



# ANNUAL REVIEW 2011

[www.thet.org](http://www.thet.org)

**THET**

Partnerships for Global Health

1 Wimpole Street, London, W1G 0AE | Tel: +44 (0) 20 7290 3892 | Fax: +44 (0) 20 7290 3890 | Email: [info@thet.org](mailto:info@thet.org) |

Registered Charity No. 1113101 | Company Registration No.5708871

*Cover Photo Credit: Jimma, Ethiopia*



Our mission is to **improve essential health services** in some of the world's poorest countries, building long term capacity through **training and support.**

# Contents

Introduction to THET	4
Messages from our Chairman and CEO	6
Health Partnership Grants	8
International Development Programmes	12
Promoting Good Practice	16
Getting Involved	18
The THET Team	20
Financial Accounts	22

# Introduction to THET

We have over 20 years of experience working with health institutions around the world, promoting action that is effective, sustainable and responsive.

It is estimated that the global shortage of trained health workers will reach 4 million by the year 2015



Credit: Hannah Mauleffinch, Butabika, Uganda

THET is a specialist global health partnerships organisation dedicated to ensuring that poor people in low and middle income countries have greater opportunity to access healthcare from an appropriately skilled and supported health worker.

We work through global health partnerships to train and support health workers. We leverage our unique connections within the UK health sector and beyond to engage skilled health professionals in sharing their expertise with counterparts in countries where essential health needs are most critical.

Specific activities that support the global health workforce across our programmes include formal health professional education, continuing professional development courses, on the job training, leadership and management development, governance and policy development, curriculum delivery and development, and distance and e-learning projects.

## The Story so far

**1991+** A small THET team steadily builds interest and support for institutional partnerships through a network of UK health professionals

**2005-06** Recognition of this approach grows as DFID, DoH and WHO put greater focus on health partnerships

**2009-12** International Health Links Funding Scheme (funded by DFID and the DoH) enables THET to facilitate significant structured support to institutional partnerships

**1988-1991** THET is founded by Professor Sir Eldryd Parry, and medical books are sent to medical schools in Africa

**Mid 1990s** THET raises more significant project funding for partnerships from trusts and foundations

**2007** The 'Crisp Report' calls for the UK to support health partnerships in developing countries and highlights THET's track record and potential

**2011-15** THET is awarded management of the Health Partnership Scheme (funded by DFID) which further expands the size and scope of support

# Message from our Chairman

Welcome to our 2011 Annual Review.

This year has been an exciting time for THET and one which has seen the organisation grow, and go from strength to strength. Since THET was founded in 1988, we have been working alongside a community of health professionals from very different backgrounds, supporting them and learning from them as they seek to collaborate with overseas partners to increase access to good health care for all.

In the summer of 2011, THET became the managing agent for the UK government's four-year Health Partnership Scheme (HPS), a major new programme which will provide grants and guidance to partnerships and promote volunteering of UK health professionals abroad. This provides

a truly exciting opportunity to support and grow the Health Partnerships Movement further - to bring together THET's experience with health partnerships and the UK's track record of engagement in international development and to capitalise on the skills of NHS staff.

During the course of the year, I have felt privileged to work with the outstanding THET staff, volunteers, trustees, and honorary advisors. It is their enthusiasm and energy that makes this distinctive organisation what it is - and I have no doubt that going forward into 2012 and beyond, this enthusiasm will grow and continue to bring benefits to those most in need of assistance.



THET Chairman, Professor Sir Andy Haines

# Message from our CEO



"THET is a dynamic, distinctive organisation using innovative approaches to tackle the global health workforce crisis"

-THET Chief Executive, Jane Cockerell

As I read through THET's Annual Review, I am struck by the sheer diversity of the work taking place across the UK and overseas as health professionals work together to improve health care for so many in need.

The scale and scope of THET's work with our partners is further expanding with the new Health Partnership Scheme funding. For example, the innovative Multi-Country Partnership projects work across three or more overseas countries and are expected to show significant, transformational impact through engaging a number of partners on a single large project. This approach encourages the development of South-South partnerships and the sharing of learning and expertise between institutions in developing countries.

THET is continuing to advocate for the health partnership approach to strengthening health systems and is working with policy makers, health institutions and key individuals to promote and facilitate overseas volunteering by health professionals.

