of partner Meninos de Moçambique

Country Mozambique

Started working together 2007

Amount invested £267,473

Number of beneficiaries 2,164

Impact areas



Our partners' work enables:



Preventing Child Abuse



Preventing Violence Against Women

- + 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 (FGM)
- + 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
- + Community behavioural change programmes, helping to change the perception and roles of girls and women

The children value having someone to advocate for them.

In 2018, Maputo police began a crackdown on illegal aliens living in Maputo and many street children were wrongly targeted. Meninos worked with the police and local authorities to issue government ID cards for the children so they could avoid being harassed.

The mutual trust between Meninos and the children help them to open up to the staff about their life on the streets. Ultimately, this is the first step in a long-lasting relationship that leads to either re-integration with extended family or assistance and vocational training that helps the young adult establish themselves with a business or other income-generating activity.

During 2018, Meninos helped 13 street children to find

and begin living with extended family members, leaving a life on the streets behind. Meninos continues to monitor and regularly visit re-integrated children to ensure their health and wellbeing. Over the past year, an additional 50 already integrated children were regularly visited and supported into school through the payment of fees and other school essentials. 8 older children were also provided with vocational training in skills such as hairdressing and carpentry so that they could support themselves.

Meninos' centre provides a refuge for children living on the streets of Mozambique's capital, a safe place and occasional respite from the often harsh life waiting for them in the city's abandoned building sites and doorways. The tireless work of Meninos' staff provides a much-needed helping hand and creates a safer environment for these HIV & AIDS affected children.



Partner Viewpoint

We catch up with Egmont Award Winner Allan Khaki, who heads up the HIV & AIDS in the Workplace Prevention Programme (HAWIP) in northern Malawi.

How did you get involved with HAWIP?

I joined the health service at Rumphi District Hospital in 2011 as a public health officer. I knew at the time of the work that HAWIP was doing and how the staff at the hospital volunteered their time, helping those who were newly diagnosed with HIV and especially those who were caring for children. I gladly helped where I could. When in 2012, Peter Gondwe – who had set up HAWIP and was leaving to set up a new organisation (Egmont partner Life Concern) – asked me to take over, I was surprised. I was new at the hospital and – I thought – a bit young. But the nature of the project, and the confidence and belief of the team gave me the courage to try. And so, the journey began...

What motivates you?

I am lucky that I play a major role in designing the projects for HAWIP and can see the difference that our work makes in the lives of adults and children living with and affected by AIDS. Through HAWIP's work, people who were previously hopeless and had almost given up after being diagnosed with HIV become full of self-belief and strong-willed to be healthy, productive and able to care for their children. I am inspired by the thousands of adults and young people who are getting tested and changing their behaviours – not an easy thing to achieve! These rays of hope keep all of us going.

Most important results achieved with HAWIP?

There are many things we have achieved over the past 7 years that I am proud of. It is hard to pick just one, but one of the most significant achievements would be the work we have done involving young people in HIV prevention efforts across the communities. HAWIP has trained 200 young people to be HIV educators to their peers and neighbours and we have seen an increase in the numbers coming to the hospital and clinics to get tested for HIV as a result; on average an extra 1,000 youths get tested every six months thanks to our HIV educators.

Another important result is the empowerment of people living with HIV. This includes giving 60 women the ability to run businesses by providing financial support and training with funding from Egmont. Most importantly, it also includes managing to give them the confidence that they can do it and make their lives

better. Through this, the women – mostly widows – are able to run businesses and support their children with school materials and better nutrition. As a result, we have seen a reduction in the number of malnutrition cases amongst children at the hospital.

Future plans and hopes for HAWIP?

As an organisation, we hope to grow and be able to reach out to more people and to implement more innovative and life-changing projects. As for HIV in Rumphi and Malawi, we hope to continue contributing to the drop in HIV prevalence over the next 3-5 years and we look forward to a HIV-free generation in the next 5-10 years through our Prevention of Mother-To-Child Transmission (PMTCT) interventions. We also hope to see people's attitudes towards HIV change and see more people open up on issues of HIV.





Fundraising in 2018

Total income raised during 2018 (including direct contributions) stood at £1,740,545†, a healthy increase of 9% on total funds raised in the previous year.

We remain hugely grateful to our close family of supporters, a small club of individuals, trusts and organisations who make incredibly generous commitments to Egmont's work year-on-year.

