ANNUAL REPORT & ACCOUNTS

2019-2020

HEALTH POVERTY ACTION

Contents

Cover image: Valentine, from Nyaruguru District in Rwanda, shows off her fabrics in a tailoring course. © ??
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Message from Director and Chair

For 36 years Health Poverty Action has argued that poverty has a profound impact on health, that inequality kills people, and that robust health systems are crucial. COVID-19 has highlighted just how true this is.

Many leaders in major positions of power have failed to be able to pull the levers necessary to stem this virus. As a consequence, poor people across the world are dying in overwhelming numbers. Many from the virus itself, but many more are dying from the social and economic consequences, and the further weakening of already severely inadequate health systems.

The human costs – often heart-breaking – are being felt by all strata of society. However the distribution of them is fundamentally unequal, with those already forced into poverty suffering by far the most. The disease targets overcrowded slums and sweatshops, and people whose health is already suffering from inadequate resources.

On top of this, the changes being made by governments and the reductions in funding mean that the situation faced by the people and communities we exist to support has never been worse. The need has grown exponentially, and the funding situation and support from governments has deteriorated rapidly.

In this environment, we are grateful beyond words to people who, despite their own challenges, somehow still manage to contribute funds to support this incredibly important work.

We are similarly thankful to all our workers, who give so much of themselves to this cause. We also express our gratitude to our partners, allies and health activists across the world, especially those in the People's Health Movement. It is a privilege to work alongside you.

This work has been rapidly redirected to address the new challenges – both to ensure the communities we work with and our staff remain safe, and to maximise health impact in the new context. This includes ensuring strengthening availability of PPE and handwashing facilities, and supporting the dissemination of life-saving information, which is especially important in remote locations. This goes hand-in-hand with advocacy at all levels to address the resources available, how they are used, and their accountability to the people whose lives depend on them.

In all our work we pay close attention to power dynamics. In many ways, it is a lack of power even more than a lack of money, that determines the experience and consequences of extreme poverty. We address this through our country programmes, but also through our advocacy and communications in the UK. We believe it is important to recognise the history and legacy of colonialism, both the role it played in establishing unjust power relationships, and how its rippling effects still continue to fuel poverty and racism. This has led us to begin an exciting new initiative aimed at building a movement of educators and students pushing for a more truthful picture of colonialism in UK classrooms.

Despite the challenges of the times, you'll see in this report that it's a year in which we've also experienced some exciting successes. Key programme areas such as maternal and child health, nutrition, infectious diseases, and the continued development of mental health work, have continued alongside our COVID-19 responses.

COVID-19 is a cruel way for the world to learn the importance of universal and equitable health systems, but learn we must. It is Health Poverty Action's job to do all in our power to ensure this learning happens, and that the necessary changes are introduced to build a healthier and more equitable future for all.

Thank you for your part in this.

Oliver Benjamin Kemp
Chair of Trustees

Martin Drewry
Director

Strategic report

Charitable objects

Our purpose

Health Poverty Action's charitable purpose is enshrined in its objects 'to preserve and protect the health, through the provision of primary healthcare, of communities who receive little or no external assistance because of political instability and/or conflict'.

Our vision

A world in which the poorest and most marginalised enjoy their right to health.

Our mission

We act in solidarity with health workers, activists and communities worldwide to improve health and challenge the causes of poverty.

Public benefit statement

Health Poverty Action's charitable purpose is carried out for the public benefit following our vision and mission. The Trustees confirm that they have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on Charities and Public Benefit.

Objectives and activities

Our long-term Strategic Framework outlines our principles and identifies the values that drive our work: a justice-oriented approach, developing strong community roots, creating comprehensive and integrated health systems, and addressing the social determinants of health. It is a living document subject to ongoing informed reflection and is deliberately not a traditional Strategic Plan. This allows us to be flexible, and to continuously adapt our strategic direction to suit current circumstances. This flexibility will enable us to review and adjust our priorities for the year ahead, considering the coronavirus pandemic and the impact it is having.

Health Poverty Action acts in solidarity with health workers, activists and communities worldwide to improve health and challenge the causes of poverty. We work with communities to help them demand health justice and to challenge the power imbalances that currently deny them their rights.

We believe health is not just the absence of disease, but a combination of physical, mental and social well-being. We draw strength from the knowledge that we are not alone, but part of a global movement for health justice – the People's Health Movement (PHM). The PHM is today's embodiment of the primary health care movement that achieved ground-breaking success at the UN Alma-Ata Conference in 1978.

Such was the power of this moment that 40 years later the radical vision it set out continues to rally health workers and policymakers worldwide.

The distinct philosophy underlying our work embodies the four key areas of the Alma-Ata principles:

Justice-oriented approach

We believe in health for all, without exclusion. We recognise that development organisations tend to cluster together in the same places, leaving large populations with almost no support at all. We make these people who are most neglected our highest priority, for example those living in conflict.

We also recognise that health justice cannot be achieved without social and economic justice. These are inseparable – each being both a cause and a consequence of the other. This is a global scandal, which results in unnecessary suffering on a massive scale.