We demonstrated the value of THET's

approach in 2011 through our large programmes in Somaliland and Zambia. As our office in Hargeisa expanded, we offered increased support and training for our partner institutions. Our team helped to develop the new National Health Policy and Somaliland's first tools for human resource management. We also introduced the first BSc Midwifery degree in the country, giving midwives the opportunity to enhance their skills.

In Zambia, UK specialists in nursing, anaesthesia, pathology, psychiatry and biomedical engineering volunteered at Lusaka's University Teaching Hospital to provide high quality expertise to support the growth of these much needed services.

I'm proud to represent THET's work and staff; we are a dynamic, distinctive organisation using innovative approaches to tackling the global health workforce crisis. I'm also glad to say that as we grow, our core values remain the same, and partnership based on respect and reciprocity is central to everything we do.



# Health Partnership Grants



International Health Links Funding Scheme

Health Partnership Scheme

Johnson & Johnson Fund

Medical Equipment

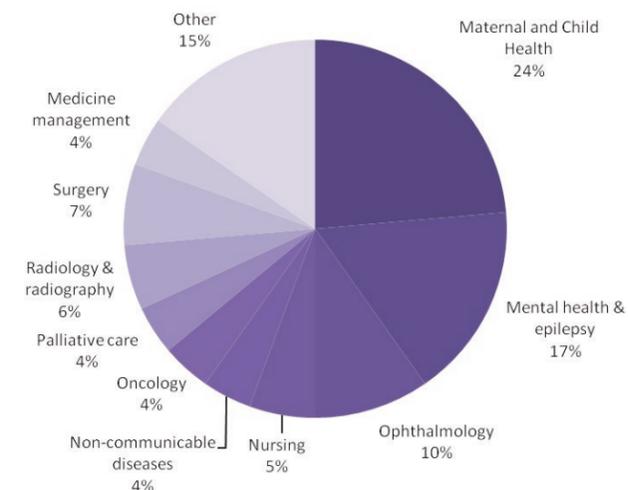
Partnership Case Studies



"THET have a proven record in helping countries share their expertise and learn from each other and they are on track to deliver a scheme which is both effective and innovative."

-Andrew Mitchell, Secretary of State for International Development

## Areas funded under IHLFS



## What are Health Partnerships

- Long term partnerships between UK health institutions and counterparts in developing countries
- Collaborations aiming to deliver education, training and support to health workers where it is most needed, whilst developing skills, leadership and resourcefulness of all

and middle income countries and the UK. In late 2011 the IHLFS merged with the Health Partnership Scheme, discussed on the adjacent page.

Over the life of the IHLFS, 108 projects in 19 countries were funded, and approximately 3,500 health workers were trained. Partnerships were in Bangladesh, Cambodia, Ethiopia, Ghana, India, Kenya, Malawi, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Sierra Leone, South Sudan, Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

As well as funding, THET provided support, advice and guidance for health partnerships. We held a variety of workshops in UK and overseas on topics such as grant applications and project management, which received favourable and often grateful feedback from the health professionals volunteering their valuable time to these projects.

## International Health Links Funding Scheme (IHLFS)

The International Health Links Funding Scheme (IHLFS), which launched in 2009 and has been jointly managed between THET and the British Council, provided project funds for new and existing partnerships between healthcare institutions in low

*"THET's support added another dimension to educational governance, monitoring and quality assurance enhancement"*

*"THET were very supportive and responsive indeed. They specifically helped us with advice on planning, clear description of log frame domains (aim, outcomes etc.) and clear thinking round monitoring and evaluation."*

*"As coordinator I have found the level and quality of communication with THET really helpful and encouraging. THET have also proved very approachable and helpful when I found it necessary to 'trouble shoot' and ask for advice!"*

*"Having the opportunity to meet other health links at forums such as the 'Health Links: Are we reaching the poorest?' day is invaluable. Every link seems very different, but through talking to link participants you realise that some issues such as communication and coordination are problematic for most groups, which is reassuring"*

Feedback provided by partnership coordinators participating at IHLFS workshops.

## Health Partnership Scheme (HPS)

In 2011, THET was awarded the contract to manage the UK government's four-year Health Partnership Scheme (HPS). The HPS builds on lessons from the IHLFS pilot, providing grant funding, advice and support to partnerships and promotes UK involvement in international volunteering. A new HPS staff team began designing the programme and the grant selection process in Autumn 2011.