Fundraising highlights

The Egmont US Foundation

The Egmont US Foundation is governed by an independent Board of Directors who volunteer their time and receive no compensation or reimbursement. The Foundation 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.

On Monday 12th November, the Foundation held its first event at the Racquet and Tennis Club in New York. Egmont's Programmes Manager, Nomuhle Gola, and Executive Director of Egmont partner Life Concern, Peter Gondwe, attended along with the Foundation's Directors. The Egmont Trust is very grateful to the US Foundation for its growing support for Egmont's work. To find out more about how you can support The Egmont US Foundation, please contact info@egmontusfoundation.org

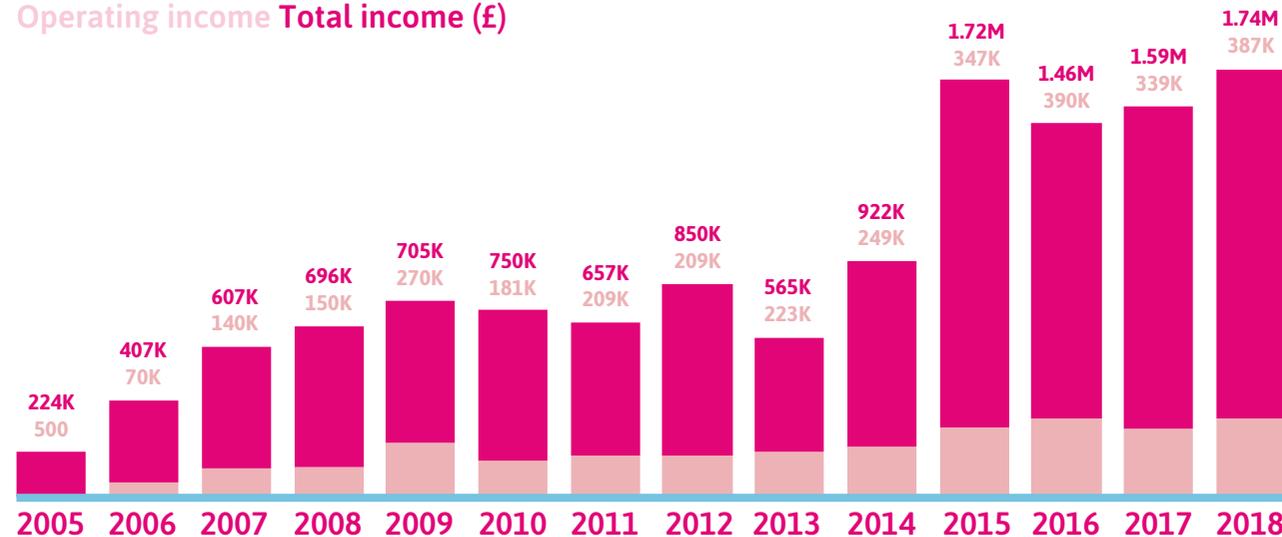
Sporting Challenges

During the year, a number of intrepid individuals undertook impressive sporting challenges, raising significant sums of money for Egmont in the process. Naomi Scarano and Charlie Bellingham rode their bikes 7,000km from the equator in Kenya to Cape Town in South Africa. Congratulations are due to our Mount Kilimanjaro climbers, including two of Egmont's youngest fundraisers yet, 11-year-olds Amaan and Andrew, who made it as high as 4,300m over the Christmas period. In September this year, we will be cheering on Helene, Domenica and Tanya as they cycle across Madagascar. We are grateful to all the individuals who put themselves through such rigours to help raise vital funding for Egmont's work and of course to all those who support them so generously.

Thank you!

Last but not least, on behalf of our partners and all those they are supporting, our thanks to our Trustees and Patrons, for supporting all of the charity's core costs, and our generous family of supporters, whose funding is directed in its entirety to our amazing partners' work.

Operating income Total income (£)



† Amounts raised include direct third-party funding of £105,615 in 2018. Amounts raised and committed include direct third-party funding of £512,627 secured in 2014-2018. All figures correct as of 31st December 2018.



“Egmont has built a fantastic reputation as a trustworthy charity, which makes it stand out relative to all other charities that we have come across.”