We have a moral duty to speak out, and through our policy work and campaigning, are a progressive voice for change. Not just through our own independent action, but also by exerting influence within and through the development sector as a whole.

Strong community roots

We emphasise the importance of policymakers and service providers being accountable to the communities they serve – and work with communities to make this a reality.

We support communities to actively participate in their health care – reclaiming power, demanding good health services, and taking community action together to improve their health.

Health care must be decentralised, easily accessible, and culturally appropriate, irrespective of people's ability to pay.

Applying the same principles to ourselves, we strive always to ensure our work is rooted in strong relationships in which we are accountable to those whose rights we serve. We don't just seek feedback but genuine dialogue, and reflect on and challenging our organisational power dynamics.

Most of the communities we work with have learned through painful experience just how dangerous it can be to trust outsiders. We therefore attach immense importance and respect to the trusting relationships and local understanding we have developed with them over many years. It is these relationships, perhaps more than anything else, that determines the quality and effectiveness of the work we do together.

Comprehensive and integrated health systems

Tackling one cause of poor health in isolation can give the appearance of improving health by reducing the incidence of a particular sickness, but for the world's poorest people this might do little more than change the cause of death. We take a comprehensive and integrated approach that addresses all the key determinants of health and saves lives.

We help develop comprehensive health systems, providing services that integrate not just within the health sector, but also with the work of other sectors. For example, we help to implement systems for food distribution through maternal health care centres to increase uptake of those services and access to other forms of health education.

We never set up parallel structures, but support governments to develop secure, sustainable, accountable and culturally appropriate comprehensive health care.

One element of our integrated approach has proven profoundly effective: strengthening both the supply and demand side of health care at the same time – supporting communities to demand and use high-quality services, while simultaneously helping service providers develop the capacity to deliver them.

Social determinants of health

The health sector alone can never deliver health justice. We work not only to strengthen health services but also to tackle the social determinants of health. These include education, water supply and hygiene, violence against women, food security and income generation. Health and poverty are inextricably linked – and we emphasise the need to reduce inequality at all levels.

It is often women and girls who suffer the most when health rights are denied, and we attach high priority to addressing gender inequality. We are also passionately committed to racial justice, and emphasise the rights of indigenous people and other populations facing injustice and oppression on grounds of race, ethnicity or culture. Similarly people with disabilities often face discrimination on top of challenges related to their disability, so we also strive to prioritise them in our work.

When emergencies and humanitarian crises arise, it is important to respond both quickly and appropriately. We build on our local relationships and understanding to provide support in crises, integrating it as far as possible with our longer-term development work. We also work with communities and service providers to ensure they are as equipped as possible to deal with emergencies before they happen.

On the ground

We currently work in 17 countries in Africa, Latin America and Asia, alongside our linked charity Find Your Feet, who we support with grants, managing costs and finances. All of our programmes aim to improve the health and livelihoods of those we work with and for. Our work on the ground is therefore key to fulfilling our Strategic Framework.

Our programmes range from improving access to family planning services in Myanmar to engaging communities in difficult conversations around violence towards women through radio and community dramas in Kenya; from providing safe birth training to communities in Guatemala, to preventing the spread of malaria in Vietnam, Cambodia and Laos.

Training for religious leaders on how to reduce gender-based violence and harmful traditional practices in their communities in Mandera, Kenya.

We measure our success in a number of ways, tailoring our approach to each programme and community. As you will see from our key highlights on pages 14-15, tracking numbers is very important to measure our impact. However, it is not the only way of judging impact. Often the best approach is to talk with the communities most deeply involved in the programmes and ask how our work together has impacted on their lives. We constantly do this through community meetings, surveys, and direct feedback mechanisms such as comment boxes and feedback phone numbers. This method allows us to assess our impact while adapting and making improvements along the way. We will continue to factor in the ongoing coronavirus pandemic into our future planning to play our part in keeping communities safe, informed and healthy.

Speaking out

Achieving health for all requires systems and policies to change. We campaign and lobby to influence policy both nationally and internationally, to challenge power imbalances and create conditions that support health in the long term. We challenge traditional narratives on aid and development, which includes acknowledging the legacy of colonialism. This year we piloted a project to teach the complex origins of global poverty in schools. We also recognise that the failed 'war on drugs' causes a vicious cycle of poverty and violence around the world, and advocate replacing this with a public health and evidence-based approach to drug policy. More recently, we have initiated policy and campaigns work addressing mental health rights, an exciting new area which will complement our country programmes.

Raising funds

Our restricted programme funding is not enough to cover all the costs of our work, and so we seek to diversify our funding base. Raising unrestricted funds is crucial to supplement our restricted programme funding to increase our positive impact on health and social justice, and invest in developing further. This year, for example, we raised a massive £200,000 with match funding from the UK government through our Happy Mums, Happy Tums appeal to further support mums in rural Sierra Leone to exercise greater power over both their and their families' health through better nutrition.