The HPS will fund projects that contribute to improving health outcomes in DFID and Devolved Administration priority countries, displayed below.



## HPS Fact Box

**Multi-Country Partnerships Grants** will leverage knowledge and expertise of UK health partners in fields contributing to Millennium Development Goals 4, 5, and 6 (reduce child mortality rates; improve maternal health; combat HIV/AIDS, malaria and other diseases).

**Paired Institutional Partnership Grants** will fund health partnership projects, reach into under-served and rural areas and improve health outcomes over a broad thematic and geographical spread.

**Long-Term Volunteering Grants** will contribute to Millennium Development Goals 4, 5, and 6 and increase the capacity of health workers.

**Start-up grants** will support the development of new partnerships between UK and developing country partners.

The HPS will foster an enabling and supportive environment for health partnerships and make a direct contribution to the quality of HPS-funded projects.

## Johnson & Johnson Fund

Five recipients each won £6,300 through the Strengthening Surgical Capacity grants scheme, funded by Johnson & Johnson. Winners will put these funds towards surgery and/or anaesthesia services in countries that have critical shortages of health workers.

## Medical Equipment

In September 2011 THET hosted a one-day medical equipment workshop which, for the first time, brought together representatives of health partnerships, equipment suppliers, biomedical engineers and professional associations, plus representatives of the Ministries of Health of Zambia and Ghana. As a direct result, Good Practice for Medical Equipment Donations Guidelines are being produced and funding will be available in 2012 for projects aimed specifically at improving the maintenance and management of medical equipment in overseas partner institutions.

# Partnership Stories - Training Health Workers and Improving Health Services across Africa and Asia

## Improving Mental Health in Kampala, Uganda

*Butabika Hospital, Uganda with East London NHS Foundation Trust and Sheffield Health and Social Care Trust.*

A hospital is supposed to be a safe place where patients receive treatment and recover – a haven from the dangers of the outside world. At Butabika Hospital, the only national referral psychiatric hospital in Uganda, this was not always the case. Patients often resorted to violence, and staff members were ill-equipped to handle such situations. Through training offered by the partnership, staff members learned strategies for dealing with violence, as well as ways to foster an environment in the hospital that discourages aggression. The program has yielded a drop in violence and an increased confidence among staff. In addition to learning these skills, staff members have attended workshops on cognitive psychotherapy, alcohol and substance abuse, post traumatic stress disorder and psychotherapeutic skills.

## Helping Mothers in Kambia, Sierra Leone

*Kambia Government Hospital, Sierra Leone with Gloucestershire Hospitals NHS Foundation Trust, UK.*

With no commercial transportation or local medical facilities in Kambia, pregnant women often have to commute on foot for miles to the Kambia Government Hospital, resulting in high maternal mortality. But through the partnership, prospects for expecting mothers have drastically improved. Community health posts have been established, and motor bike ambulances are available to transport mothers to the facilities. Also, the partnership facilitated basic training for birth attendants, installed equipment, such as ultra-sound machines, and offered training for community health officers. Previously, only district medical officers, who must often move between regions, could perform Caesarean sections, but now community health officers can also perform the service.

## Women's Health in Kathmandu, Nepal

*Nepal Medical College, Nepal with Health Partnership Nepal, UK.*

The conservative culture and high illiteracy rate in Trishuli village, which sits within Nepal's mountainous region, cause women to hesitate before seeking treatment for gynaecological issues or sharing their problems with doctors. As a result, minor health problems can often become life-threatening. Laxmi Sapkota, an auxiliary nurse midwife at Trishuli Hospital, estimated that 40 or 50 percent of women in the village are hiding gynaecological problems. Compounding these difficulties, the region has only one government hospital and lacks sufficient doctors, nurses and medical equipment. Through a new, free health camp, the partnership is offering treatment to women and raising awareness about gynaecological problems. So far 300 patients have received medical services, and about 40 have received surgery. The number of women who visit Trushali Hospital has increased as more women begin addressing gynaecological problems before they become more serious.