Supporter Viewpoint



Håkan & Cathrine Filipson

Adrigo Asset Management

How did you first start supporting Egmont?

We wanted to support people in need in Africa and we heard about The Egmont Trust from an old friend and business contact, James Macmillan, who used to work for Egmont.

We liked the fact that donations would be targeted to organisations in Africa and not cover expensive administration costs in Europe. We have paid a proportion of dividends received from our company to charity with Egmont the sole recipient.

What motivates you to continue your support?

We have been smitten by the 'African bug' after travelling to many African countries over the past 30 years. We have come to appreciate the special friendliness shown towards visitors by most of the African people we have met. Notably, these characteristics are often combined with a special mix of pride and humility, despite the often tough economic conditions they are facing in everyday life.

Clearly, the need for help is huge, and we find that Egmont has targeted its aid perfectly, much in line with our own wishes; supporting vulnerable people affected by HIV & AIDS.

We especially appreciate the feedback that we receive from Egmont during the year, with letters, emails and short videos.

What distinguishes Egmont from other organisations in your view?

Egmont has built a fantastic reputation as a trustworthy charity, which makes it stand out relative to all other charities we have come across. The key challenge for the future (we assume) will be to manage to grow donations whilst keeping the central organisation as small and vital as possible, and remaining firm on the key principles.



Projects supported in 2018

Country	Partner	Focus of project(s)	Grant type	Total approved 2018 (£)	Total committed since 2005 (£)
Kenya	Ace Africa (Kenya)	Increases children's access to nutritious food, medication, child rights, psychosocial support and HIV prevention	Core	26,945*	268,078 ‡
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	28,002*	90,002‡
Kenya	Kenya Poverty Elimination Network	Improves orphan care through grandparents by providing training in beekeeping, and goat-rearing; and psychosocial support	Core	27,271*	280,033‡
Kenya	The Nasio Trust	HIV & AIDS education programme for in-school youths living in Mumias & Musanda Districts	Innovation	14,741	14,741
Kenya	Rural New Life Development	Improves quality of lives for young women and children living with HIV using the 'DECENT CARE' approach	Innovation	27,801	67,484
Kenya	Sponsored Arts For Education	Reduces incidences of female genital mutilation (FGM) through community dialogue and traditional dance	Core	26,000	78,734
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	Strategic	152,573	366,324 ‡
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	26,000*	211,076‡
Malawi	Action for Sustainable Development	Agricultural training and support for families caring for vulnerable children to grow soya beans and rear pigs	Innovation	15,456	15,456
Malawi	Community Partnership for Relief and Development	Household economic strengthening for improved livelihoods and early years education support for vulnerable children	Core	25,893	60,052
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	24,362	236,083
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	26,247	79,457
Malawi	Life Concern	Increases access and uptake of Prevention of Mother To Child HIV Transmission services amongst women in rural areas	Core	26,691	314,591
		Child sexual abuse prevention and support through Edu-Toy programme	Strategic	75,752	
Malawi	The MicroLoan Foundation Malawi	Microfinance and training to impoverished women, helping them to develop sustainable businesses	Core	27,445	163,751

* These figures include funding in 2018 that was secured by Egmont from a third party to the value of £105,615.

‡ These figures include funding secured in 2014-2018 by Egmont from a third party to the value of £512,627.

† Grant committed in 2016-7 to support a project running through 2018.