Communications

Strong communication is important in all areas of our work. This year we have made some integral changes to the way we communicate with our supporters and work together internally. Creating more synergy between different teams means we have a stronger unified voice for the organisation and ensures our thoughtful, respectful approach to communications is present across the organisation. We've been focusing on increasing our digital and media profile to increase the visibility of the organisation, which is a particularly important strategic move during the pandemic as more people are online. We've also been creating a fresh, new approach to social media and increasing our visibility in mass media to reach larger audiences.

Achievements, performance and impact

Maternal health

In remote communities where people are denied access to healthcare, it is often mothers, newborn babies and very young children who are most at risk of serious health problems. That's why we work hard with local communities to address urgent issues, whether that means the marginalisation of women, minority or indigenous groups, or a lack of infrastructure or knowledge.

In Guatemala, our long-standing maternal healthcare programme has continued to strengthen connections between the government-run health centres and traditional birth attendants (TBAs). This helps to reduce stigma and increase uptake of health clinic visits for pregnant women, mothers and children in rural indigenous communities. We facilitated the training of 133 traditional birth attendants on safe motherhood, how to recognise the danger signs in pregnancy and how to make correct referrals. We also provided kits which will help them to deliver babies safely in their village. In addition, we've worked with 805 mothers on topics from nutrition to vaccination schemes, as well as 1,225 mothers-to-be on how to plan a safe birthing strategy, the importance of antenatal care visits, and nutrition during and after pregnancy. We've also been working closely with 19 local health facilities to provide pregnancy tests, and trained 240 government health staff on providing culturally appropriate healthcare to indigenous pregnant women. Over the last year, we have reduced maternal mortality from 14 to 4 across the 77,000 women of child-bearing age in the communities where we work.

In Myanmar, we work with marginalised, hard to reach communities in Kachin and Shan State who are often denied access to healthcare. Our team trained local health clinic staff and community health workers to develop their skills in delivering babies safely and providing better antenatal care. Around 4,326 pregnant women completed four antenatal visits, and 8,471 pregnant women received safe delivery services by skilled professionals – an increase of 382 from the previous year. The team also helped to deliver postnatal care visits to 8,194 mothers and 7,849 newborns.

In Somaliland, our programme helped to empower traditional birth attendants and community health workers to raise awareness of how to have a healthy pregnancy and to increase the use of vaccines in their communities. The programme also helped to promote antenatal care, which led to 73,775 pregnant mothers attending antenatal visits, and 40,291 mothers giving birth in health facilities. This increase from previous years is in part due to Health Poverty Action strengthening healthcare referral systems and access, as well as community awareness building around healthy pregnancies. Part of the programme involved strengthening emergency referrals through ambulances and call centres, with an aim to reduce maternal and child mortality in the region. A total of 3,336 referrals were made through ambulances, which were mostly mothers with birthing complications, and children. As the programme helped to train local health providers in how to care for emergency birthing complications, this decreased the burden on emergency units in local hospitals.

Supporting traditional births in Guatemala

Elizabeth Ramirez Pastor is 39 years old and has been a Traditional Birth Attendant (TBA) in the community of Calel, San Carlos Sija in Guatemala for seven years, relying mostly on her own experience as a mother and assisting with births in her community. During training sessions set up by Health Poverty Action in collaboration with local Ministry of Health staff, Elizabeth learnt about warning signs and other things to look out for during a visit.

"Now I understand the danger a baby is in if it's purple, and the risks involved for a baby with low birth weight. Every time we have a session, we understand these signs better."

As a result of training sessions, Elizabeth can spot problems better:

"Now that Health Poverty Action gave me a thermometer, it's much easier to detect when a patient has a high temperature, and I can refer her to the health service."

In Addis Ababa, Ethiopia, Health Poverty Action trains primary health workers to conduct community mobilization, screening and enrol patients in non-communicable disease treatment.

Access to quality healthcare

Everywhere we work, improving access to healthcare is a major priority. Every community is different, so that often means adapting our approach to suit the needs of the people who live in a particular place – and working with communities to develop a variety of solutions.

In Laos, we've worked closely with the local government to reach people who travel in forests regularly for their work through our malaria programme. This group is most often denied access to healthcare as they aren't in a fixed location, but our mobile outreach teams (MOTs) have been trekking through forests to ensure they receive malaria check-ups, treatment and information on reducing their risk. In the southern province of Laos where we work, there was a 60% drop in malaria cases in January to March 2020 compared to a similar period in 2019, which is in part thanks to our work alongside our partners, the communities and the local government.

A key element of our work involves strengthening existing health systems by providing local health centres with training, medical supplies and equipment. For example, in Cambodia we strengthened ties between the local health centres, the village malaria workers and their communities by holding community engagement workshops on malaria in 88 villages with 3,356 participants. We also assisted 129 village malaria workers to attend monthly meetings with their local health centre to facilitate the teams working better together.

In Somaliland, our work aims to improve culturally appropriate healthcare through capacity building training for maternal and reproductive health. We facilitated training for 1,116 people working in different capacities across the healthcare system to deliver better care. A total of 721,461 patients received clinical support, and 40,291 skills births took place at the health facilities where we work. Exit interviews with patients found that most felt they had received a good quality service with an improved attitude towards the community by healthcare staff. We also helped to install solar panels on hospitals to ensure they had electricity around the clock, preventing blackouts from affecting people's ability to access essential healthcare.