## Treating Burns in Blantyre, Malawi

*Queen Elizabeth Central Hospital, Malawi with NHS Tayside Health Board, Scotland.*

One day when a mother was away from her home fetching water, a mosquito net caught fire and left her four-year-old child with severe burns. The child was rushed to the burns unit at Queen Elizabeth Central Hospital, underwent surgery and returned home safely after 14 days. Had the incident occurred one year earlier, the child might not have been so lucky. Since the partnership implemented its Reduction of Burn and Scald Mortality in Children program, child mortality at the burn clinic has dropped 46 percent, and children leave the hospital after much shorter periods of time. The program has educated clinicians about a wide range of tactics to treat burns: "We have also been able to reduce [the] chance of infection and promoted faster healing in the young patients by introducing a high protein diet at the hospital during recovery," said one of the project coordinators.

These stories have been adapted from information gathered by the British Council, who alongside THET, jointly managed the International Health Links Funding Scheme (Details on page 8)

# International Development Programmes

Somaliland

Zambia

International Citizen Service



## Case Study: External Examiners in Somaliland

Poorly constructed examinations for medical students can lead to unfair outcomes for students and inaccurate assessments of future health workers' abilities. In 2011, four external examiners from the UK travelled to Somaliland to help implement a new OSCE-style examination format, which places an emphasis on clinical skills and assesses every student in the same wide range of skills across different disciplines. Students at Amoud University successfully completed the examination in July, and Hargeisa University ran practice examinations in preparation to adopt the OSCE format in 2012. The external examiners also helped the universities to write questions for the written portions of the exams, as well as evaluate responses. Both faculty and students in Somaliland heralded the examinations as a significant improvement over the previous system. "Students were keen that it happen because they see it as a fairer way of doing their assessments," said John Rees, one of the external examiners. "Producing a more reliable assessment benefits both students and patients."

*Photo: External examiners Helena Tabry, Mohammed Nur and Peter Hughes.*

## Somaliland Programme

### Training and Support

After years of war and underinvestment in Somaliland, the public health system is extremely weak. Basic health indicators in Somaliland are among the worst in the world, and there is a critical shortage of skilled personnel in almost all public sector health institutions. THET established its Somaliland programme in conjunction with King's Health Partners in 2000 with an aim to train health workers and bolster medical school curriculums. Since that time, the UK-Somaliland team has established programmes with many health institutions, enhancing health workers' abilities in areas such as mental health, maternal health, nursing and midwifery. Training and technical assistance has reached undergraduates, postgraduates, medical interns and faculty.

THET directly implements programmes in partnership with health institutions in the UK and healthcare organisations and institutions in low and middle income countries. These long-term relationships have yielded dramatic improvements the capacity of health workers within each country.

### Volunteer Trips

A European Community 30 month programme has funded 78 UK health professionals, postgraduate interns, and external examiners (many from Kings Health Partners) to travel to Somaliland to train health workers and provide services.

### Shaping Policy

THET is supporting the Somaliland Ministry of Health with planning and human resource management with support from a three-year DFID-funded programme. Recent efforts have produced a new National Health Policy, monitoring procedures and planning systems. In addition, THET helped to develop the first national policies and tools for human resource management, including job descriptions, contracts and attendance management. THET has also worked with Somaliland partners to strengthen delivery of basic training for doctors, nurses and midwives and to support the development of appropriate regis-

tration, accreditation and regulatory frameworks. These efforts are laying the foundation for greater efficiency and heightened quality of services.

### Midwifery BSc

THET launched the first Midwifery BSc in the country, giving midwives the opportunity to enhance their skills and become leaders in the future. Many midwives leave the profession because of the lack of avenues for higher learning, but this programme keeps talented midwives providing much-needed health services. In October 2012, 21 midwives are expected to graduate from this DFID-funded 18-month program, which is accredited by the University of Hargeisa and takes place at the Edna Adan Maternity Hospital.

### THET & Comic Relief

A grant from Comic Relief allows THET to offer training and support for Hargeisa Hospital. A self-sustaining system was

implemented that allows patients to purchase drugs, which are often of poor quality in Somaliland, at prices they can afford. In addition, the initiative supports the hospital's management to ensure they have the resources to properly administer their programs. In 2011, the pharmacy ward, mental health ward and emergency room all underwent renovations.

### THET & UNICEF

THET was awarded a sub-contract to implement activities under a three-year UNICEF programme established to support sexual and reproductive health. THET will work with local partners to improve training and human resource management in Somaliland and increase institutional capacity in Puntland. The project will yield a new curriculum for training community health workers, new protocols designed to reduce maternal mortality and a manual for training future trainers.