Country	Partner	Focus of project(s)	Grant type	Total approved 2018 (£)	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	25,370	230,234
Mozambique	A Little Gesture	Provides education for HIV+ children on a day care basis, ensuring adequate nutrition, medication and medical assistance	Core	27,410	95,577
Mozambique	Associação Missão Moçambique	Residential centre for vulnerable and orphaned children affected by, or infected with, HIV & AIDS	Core	25,731	76,888
Mozambique	Meninos de Moçambique	Provides medical, social and educational assistance to street children and youth, including reintegration with families when possible	Core	26,307	267,473
Mozambique	Rede das Meninas (The Girls' Network)	Inclusive community project aimed at reducing incidences of gender-based violence and early marriage	Innovation	15,456	15,456
Mozambique	Vukoxa	Improves community support, food security and basic services for older carers to raise the quality of life for vulnerable children	Core	27,269	238,772
Tanzania	Ace Africa (Tanzania)	Strengthens community skills, structures and systems to improve access to child protection, HIV prevention, life skills and psychological support	Core	26,909	248,070
Tanzania	Forever Angels	Provides families with babies at risk of malnourishment and starvation, with nutritional support and business training	Core	26,495	100,495
Tanzania	Kimara Peer Educators and Health Promoters Trust Fund	Educational, nutritional and psychosocial support for children; microcredit and business training for carers	Core	27,835	251,014
Tanzania	Kwa Wazee	Tatu Tano support group system for vulnerable children, providing them with agricultural skills and inputs	Innovation	14,535	28,943
Zambia	Kucetekela Foundation	Scholarship support for academically gifted, disadvantaged children and community service projects	Core	26,000	185,594
Zambia	Mitengo Women Association	Promotes income-generating agricultural activities and microcredit of rural and semi-rural women groups through training and equipment	Core	29,135	325,075
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 caregivers	Core	25,945	69,935
Zambia	Restless Development Zambia	HIV and sexual reproductive rights education for in- and out-of-school youths through use of the peer-led 'Girls Like Us' model	Core	26,000	97,924
Zambia	Send A Cow (Zambia)	Farming systems and water management training for AIDS-affected families in Petauke District	Core	26,857	26,857
Zambia	Vision of Hope	Provides a protective environment for girls on the streets through education, shelter, life skills and healthcare	Core	53,702	147,854
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	28,169	54,169

Country	Partner	Focus of project(s)	Grant type	Total approved 2018 (£)	Total committed since 2005 (£)
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	26,947	204,631
Zimbabwe	Chiedza	Remedial and informal schooling for children from disadvantaged families, enabling them to reintegrate into the formal school system	Core	27,704	104,104
Zimbabwe	Child Protection Society	Promotes adherence to HIV treatment and home-based care for vulnerable children and adolescents	Core	24,214	51,238
Zimbabwe	Community Based Aid Programme	Educational support for academically promising, vulnerable children	Innovation	15,480	15,480
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	†	226,079
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
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	28,663	80,346
Zimbabwe	Midlands AIDS Service Organisation	Support group system for grandmothers caring for AIDS-affected children	Innovation	14,050	49,050
Zimbabwe	Nyanga Community Development Trust	Saving and loans group scheme for grandparent and single-parent households, helping them to establish businesses and provide for the children in their care	Innovation	14,050	14,050
Zimbabwe	Pamuhacha	Economic strengthening and training, comprehensive sexual reproductive rights education for adolescent girls and young women	Innovation	14,352	44,352
Zimbabwe	Rafiki Girls Centre	Empowers disadvantaged girls economically and socially through vocational and life-skills training	Strategic	78,983	356,725
Zimbabwe	Restless Development	Provides HIV-prevention information and support to sexual abuse survivors and young women forced into sex work	Core	25,540	277,036
Zimbabwe	Rujecko Home Based Care Programme	Child- and single-headed household support, with school fee provision and business training and saving groups for caregivers	Core	†	26,000
Zimbabwe	Seke Rural Home Based Care	Group support for single- and child-headed households with income and nutritional support	Innovation	15,169	15,169
Zimbabwe	Sharmwari Yemwanasikana	Helps young girls back into school, with training on making sanitary ware and supporting their families to establish businesses	Innovation	1,360	16,211
Zimbabwe	Talia Women's Network	Entrepreneurship training and agricultural business support for young women in Bindura	Core	27,097	41,352
Zimbabwe	Wild4Life	Healthcare professional training and data monitoring support for rural health clinics in Binga District	Innovation	15,654	15,654
Zimbabwe	Youth Advocates Zimbabwe	Delivers HIV prevention services through an SMS text-based helpline	Core	30,836	45,836

Trustee profiles

Jeremy Evans

Chairman

Chairman of: Fundraising Committee
Member of: Finance & Governance 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 (until June 2018)

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, 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), 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), St Peter's College, Oxford University.

Martin Woodcock

Trustee (from March 2019)

Martin is Chief Executive Officer of Rondine Capital, a London-based investment firm specialising in the stockmarkets of sub-Saharan Africa. Previously, Martin was CEO of Millgate Capital, a hedge fund based in New York, for 13 years. Martin also has business interests and a house in Kenya. He holds a BA (Hons), from Magdalene College, Cambridge.