Where health centres are remote or hard to reach, we provide 'pop-up' mobile outreach health clinics, in addition to ambulance services to transport local people to health facilities. In Ethiopia, communities living in hard to reach areas were able to access basic health care, such as vaccines and family planning services, through mobile clinics. As a result of increased access to clinics, there was a 30% increase in clients reporting satisfaction with sexual and reproductive health services. We also strengthened healthcare capacity in the region by providing training and mentoring support to healthcare professionals in 240 clinics on non-communicable diseases, such as diabetes and hypertension. Now, more than 9,000 people are accessing treatment for these diseases at health facilities around the country.

Health knowledge and behaviour change

We work with community health workers (CHWs) and help develop local committees dedicated to providing health training and education sessions. In this way, we aim to educate communities about hygiene and disease prevention by members of their own community, while also raising awareness of symptoms and warning signs. We use these education sessions to inform people not only about health, but also about their rights and the government services available to them.

In Guatemala, our work on community-led maternal healthcare awareness has meant that the number of women who are able to identify four or more danger signs of pregnancy rose from 19% to 50% in the areas where we work. Women's awareness of family planning options has also improved, with the number of women being able to identify three or more family planning methods rising from 26% to 83%.

In Sierra Leone, we work with CHWs who can help serve as a 'link' between the local health clinic and their village when the two are often far away from each other. We train CHWs to enhance their skills around discussing issues that affect their community's malaria risk, and help increase community awareness when they spot a wider problem. We also supported our partners to educate 1,000 young women and men on malaria symptoms, prevention and treatment, through 50 school club sessions. Our team in Sierra Leone have also utilised a popular medium – a monthly local radio talk show – to disseminate important information to men to improve women's rights and reduce violence towards women in the community. The communities who we work with are reporting an increase in the number of young girls attending school, an increase in families discouraging early marriage, and a decrease in sexual and gender-based violence.

We also integrate behavioural change elements in our malaria programmes in Vietnam for sustainable, long-term impact. Around 16,546 people had training and education sessions delivered by members of their community in forests, fields and homes on topics ranging from minimising malaria transmission, to symptoms and testing. In 25 of the programme's target communities, the total number of Malaria cases decreased from 918 cases in 2018 to 352 cases in 2019.

Reaching remote communities in Vietnam

Dieu Quyet, 49, lives in the Binh Phuoc province in Vietnam with his wife and three children. He works in the cashew fields during the dry season where his main job is clearing grass, fertilizing, and harvesting cashews.

The first time Dieu fell ill, he believed it was from drinking poisoned water in the forest. But with the help of the Mobile Outreach Teams (MOTs), Dieu realised his symptoms were a sign of malaria infection.

"I didn't go to the hospital and just rested at home. A neighbour took me to the Commune Health Centre by motorbike and the health staff said I had malaria. I did not know what malaria was."

Now, Dieu has received support from Health Poverty Action-trained Village Health Workers (VHWs) to treat his malaria infection. "I thought I had already recovered, and saved the remaining medicine for the next illness. A Village Health Worker came and took a blood test for me and she informed me that I got malaria. She contacted health staff from MOT to come and provide me with medication and instructed me to finish the medicine even after the fever stopped." VHWs are trained to communicate in a culturally appropriate and understandable way to ensure indigenous communities have a better understanding of disease prevention.

"Now I know people can get infected by mosquitoes that carry malaria parasites at home and in the forest and I never go to sleep without a net. I also persuaded the surrounding families to sleep in the nets to prevent mosquito bites."

A Mobile Outreach Team member advises Dieu Quyet (left) on how to treat and prevent malaria infection.

Above and below, women in the community vegetable garden in Laos. Images are courtesy of our partners, Humana Fundación Pueblo para Pueblo.

Food and nutrition

Malnutrition is a major problem in Laos, especially for mothers and young children. Our nutrition programme has identified 3,748 children through malnutrition screening, many of whom hadn't been screened before. We work with local village nutrition facilitators to help them raise awareness of nutrition, and increased this learning further by distributing handbooks, bags and flashcards on nutrition to 100 villages. As a result of this work, 85% of the children identified as being malnourished are being monitored and 19% of children have recovered.

We also worked closely with our partners in Laos to increase the variety of nutritious food available. This was primarily through animal pass-on schemes so families with malnourished children can raise animals for protein, and pass on any new breeds to other families. So far, we have helped to distribute 3,478 animals, such as chickens and goats, to 849 families with malnourished children, and helped to support community vegetable gardens.

In Myanmar, we work with internally displaced people in conflict-affected areas who often don't have the opportunity to find work to pay for food. We helped to distribute food supplements to around 7,575 people, and provided 6,836 pregnant women with folic acid and iron supplements, and 4,913 postnatal mothers with Vitamin B1.