## About Somaliland



Capital:	Hargeisa
Status:	Unrecognised State
Population:	3.5 million
1:20	Risk of maternal death (UNDP 2001)

## Our work in Zambia

There is a significant deficit of adequately trained health workers in Zambia. By engaging UK and other health professionals in both short and long term volunteering within the framework of the DFID-funded 'Strengthening Training and Education of Health Workers Zambia' programme, THET provides training for essential health workers, including nurses and midwives, as well as specialists in anaesthesia, pathology, psychiatry and biomedical engineering.

### Education

This year THET launched Anaesthesia MMed and Pathology MMed courses while also continuing a Psychiatry MMed course. In 2011, five psychiatry trainees, four pathology trainees and eight anaesthesia trainees were enrolled in the courses. A biomedical engineering technician (BMET) diploma curriculum was designed in collaboration with the Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA). The course is scheduled to start in September 2012.

Sixteen short-term volunteers delivered a total of 34 weeks of teaching support to the University of Zambia's School of Medicine.

THET supported five students in a BSc Nursing Sciences course in 2011, and all passed their first year and are studying in their second year. The students also undertook a six-week practical placement at the institutions where they will work after completing the program.

Five nursing schools received teaching support from long-term volunteer nurse tutors and also received teaching resources, such as books, computers and skills laboratory equipment. The five nurse tutor volunteers received grants of £5,000 to support teaching at their schools. In order to retain staff in more rural areas, five houses were built and are ready for occupation.

### Promoting Good Practice

The team held peer-to-peer learning events, giving UK volunteers the opportunity to share experiences and think critically about how they can maximise their impact of their engagement. One of the outcomes from this year's volunteer meetings was a decision by the volunteer tutors to under-

take a small research project on teaching methods and competency outcomes. A postgraduate medical education workshop brought together 44 participants from the UK, Kenya, Tanzania, Zambia and Nepal to share lessons around developing training programmes using overseas and disperse faculty. THET's Zambia team also held other workshops on topics such as curriculum development, problem-based learning and project management.

### Nutrition

At the end of 2011 THET became the implementing agent of a three-year DFID-funded programme supporting the training of Nutritionists and Dieticians in Zambia. The purpose of the programme is to improve human resources for health through the delivery of a BSc in Human Nutrition and the development and delivery of an MSc course in Human Nutrition.

**"Although there are stark differences between university facilities in the UK and those in Zambia, I have never met a group of people who are more keen to learn."**

-Francesca Mills, a clinical biochemist who taught a module in physiology and pharmacology.

### Five components of Zambia project

Develop and support the delivery of postgraduate courses in pathology, psychiatry and anaesthesia (at the School of Medicine, University of Zambia) and a biomedical engineering technologist course.

Increase capacity at provincial nursing and midwifery schools to train nurses and midwives by providing interim nurse/midwifery tutors seconded from the UK and sponsoring Zambian nurses to upgrade their skills in nursing and teaching through a BSc in Nursing Sciences.

Strengthen capacity of provincial nursing and midwifery schools to attract and retain health workers by constructing houses for nurse/midwifery tutors at five selected nursing and midwifery training institutions.

Increase collaboration and synergistic partnerships amongst health partnerships in Zambia by harnessing partnerships to provide short-term specialists to the School of Medicine and selected health training institutions and to manage projects complementary to the programme's areas of postgraduate support.

Document, disseminate and apply lessons learned amongst health partnerships and health training institutions in Zambia.

### International Citizen Service

International Citizen Service (ICS) is a global volunteering initiative funded by DFID and run by six respected names in international volunteering, led by VSO.

The pilot THET-ICS programme, run in collaboration with King's Health Partners, concluded in 2011.

The 18 month programme saw teams of UK volunteers aged between 18-25 travel to Sierra Leone, Tanzania, Zambia and Zimbabwe through existing health partnerships with organisations and institutions in those countries.

A total of 20 volunteers, drawn from a diverse range of disciplines and backgrounds, worked in interdisciplinary teams to design their own 12 week projects based on needs identified by local partners and with guidance from experienced supervisors.

ICS delivered a rich and well managed experience for the volunteers with substantial positive impacts for the host organisation.



## Case Study: Evaluating Health Tendencies in Sierra Leone with the ICS



Dr. Toyin Ajayi (left), a director of the Welbodi Partnership, and Lee Nathaniel-Wurie (right) present the project's findings at the 2011 Global Health Conference in Montreal.