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

Based in Harare, Nomuhle joined Egmont in 2016 bringing extensive professional and local experience to the post having previously been Country Director for Zimbabwe at Restless Development. MSc, International Relations, University of Zimbabwe.

Louise Dixon

Finance Manager

Member of: Finance & Governance Committee, Programme Committee

Louise joined Egmont in August 2017 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 and General Electric.

Jenny Siu

Grants & Operations Administrator

Jenny joined Egmont in 2018 having previously worked as an Events and Project Administrator for the youth charity Fixers. BSc(Hons), Plymouth University.

Sophie Crooke

Head of Fundraising & Communications

Member of: Fundraising Committee

Previously Head of Development at the Almeida Theatre and Development Director for the Prince's Foundation for Children & the Arts, Sophie heads Egmont's fundraising & communications department. 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. Since then, Jake has undertaken a post-graduate course in International Development at Bristol University, bringing additional analytical skills to the team. BA (Joint Hons), Sussex University. MSc (Distinction), Bristol University.



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 our 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

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, 11 Cathedral Road, Cardiff CF11 9HA.

Online: please go to www.egmonttrust.org/getinvolved

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.

The Egmont US Foundation

If you are a US citizen and would like to give in a tax-efficient manner, the Egmont US Foundation is an independent organisation registered in the USA with 501(c)3 status and is eligible to receive tax-deductible charitable contributions within the limits prescribed by law.

For more details on how to give, please contact us at info@egmontusfoundation.org or visit the Egmont US Foundation website: www.egmontfoundation.org

Contact us

 info@egmonttrust.org

 +44 (0)29 2240 1733

 www.egmonttrust.org

A huge thank you to all of Egmont's supporters

Ambassadors

Jules and Sophie Ansell, Jane Baker, William Bristowe, Matthew Clarke, Nick and Non Cross, Kate Humble, Andy and Freya Kocen, Sarah Lacaille, Alison Mayne, Ben and Charlie Morison, Sarah Muirhead, Ali Newell, Kathy Street, Sally Turnbull, Sally Woodcock.

Patrons

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

What your money can buy...

£25

Provides 9 newborn babies and their families in Tanzania with mosquito nets helping to reduce infant malaria cases

£50

Pays for the school fees of 3 primary school children in Zambia, enabling them to attend school for 1 year

£100

Trains 6 community health volunteers in Kenya, enabling faster referral of HIV+ and sick cases to health facilities

£150

Establish 2 business support and savings groups in Malawi, helping impoverished families to access credit for the first time and grow their businesses

£350

Enables street children in Mozambique to receive counselling, helping to reintegrate them with extended family and pays for their school fees

£500

Provides HIV testing and counselling to 300 people living in rural Zimbabwe, helping them to know their status and receive treatment

£1,000

Trains 13 youths living on the shores of Lake Victoria in fish farming, providing them with sustainable income amidst dwindling fish stocks

£1,500

Trains 60 farming families caring for vulnerable children in Zambia in cowpeas production, providing extra income and nutrition

£2,500

Provides business training and material to 25 women in Zimbabwe to establish a food-processing enterprise, enabling them to earn an income

£5,000

Provides HIV testing for 3,600 school children in Kenya, enabling those who are HIV+ to access treatment and counselling





Audited Financial Statements

Reference and Administrative Details

Charity name The Egmont Trust

Charity registration number 1108199

Principal address 11 Cathedral Road, Cardiff, CF11 9HA

Trustees Clare Evans, Jeremy Evans (Chairman), Rory Powe, Alison Mayne (resigned June 2018), Stuart Powers

Chief Executive Officer Colin Williams OBE

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

Auditors HSJ Audit Limited, Severn House, Hazell Drive, Newport, NP10 8FY

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 2018, which comprise the Statement of Financial Activities, Balance Sheet, 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 United Kingdom Accounting Standards, comprising Charities SORP - FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and applicable law (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our work has been undertaken so that we might state to the trustees those matters we are required to state to trustees 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 its 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 2018 and of its results for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the 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 Auditor's 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 auditor's report thereon. Our opinion on the financial statements does not cover the other

information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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 we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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

In the light of our knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Annual Report and Financial Statements.

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:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

The Trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the 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.