In Somaliland, we work very closely with the government to support their goals in malnutrition, including building capacity and incorporating nutrition into integrated health delivery. We helped to organise training for health workers on nutrition, in addition to planning and facilitating malnutrition screening and treatment for the communities we work with. A total of 153,692 children under five were screened, and 1,418 children were diagnosed with severe malnutrition and referred for further treatment.

Water and sanitation

Many of the most remote communities where we work aren't given affordable and sustainable access to WASH (water, sanitation and hygiene) facilities – posing one of the biggest threats to public health. What's more, the lack of education around these issues is one of the biggest challenges communities face. To tackle these problems, we focus on providing information and education sessions run by the communities themselves to help improve WASH for sustainable change.

In Laos, our team worked in 100 target villages to ensure that most families have access to clean WASH facilities. They tested wells in each village for E. Coli, and the 42 that tested positive were treated and observed further. Programme staff repaired and constructed water supply systems, toilets and handwashing facilities in three local primary schools. This included repairs to 49 bore holes which means that 3,417 people will have access to cleaner water.

In Myanmar, Health Poverty Action has been supporting community-led sanitation initiatives by the government in 124 villages, supporting 32,373 people to achieve their right to access safe and clean water. We supported the construction of water supplies, water supply rehabilitation for villages, as well as clean water equipment and latrines for schools. In addition to hardware construction and maintenance, we also facilitated community hygiene promotion sessions integrated with our maternal and child health and nutrition programmes.

Mobile malaria outreach teams find migratory groups in Vietnam and provide information on malaria symptoms and prevention.

Disease prevention

In Namibia, which has the 11th highest incidence rate of Tuberculosis (TB) in the world, one of the key challenges is ensuring patients complete their full dose of medication. An innovative new medication monitoring solution, 99DOTS, directs patients to call a free number once they've received their pill each day. This allows health centres to track medication uptake. We're responsible for trialling whether this system works in Namibia among people frequently on the move, for example people who forage for food seasonally. Out of the 24 patients involved, 98% completed their treatment, compared to 87% in the same clinic area prior to the introduction of 99DOTS.

We've also achieved great successes in our ongoing work helping to eradicate malaria among remote, hard to reach communities across Asia. In Myanmar, we're working closely with village health volunteers; members of the community who raise awareness of health issues locally and act as a link with the health authorities in hard to reach areas.

We facilitated training on best practice for malaria management for 554 village volunteers and 187 health facilities and mobile teams. We also distributed 107,797 long-lasting malaria nets to at-risk populations through community outreach. Through distributing malaria tests we helped to diagnose 2,304 people with malaria who then went on to receive antimalarial treatment.

In Cambodia, Laos and Vietnam we're helping to reduce cases as part of a global initiative to end malaria. In Laos, 8% of the malaria cases across the country in 2019 were recorded from our testing alongside our partners. In Cambodia, we worked with mobile malaria outreach teams, who are local members of the community trained to find migratory groups in forests who otherwise might not have access to malaria testing, treatment or prevention information. Through this, we provided 18,907 tests, resulting in 369 people receiving treatment.

Duan with her daughter.

Training local volunteers to spot malaria in Myanmar

Duan Shengcui is a 31 year-old village health volunteer living in Nan Hutang village in Myanmar with her husband and two children.

"In 2011, I received training provided by HPA and became a village health volunteer. I began to carry out malaria testing and treatment activities for fever or suspected malaria patients, reporting and tracking of positive patients in our village. Day after day, year after year of volunteer service work, my work capacity has been improved. I started to carry out more service activities including ... emergency critical care referrals and regular health promotion activities. Reviewing the history of 9 years, health awareness of the villagers has been changed and improved a lot, including family planning, institutional delivery, immunization, childhood nutrition etc...These achievements have been supported by Health Poverty Action and are a reward for my years of volunteer work."

In Sierra Leone, we help to facilitate community-led approaches to increase awareness and reduce cases of malaria. Community health workers conducted dialogue sessions to trigger discussions on malaria prevention and treatment, and ran competitions to challenge households to meet indicators that would get them a malaria certificate. They also turned to the radio – 59 radio episodes were aired to raise awareness of malaria prevention and control, aimed at appealing to young people and adults in two remote districts.

Women's rights

In many of the places where we work, patriarchal practices are still dominant. Women who are already struggling to survive in poor areas face the extra burden of oppression, creating obstacles for them to access the same health, education and economic opportunities as men. We firmly believe that for a society to be truly healthy and prosperous, all members of society – especially women and girls – must have equal rights.

One of the most effective ways of addressing this issue is to encourage women and girls to take leadership roles in their own communities, which we build into many of our programmes all over the world. In Nicaragua, our team supported indigenous women to shift attitudes in their community around the economic empowerment of females. In one month we assisted them in airing 9 radio programmes on this topic in both Spanish and Miskito, the local indigenous language, as well as holding a local fair where women could proudly display their business products. This was attended by local TV and radio stations who reported on it, spreading the message of empowerment further.

In Rwanda, 1,410 young women took part in Mother Daughter clubs, which have provided a space for community investment and involvement in girls' education. Through these clubs, 778 girls who otherwise might not have been able to stay in school have been supported by receiving school materials and uniforms. The clubs have also facilitated community-saving schemes, and have helped to save a total of 5,110,700 RWF (£4,146) to help young people generate their own income.