In 2010 Sierra Leone began offering free healthcare services to children under five, as well as to pregnant and breast-feeding women, with the aim to increase utilisation of public health services. The initiative, spearheaded by President Ernest Bai Koroma, achieved initial successes after it was introduced. However, early data from the only government-run paediatric hospital in the country has shown that the initial surge in utilisation rates has not been sustained and has returned to levels similar to those before the Free Healthcare Initiative. Through the ICS, Lee Nathaniel-Wurie and his team of three volunteers travelled to Freetown to determine what factors were influencing the healthcare-seeking behaviour of parents and caregivers of acutely ill children under the age of five in poor urban communities in the east of Freetown, with the hopes of providing insight into how to remedy the problem.

The team held focus groups and interviews with hospital staff, mothers in the hospital and members of the community in Freetown. This research yielded several common themes. First, perceived barriers to accessing healthcare included indirect costs of visiting a physician, such as taking time off from work, waiting in large queues or having to pay non sanctioned fees to receive treatment. Second, many patients were constantly referred back and forth between healthcare facilities, eventually leading them to abandon attempts to access the free healthcare system or delay seeking treatment for an ill child. Third, negative perceptions of services and quality of care prompted caregivers to seek healthcare outside of the free healthcare initiative. Lastly, after children were diagnosed with relatively innocuous illnesses, such as a cough, caregivers would later neglect trips to the hospital when similar symptoms arose again, even though the ailment could be more serious.

Lee presented the findings to the community leaders and hospital management, who took great interest in the information and were receptive to ideas for reducing perceptions that lead people to use the service inappropriately or not at all. The team also produced a report that they presented at the 2011 Global Health Conference in Montreal and distributed to several charities. This project has equipped health workers in Sierra Leone, as well as global health professionals in the UK, with new knowledge that may help Sierra Leone's healthcare programme to fulfil its potential.

# Promoting Good Practice

Evaluation and Learning

Website

Events



## Lessons Learned: Six tips for sustaining health partnerships

- Ensure several people from each partner organisation are passionate about the project.
- After achieving your initial goals, review what has gone well and plan for the future.
- Set a clear purpose so that the project remains a priority within your organisation.
- It is better to under-promise and over-deliver than to over-promise and lose enthusiasm.
- Update plans and priorities as circumstances change.
- Fundraise even when you are financially secure.

## Evaluation & Learning

Our new Evaluation & Learning team supports health partnerships and THET's own programmes to monitor, evaluate and share their experiences – how they implement projects, the challenges they face, and their achievements. This knowledge helps us and our partners to refine our work and to identify examples of good practice for others in the health partnership community.

Alongside our own knowledge, the team is drawing on findings in related fields to paint a better picture of the value of health partnerships, both for developing country health workers and health systems, and for the UK health professionals who volunteer. The team also encourages colleagues to reflect on their activities and processes, facilitating a process of continuous improvement at THET.

## Website

In 2011 development began on a new website to give access to recent news and information. An online "Community of Practice" was established to provide a forum for partnership members to ask questions and share their experiences. Other new online resources will provide guidance to partners on the technical and administrative aspects of establishing and maintaining partnerships. In addition, the site will include tools to help partners evaluate their work and connect with others interested in establishing or strengthening health partnerships.



## Events

The THET Annual Health Links Conference drew over 200 health professionals to address the question, "Are we reaching the poorest?" The event allowed health professionals to compare their experiences and yielded many productive ideas for improving capacity-building activities.

THET held collaborative workshops in the UK, Uganda, Nepal and Ghana, where members of health partnerships could gain from THET's expertise and learn from the successes of other programs. One participant in the Nepal workshop said the session provided "a new way to understand... planning, monitoring and evaluation," and another said the guidance would allow projects to be "more systematic and effective."

## Participant Feedback from the South Sudan Roundtable in London

- Gained "a better idea of the overall picture"
- Learned "about other ideas and work"
- "Realised that nursing and medical work needs to go along together — as do primary health and teaching hospitals"
- Had the opportunity of "meeting other people interested in South Sudan"
- Gained "increased understanding of the different links"
- Met "people to contact for advice"



THET holds an annual conference bringing together partnerships and professionals across health sectors.

# Getting Involved

## Volunteering has mutual benefits



Patrice & Tess Teaching @ Kintampo Project, Ghana

**Start or Join a Health Partnership:** Engaging with health workers in developing countries will leave a lasting impact on both you and those with whom you work. See if your institution already has a partnership, and if they do not, consider starting one. *The International Health Links Manual* provides detailed guidance on how to start and maintain strong partnerships.