Auditor's responsibilities for the audit of the financial statements

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

HSJ Audit Limited, Statutory Auditor

Statement of Financial Activities for the Year Ended 31 December 2018

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2018 £
Income and endowments from:				
Donations and legacies		1,246,463	387,200	1,633,663
Investment income	3	1,268	-	1,268
Total income		1,247,731	387,200	1,634,931
Expenditure on:				
Charitable activities		(1,263,536)	(355,835)	(1,619,371)
Total expenditure		(1,263,536)	(355,835)	(1,619,371)

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2018 £
Net (expenditure)/income		(15,805)	31,365	15,560
Gross transfers between funds		15,000	(15,000)	-
Net movement in funds		(805)	16,365	15,560
Reconciliation of funds				
Total funds brought forward		1,577,967	268,524	1,846,491
Total funds carried forward	15	1,577,162	284,889	1,862,051

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2017 £
Income and endowments from:				
Donations and legacies		1,047,609	445,452	1,493,061
Investment income	3	351	-	351
Total income		1,047,960	445,452	1,493,412

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2017 £
Expenditure on:				
Charitable activities		(816,509)	(505,077)	(1,321,586)
Total expenditure		(816,509)	(505,077)	(1,321,586)
Net movement in funds		231,451	(59,625)	171,826

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2017 £
Reconciliation of funds				
Total funds brought forward		1,346,516	328,149	1,674,665
Total funds carried forward	15	1,577,967	268,524	1,846,491

All of the charity's activities derive from continuing operations during the above two periods.

The funds breakdown for 2018 is shown in note 15.



Balance Sheet as at 31 December 2018

	Notes	2018 £	2017 £
Fixed assets			
Tangible assets	11	-	5,465
Current assets			
Debtors	12	1,038,607	762,165
Cash at bank and in hand		1,546,463	1,558,494
		2,585,070	2,320,659
Creditors: Amounts falling due within one year	13	(723,019)	(479,633)
Net current assets		1,862,051	1,841,026
Net assets		1,862,051	1,846,491
Funds of the charity:			
Restricted funds		284,889	268,524
Unrestricted income funds			
Unrestricted funds		1,577,162	1,577,967
Total funds	15	1,862,051	1,846,491

Cash Flow Statement for the Year Ended 31 December 2018

	Notes	2018 £	2017 £
Cash flows from operating activities			
Net cash income		15,560	171,826
Adjustments to cash flows from non-cash items			
Depreciation		-	859
Investment income	3	(1,268)	(351)
		14,292	172,334
Working capital adjustments			
Increase in debtors	12	(276,442)	(731,130)
Increase in creditors	13	243,386	233,205
Net cash flows from operating activities		(18,764)	(325,591)
Cash flows from investing activities			
Interest receivable and similar income	3	1,268	351
Purchase of tangible fixed assets	11	-	(5,705)
Sale of tangible fixed assets		5,465	-
Net cash flows from investing activities		6,733	(5,354)
Net decrease in cash and cash equivalents		(12,031)	(330,945)
Cash and cash equivalents at 1 January		1,558,494	1,889,439
Cash and cash equivalents at 31 December		1,546,463	1,558,494

All of the cash flows are derived from continuing operations during the above two periods.

Notes to the Financial Statements for the Year Ended 31 December 2018

1. Accounting policies

Statement of compliance

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.

Basis of preparation

The financial statements have been prepared under the historical cost convention.

Income and endowments

Donations and legacies

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

Investment income

Investment income is recognised on a receivable basis.

Expenditure

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 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 activities

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.

Grant expenditure

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.

Support costs

Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources, for example, allocating property costs by floor areas, or per capita, staff costs by the time spent and other costs by their usage.

Governance costs

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

Taxation

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

Tangible fixed assets

Individual fixed assets costing £1,500.00 or more are initially recorded at cost, less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

Depreciation and amortisation

Depreciation is provided on tangible fixed assets so as to write off the cost or valuation, less any estimated residual value, over their expected useful economic life as follows:

Asset class	Depreciation method and rate
Office equipment	33% on cost

Trade debtors

Trade debtors are amounts due from customers for merchandise sold or services performed in the ordinary course of business.

Trade debtors are recognised initially at the transaction price. They are subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provision for the impairment of trade debtors is established when there is objective evidence that the charity will not be able to collect all amounts due according to the original terms of the receivables.

Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and call deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of change in value.