The club members are mostly young women, so in addition to starting small-scale businesses, the clubs are also helping to tackle stigma and show women's potential to participate in building the family income and supporting local economies.

Our team in Kenya are facilitating community-led initiatives to tackle sexual and reproductive health, gender-based violence (GBV) and female genital mutilation (FGM). They're creating community dialogue through uniting 35 religious leaders to become advocates for social change. In addition, they've trained 35 health workers on GBV case management, crime evidence collection and reporting, and how to make referrals to other GBV support services. They also produced and broadcast an interactive radio talk show discussing sensitive issues around GBV and FGM by bringing health workers, religious leaders and other opinion leaders to influence change, and used community theatre to reinforce these messages. By letting communities lead the discussion to find culturally appropriate solutions to spark conversations and shift behaviour and opinions, this programme has helped to tackle multiple barriers to women's health and rights.

Olive (left) and Seraphina (right) attend the Inyamibwa Mother Daughter Club with club representative Verediana (middle).

Mother Daughter Clubs

Nyaruguru district, Rwanda

Health Poverty Action has collaborated with local leaders, mothers and guardians of the most marginalised girls in the Nyaruguru district to form Mother Daughter Clubs (MDCs).

With Health Poverty Action's assistance, the Inyamibwa MDC purchased two knitting machines, enabling them to sell sweaters to community members and children in neighbouring schools, making a profit to support members of the group.

"Living in the hills of Nyaruguru, we looked at the biggest barrier that our community faces – coldness – and decided that sweaters would be the perfect choice for our business. Children stop going to school when it gets too cold here" says club representative, Verediana.

With funds secured from knitting sweaters, the Inyamibwa MDC has been able to put money away and provide health insurance, school materials, food and other supplements to members of the group.

After joining the Inyamibwa MDC, the training has helped mothers like Seraphina understand the importance of a girl's education.

"Before I joined the MDC I was happy for my daughter Olive to miss school and give me the extra help...Now even when my children's friends come over, I ask them, why are you not in school?"

With the support and encouragement of her group, Olive has been able to return to school in the hope of continuing to pursue her dream of becoming a nurse.

Key highlights

Key beneficiary figures from 2019/20

Guatemala

1,225 mothers-to-be were trained on how to have a healthy pregnancy, and what to expect before and after birth

Nicaragua

20 indigenous women from Puerto Cabezas were empowered to provide mentoring to improve the self-esteem and business plans of local women

Sierra Leone

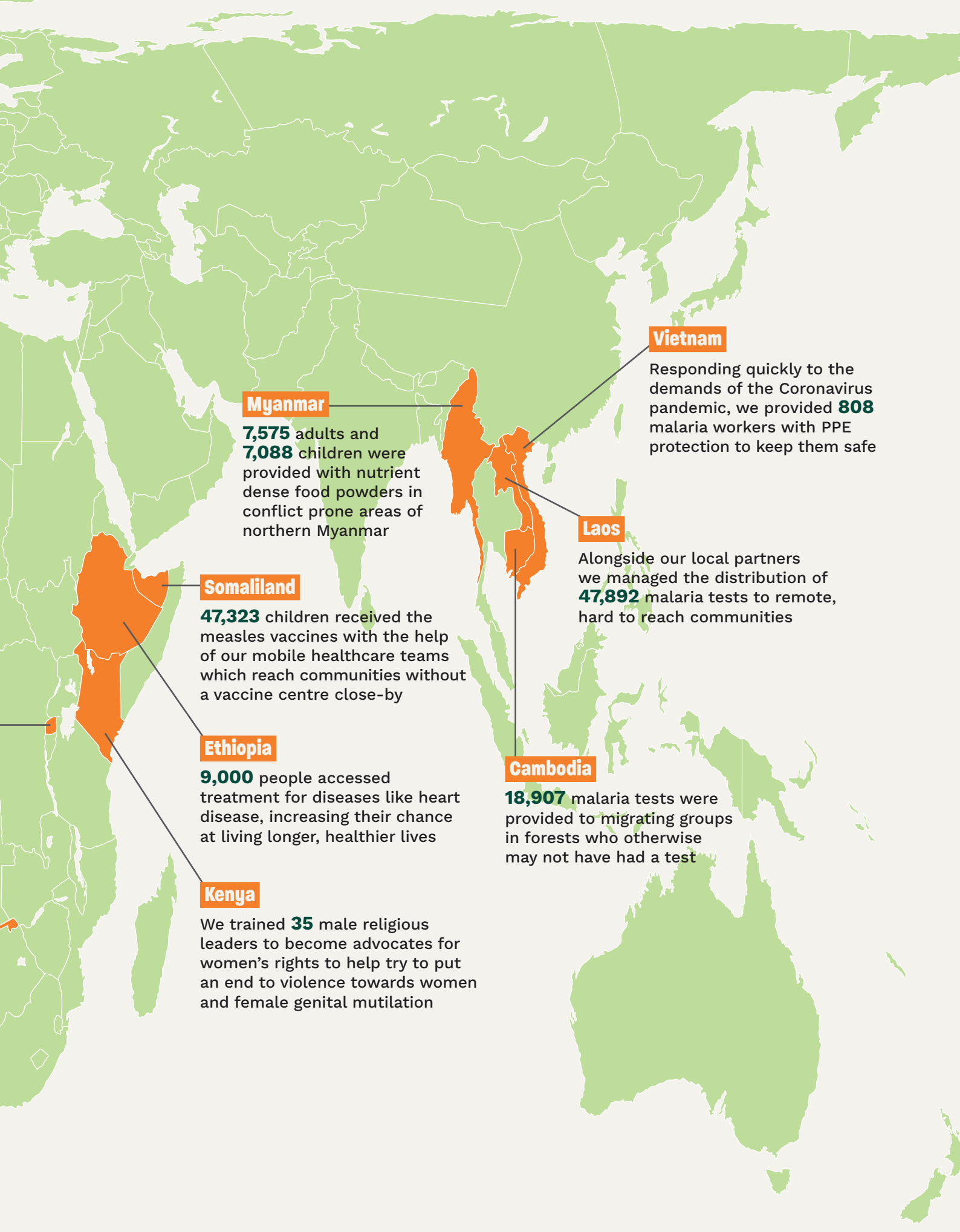
We worked with local health clinics to strengthen health systems for malaria diagnosis and treatment, and **54,253** people were treated for malaria