**Volunteer through HPS funded volunteer programmes:** The HPS will provide grants for projects that enable long-term volunteering for UK health professionals in low-income countries.

**Volunteer for THET:** Opportunities range from joining one of our specialist working groups to travelling to Somaliland or Zambia.

**Volunteer through HPS funded programmes:** The HPS will provide grants for projects that enable long-term volunteering for UK health professionals in low-income countries.

**Volunteer for THET:** Opportunities range from joining one of our specialist working groups to travelling to Somaliland or Zambia.

**Donate:** If you are a UK tax payer, THET will receive an additional 28p for every £1 you donate if you 'Gift Aid' every donation.

**"We learn a lot from each other** and having qualified some 40 years ago, I have been able to use my initial practical skills... to improve services in the partner organisation."

-UK volunteer

**"Now I have the knowledge which gives me more confidence** in undertaking my duties. Now I am in position to identify risk factors and be able to manage them accordingly."

-Dr Mary Minja of Kibosho Hospital in Tanzania, Northumbria Kilimanjaro Partnership, British Council.

**"Refreshing!** Makes you realise what so many take for granted. Exhausting! Getting back to basics of care. Fun, sometimes depressing - for many reasons, realising how much we waste in the NHS."

-UK volunteer

**"There were some patients who we thought may not survive,** but thanks to the changes brought about by this project, they did."

-Dr Sarah Nakubulwa of Mulago Hospital in Uganda, Mulago- Liverpool Partnership, British Council.

"I used to find it difficult to draw a clear line between mild, moderate and severe patients. **After this training, I feel much more comfortable in assessing patients.** My seniors now believe that the training has brought a drastic change in the way I mark patients."

-Sakina Alam Khan, a practicing clinical psychologist, at Civil Hospital in Pakistan, Karachi-Lancashire Partnership, British Council.

"It is an **amazing experience both personally and professionally,** stripping back your skills to the very basic, dealing with emergencies when you have no backup kit and the luxuries at home, being able to transfer the skills you have learnt back to the UK, changing working practices for the better."

-UK volunteer

# The THET Team

The staff has expanded and become more specialised in 2011, still maintaining the sense of community that has been a hallmark of THET throughout its history.

## Our Supporters

We are supported generously by many individuals, trusts, partner institutions and other major donors, such as the UK Department for International Development, the Department of Health, the European Commission and Comic Relief. All our supporters are vital to our on going work.

- AAGBL Foundation
- The Beit Trust
- Belman Trust
- Evan Cornish Foundation
- The Graham Moxon Family Trust
- Headley Trust
- Morrison GM Charitable Trust
- Owlswick Trust
- Scouloudi Foundation
- Sir Halley Stewart Trust
- Stella Symons Charitable Trust

## Trustees and Advisers

Throughout the year, THET has continued to benefit from substantial contributions from of distinguished honorary advisers and younger volunteers alongside our paid staff.

### THET welcomed three new Trustees in 2011

Ms Helen Holmes  
Mr James Nwabineli  
Mr Andy Bacon

### Also acting in 2011

Dr Colin Brown  
Ms Maura Buchanan  
Mr Jim Conybeare-Cross  
Mr David Cutler  
Professor Sir Andy Haines  
Dr Peter Homa  
Professor Parveen Kumar  
Mr Andrew Leather  
Mr Julian Lob-Levyt  
Professor Sir Eldryd Parry  
Dr Michael Pelly

### Honorary Advisers

Mrs Jean Bailey  
Mr Bob Lane  
Dr Tom Lissauer  
Professor John MacDermot  
Mrs Pam Walters  
Dr Sylvia Watkins  
Dr David Percy

### Chief Executive

Pia MacRae (to 11th November 2011)  
Jane Cockerell (from 1st Jan 2012)

## HPS

A new HPS team has devoted efforts to designing and developing a system for distributing funds from DFID and providing support for applicants and grant winners.

## Communications

A full-time Communications Coordinator has enabled THET to extend its reach amongst supporters and individuals.

## Human Resources

We recruited a HR and Administration Officer this year. The continuing development of HR policies and procedures has helped to ensure that THET's international workforce is properly managed and developed in pursuit of organisational goals.