Trade creditors

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Accounts payable are classified as current liabilities if the charity does not have an unconditional right, at the end of the reporting period, to defer settlement of the creditor for at least twelve months after the reporting date. If there is an unconditional right to defer settlement for at least twelve months after the reporting date, they are presented as non-current liabilities.

Foreign exchange

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.

Fund structure

Unrestricted income funds are general funds that are available for use at the trustees' discretion in furtherance of the objectives of the charity.

Designated funds are unrestricted funds set aside for specific purposes at the discretion of the trustees.

Restricted income funds are those donated for use in a particular area or for specific purposes, the use of which is restricted to that area or purpose.

Pensions and other post retirement obligations

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. Income from donations & legacies

	Unrestricted funds			Total 2018 (£)	Total 2017 (£)
	Designated (£)	General (£)	Restricted funds (£)		
Donations and legacies;					
Donations from individuals	25,000	1,210,011	387,200	1,622,211	1,476,559
Gift aid reclaimed	-	11,452	-	11,452	16,502
	25,000	1,221,463	387,200	1,633,663	1,493,061

3. Investment income

	Unrestricted Funds		
	General (£)	Total 2018 (£)	Total 2017 (£)
Interest receivable and similar income;			
Interest receivable on bank deposits	1,268	1,268	351

4. Expenditure on charitable activities

	Activity under-taken directly (£)	Grant funding of activity (£)	Activity support costs (£)	Total 2018 (£)	Total 2017 (£)
Alleviation of the impact of HIV & AIDS	-	1,264,788	-	1,264,788	934,805
Grant management	10,212	-	127,251	137,463	145,025
Fundraising & publicity	-	-	97,482	97,482	97,996
Finance & governance	-	-	57,752	57,752	50,182
Office & data management	-	-	75,260	75,260	47,423
Other	-	-	23,835	23,835	8,265
Foreign currency	-	-	(37,209)	(37,209)	37,890
	10,212	1,264,788	344,371	1,619,371	1,321,586

5. Analysis of governance and support costs

Support costs allocated to charitable activities	Basis of allocation	Governance costs (£)	Finance costs (£)	Management (£)	Total 2018 (£)	Total 2017 (£)
Grant management	A	-	-	127,251	127,251	136,761
Fundraising & publicity	A	-	-	97,482	97,482	97,996
Finance & governance	A	5,742	3,132	48,878	57,752	50,182
Office & data management	A	-	-	75,260	75,260	47,423
Other	A	-	-	23,835	23,835	8,265
Foreign currency	A	-	(37,209)	-	(37,209)	37,890
		5,742	(34,077)	372,706	344,371	378,517

Basis of allocation

Reference

A - Allocated support costs

6. Grant-making

Analysis of grants

The support costs associated with grant-making are £137,463 (31 December 2017 - £136,761).

Below are details of material grants made to institutions.

Name of institutions	Activity	2018 (£)	2017 (£)
Kenya	Alleviation of the impact of HIV & Aids	223,718	59,362
Malawi	Alleviation of the impact of HIV & Aids	247,216	227,992
Mozambique	Alleviation of the impact of HIV & Aids	122,173	98,490
Tanzania	Alleviation of the impact of HIV & Aids	95,774	93,026
Zambia	Alleviation of the impact of HIV & Aids	215,808	157,189
Zimbabwe	Alleviation of the impact of HIV & Aids	360,099	298,746
		1,264,788	934,805

7. Net incoming/outgoing resources

Net incoming resources for the year include

	2018 (£)	2017 (£)
Operating leases - other assets	22,838	22,838
Audit fees	3,600	3,000
Loss on disposal of fixed assets held for the charity's own use	5,465	-
Depreciation of fixed assets	-	859

8. Trustees remuneration and expenses

No trustees, nor any persons connected with them, have received any remuneration from the charity during the year.

No trustees have received any reimbursed expenses or any other benefits from the charity during the year.

9. Staff costs

The aggregate payroll costs were as follows:

	2018 (£)	2017 (£)
Wages and salaries	229,263	213,003
Social security costs	15,386	14,045
Other pension costs	5,495	4,029
	250,144	231,257

The monthly average number of persons (including senior management team) employed by the charity during the year expressed as full time equivalents was as follows:

	2018 (No)	2017 (No)
Charitable activities	8	6

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

10. Taxation

The charity is a registered charity and is therefore exempt from taxation.