Rwanda

Following training that we facilitated in trades such as tailoring, **144** young adults are employed and **180** have started their own small-scale businesses, earning their own living

Namibia

We trialled a first of its kind mobile phone reporting scheme to increase uptake of Tuberculosis medication in difficult to target groups, resulting in an almost **100%** medication uptake rate



Vietnam

Responding quickly to the demands of the Coronavirus pandemic, we provided **808** malaria workers with PPE protection to keep them safe

Myanmar

7,575 adults and **7,088** children were provided with nutrient dense food powders in conflict prone areas of northern Myanmar

Laos

Alongside our local partners we managed the distribution of **47,892** malaria tests to remote, hard to reach communities

Somaliland

47,323 children received the measles vaccines with the help of our mobile healthcare teams which reach communities without a vaccine centre close-by

Ethiopia

9,000 people accessed treatment for diseases like heart disease, increasing their chance at living longer, healthier lives

Cambodia

18,907 malaria tests were provided to migrating groups in forests who otherwise may not have had a test

Kenya

We trained **35** male religious leaders to become advocates for women's rights to help try to put an end to violence towards women and female genital mutilation

Speaking out

We campaign and lobby to influence policy both nationally and internationally to challenge power imbalances and create conditions that support health in the long term.

The root causes of poor health

We campaign against the 'war on drugs' because it causes a vicious cycle of poverty around the world. Prohibition policies fuel conflict and violence, and also hinder access to healthcare for many affected by the trade. In addition, it is often the most marginalised and vulnerable in society who rely on small scale drug farming for income, or are disproportionately targeted for drug related criminal offences. We believe that the poverty and inequality caused by the current approaches to the drugs trade could be tackled with legally regulated drug markets, and that this will also provide the best opportunity for a public health approach to drugs.

We are playing a leading role in convening drug policy organisations to explore a move to legal regulation that works in the interests of public health and social justice. We have not only strengthened our links with drug policy organisations around the world but also influenced UK parliamentarians across the political spectrum, including organising an event at the Labour Party conference. The Green Party also accepted our recommendations in their 2019 manifesto to work internationally to ensure the livelihoods of farmers in the Global South.

Strengthening health justice movements

We have piloted a project working in schools to educate young people on the root causes of poverty and poor health worldwide – particularly linking to the legacy of colonialism by consulting with a range of education and decolonisation activists. We believe that changing perceptions in the UK on how poverty is created globally and how this links to health will create an environment that allows for greater change.

We have played a key role in launching the Kampala Initiative, a collaboration between organisations across the Global North and South, which aims to help make aid from donor countries more effective, and ensures the root causes of poor health are tackled too. We are coordinating a working group on the power of language within health aid and acting as a central team member to facilitate the initiative alongside our Southern partners. So far, 85 institutions and 75 individuals from around the world have signed on to the initiative.

We continue to receive positive engagement and feedback on our communications toolkit setting out how organisations can better communicate the root causes of poverty and inequality. This has now been translated into two languages. We've started planning how to expand this work further to investigate how traditional aid narratives shape people's responses to issues around poverty and inequality, and what alternatives might look like, alongside our Southern allies.

Health Poverty Action attended the launch of the Kampala Initiative with other civil society groups from around the world.

Strong and culturally appropriate health systems

We continue to advocate for culturally appropriate health services and for progress to be monitored using adequate data. Following our advocacy, the Demographic Health Survey – a major source of information for the development sector – has been amended to include two new questions put to every woman interviewed on religion and ethnicity. By collecting better information on different groups and their access to healthcare, specific barriers to access can be more easily identified and addressed.