## Finance

Additional staff members were recruited to the finance team across all its offices – London, Lusaka and Hargeisa. The new staff members have enabled the development and implementation of processes to cope with the greater volume of transactions and to ensure that THET is able to discharge its obligations of stewardship to the full.

## Fundraising

A new Fundraiser was appointed and has assured that robust processes are in place for managing relationships with donors.

## Security

Through all THET's areas of activity, the security of THET staff and volunteers is accorded the highest priority, particularly in Somaliland and Zambia where security management procedures are kept under frequent review in light of the threat levels that can change rapidly.

# Financial Accounts (Year ended 31 December, 2011)

## Income & Expenditure

	Unrestricted Funds (£)	Restricted Funds (£)	2011 Total (£)	2010 Total (£)
<b>Incoming Resources (generated &amp; charitable)</b>				
Voluntary Income	115,845	100,470	216,315	179,527
Events	4,805	-	4,805	11,637
Fees	12,883	-	12,883	5,894
IHLFS Contract	317,384	-	317,384	328,040
HPS	283,529	-	283,529	-
Investment Income	2,960	-	2,960	4,957
Grants	-	3,834,602	3,834,602	2,606,954
<b>Total Incoming Resources</b>	<b>737,406</b>	<b>3,935,072</b>	<b>4,672,478</b>	<b>3,137,009</b>
<b>Costs of Generating Voluntary Income</b>	<b>25,584</b>	<b>-</b>	<b>25,584</b>	<b>50,036</b>
<b>Net Incoming Resources Available for Charitable Activities</b>	<b>711,822</b>	<b>3,935,072</b>	<b>4,646,894</b>	<b>3,086,973</b>
<b>Charitable Activities</b>				
Operational Programmes & Projects	-	3,704,070	3,704,070	1,949,642
IHLFS	225,158	-	225,158	283,857
HPS	56,562	-	56,562	-
Salaries & Fees	284,237	337,502	621,739	367,012
Other Support Costs	50,629	60,117	110,746	87,508
<b>Total Costs of Charitable Activities</b>	<b>616,586</b>	<b>4,101,689</b>	<b>4,718,275</b>	<b>2,688,019</b>
<b>Costs of Governance</b>	<b>31,888</b>	<b>-</b>	<b>31,888</b>	<b>26,754</b>
<b>Total Resources Expended (including costs of generating voluntary income)</b>	<b>674,058</b>	<b>4,101,689</b>	<b>4,775,747</b>	<b>2,764,809</b>
<b>Net Incoming (Outgoing) Resources</b>	<b>63,348</b>	<b>(166,617)</b>	<b>(103,269)</b>	<b>372,200</b>
<b>Unrealised Gains on Investment Assets</b>	<b>(2,152)</b>	<b>-</b>	<b>(2,152)</b>	<b>7,437</b>
<b>Net Movement of Funds</b>	<b>61,196</b>	<b>(166,617)</b>	<b>(105,421)</b>	<b>379,637</b>
<b>Total Funds Brought Forward at 1 January 2011</b>	<b>268,020</b>	<b>488,027</b>	<b>756,047</b>	<b>376,410</b>
<b>Total Funds Carried Forward at 31 December 2011</b>	<b>329,216</b>	<b>321,410</b>	<b>650,626</b>	<b>756,047</b>

## Balance Sheet

	2011 Total (£)	2010 Total (£)
<b>Fixed Assets</b>		
Tangible Assets	8,242	2,621
Investments	80,285	82,437
	<b>88,527</b>	<b>85,058</b>
<b>Current Assets</b>		
Debtors	613,579	219,512
Cash at Bank and in Hand	136,094	643,620
<b>Creditors: Amounts Falling Due Within One Year</b>	<b>(187,574)</b>	<b>(192,143)</b>
<b>Net Current Assets</b>	<b>562,099</b>	<b>670,989</b>
<b>Net Total Assets</b>	<b>650,626</b>	<b>756,047</b>
Unrestricted Funds	329,216	268,020
Restricted Funds	321,410	488,027
<b>Total Funds and Reserves</b>	<b>650,626</b>	<b>756,047</b>

### Extract from the Independent Auditor's Report to the Members of Tropical Health and Education Trust

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2011 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Target Accountants (London) Limited  
 Statutory Auditors  
 76 Shoe Lane  
 London EC4A 3JB  
 31 July, 2012