11. Tangible fixed assets

	Furniture and equipment (£)	Total (£)
Cost		
At 1 January 2018	10,570	10,570
Disposals	(10,570)	(10,570)
At 31 December 2018	-	-
Depreciation		
At 1 January 2018	5,105	5,105
Eliminated on disposals	(5,105)	(5,105)
At 31 December 2018	-	-
Net book value		
At 31 December 2018	-	-
At 31 December 2017	5,465	5,465

12. Debtors

	2018 (£)	2017 (£)
Prepayments	17,606	21,973
Other debtors	1,021,001	740,192
	1,038,607	762,165

13. Creditors: amounts falling due within one year

	2018 (£)	2017 (£)
Trade creditors	717,830	471,698
Other creditors	5,189	7,935
	723,019	479,633

14. Obligations under leases and hire purchase contracts

Operating lease commitments

Total future minimum lease payments under non-cancellable operating leases are as follows:

	2018 (£)	2017 (£)
Land and buildings		
Within one year	10,000	22,838
Between one and five years	30,000	-
Over five years	10,000	-
	<u>50,000</u>	<u>22,838</u>

15. Funds

	Balance at 1 January 2018 (£)	Incoming resources (£)	Resources expended (£)	Transfers (£)	Balance at 31 December 2018 (£)
Unrestricted funds					
General					
General fund	1,577,967	1,210,836	(1,236,641)	-	1,552,162
Designated					
Treebeard Trust	-	25,000	(15,000)	15,000	25,000
Total unrestricted funds	<u>1,577,967</u>	<u>1,235,836</u>	<u>(1,251,641)</u>	<u>15,000</u>	<u>1,577,162</u>
Restricted funds					
Operational costs	186,548	387,200	(367,957)	(14,500)	191,291
Egmont US	-	-	(14,875)	14,500	(375)
Treebeard Trust	15,000	-	-	(15,000)	-
Peer Partner Activities	22,962	-	(10,212)	-	12,750
Foreign Currency Translation	44,014	-	37,209	-	81,223
Total restricted funds	<u>268,524</u>	<u>387,200</u>	<u>(355,835)</u>	<u>(15,000)</u>	<u>284,889</u>
Total funds	<u>1,846,491</u>	<u>1,623,036</u>	<u>(1,607,476)</u>	<u>-</u>	<u>1,862,051</u>

15. Funds - continued

	Balance at 1 January 2017 (£)	Incoming resources (£)	Resources expended (£)	Balance at 31 December 2017 (£)
Unrestricted funds				
General				
General fund	1,346,516	1,047,960	(816,509)	1,577,967
Restricted funds				
Operational costs	188,753	338,852	(341,057)	186,548
Treebeard Trust	15,000	15,000	(15,000)	15,000
Waterloo Foundation	-	65,000	(65,000)	-
VoH - 2015 Fundraising	11,706	-	(11,706)	-
Peer Partner Activities	30,786	-	(7,824)	22,962
Project Specific Grants	-	26,600	(26,600)	-
Foreign Currency Translation	81,904	-	(37,890)	44,014
Total restricted funds	<u>328,149</u>	<u>445,452</u>	<u>(505,077)</u>	<u>268,524</u>
Total funds	<u>1,674,665</u>	<u>1,493,412</u>	<u>(1,321,586)</u>	<u>1,846,491</u>

The specific purposes for which the funds are to be applied are as follows:

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.

Foreign currency funds - represents the gains or losses year on year upon translation of U.S dollar bank accounts or debtors in to 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.

16. Analysis of net assets between funds

	Unrestricted funds			Total funds (£)
	General (£)	Designated (£)	Restricted funds (£)	
Current assets	2,274,806	25,000	285,264	2,585,070
Current liabilities	(722,644)	-	(375)	(723,019)
Total net assets	<u>1,552,162</u>	<u>25,000</u>	<u>284,889</u>	<u>1,862,051</u>

17. Analysis of net funds

	At 1 January 2018 (£)	Cash flow (£)	At 1 December 2018 (£)
Cash at bank and in hand	1,558,494	(12,031)	1,546,463
Net debt	1,558,494	(12,031)	1,546,463





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NUMBER 1108199**

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Front Cover: Ace Africa, Kenya

Back Cover: GCCWG, Kenya