Finally, we have instigated policy and campaigns work on mental health for the first time, including influencing the UK Department for International Development's approach to this pressing issue.

Fundraising

A note from the team

We celebrate the remarkable people who chose to invest in Health Poverty Action this year – who gave from their own pocket and who advocated for their company to support our work – thank you. We want to share our struggles, as we navigate an increasingly challenging fundraising landscape, but also our 'wins'!

Our supporters helped us to raise a staggering £200,000 with our UK Aid Match appeal in the autumn of 2019, called *Happy Mums, Happy Tums,* in support of the health and nutrition of mums, babies and communities in Sierra Leone. Nearly all of our London-based staff and our colleagues in Sierra Leone helped to make this a success. And we couldn't have done it without our funding and outreach partners, a few of whom are highlighted below.

COVID-19 and the lockdown measures in the UK, where most of our fundraising efforts are currently based, have had a substantial impact on our ability to raise funds. Nearly a quarter of our fundraising income was wiped out as event after event was cancelled. We saw some trusts, corporates, and individuals facing tough decisions on how and whether they could continue to give.

We will continue to adapt to our quickly changing environment, calling upon our friends and building new partnerships to secure the much-needed funds to support the communities who we work with and for.

Community and events

We are thankful for those who run, bike, cook and sing their way to supporting Health Poverty Action each year.

We had tremendous success with challenge events during the first part of the year – with our runners raising over £100,000 with the 2019 London Marathon and our corporate partners tallying over £26,000 with Ride London and the Royal Parks Half Marathon.

Happy Mums, Happy Tums featured a series of 'foodie' events, including demonstrations from top chefs and MasterChef finalists. These events allowed guests to sample food from around the world, whilst raising nearly £5,000 to support mums and young children in Sierra Leone.

In December 2019, 43 different school and community choirs came together in tube and train stations across London to sing in solidarity with health workers worldwide, raising £12,970 for our Choirs for Change campaign.

Real Voices choir raise money for Choirs for Change at Waterloo East tube station.

Corporate partnerships

We focused on connecting with like-minded companies to create long-term, mutually beneficial partnerships, including Medisave and Mondrian Investment Partners.

Many corporate partners generously supported our *Happy Mums, Happy Tums* appeal. For example, Medisave donated a percentage of sales from their bestselling product over three months, and NB Medical shared our appeal with their members, resulting in a wealth of donations. Thank you to all of our partners!

Cooking demonstrations with MasterChef contestants at our UK Aid Match appeal event.

Supporters

We want to thank all of our supporters, especially those who gave recurring gifts. Knowing we can count on a steady stream of income allows us to plan ahead – and adapt swiftly when the need arises. We also appreciate those who felt moved to give through our semi-annual newsletter, email updates, or even our 'Coronavirus Emergency Appeal'. We are honoured by the people who choose to remember Health Poverty Action in their Wills each year, as well. However you choose to give, please know that we sincerely appreciate you investing your trust in us.

Trusts and Foundations

Trusts and foundations remain integral supporters of Health Poverty Action, enabling us to deliver sustainable and life-saving programmes to the communities we work with and for. During 2019-2020 we received funding to address a wide range of projects. We tackled sexual and gender-based violence in Somaliland; raised awareness of HIV and provided preventative measures to girls in Rwanda; strengthened malaria prevention and treatment services for women, girls and young children in Sierra Leone; provided nutrition projects in remote communities of Laos; and improved the health of indigenous mothers and children in the Highlands of Guatemala – and so much more. We are so grateful to all our supporters, including Stanley Thomas Johnson, Unicorn Grocery Fund, Mercury Phoenix, Oak Foundation and Bryan Guinness Charitable Trust.

Communications

This year was an important year for evolving our communications and reaching new audiences. Our *Happy Mums, Happy Tums* appeal helped to increase our follower count across our social media channels and picked up new supporters along the way. Around 15 million people had the opportunity to view our campaign through our digital reach, events, and our partners' support. For example, Mumsnet featured our appeal on their website.

We've also celebrated great successes expanding our digital communications, and applying new methods for engaging target audiences by refreshing our approach to social media and our website. Our work – which focused on increasing website traffic – saw the number of people finding our website on Google jump from around 8,400 to around 63,000 people.

Getting our campaigns and wider work into the media is another key way in which we are raising our profile. This year we worked hard to get our progressive voice into the mainstream media to reach wider audiences, appearing in *The Sun*, *The Daily Mirror*, and *The Independent*.

Financial review

Overview

During 2019-20, we maintained our financial strategy of investing in our in-country programmes while exploring new strategies to increase our unrestricted funds.

Income

Our income base includes funding from institutional donors, government, trusts and foundations, individuals, legacies and consultancy.

In 2019-20, Health Poverty Action's total income increased by 14.62% (£19,323,834 in 2019-20 compared to £16,859,595 in 18-19).

Despite the completion of several projects during the year, our programmes income increased by 14% (£16,902,765 in 2019-20 compared to £14,772,837 in 2018-19). This was primarily due to new projects in Myanmar and China (Access to Health Funds projects, £1,415,553) and Somaliland (Department for International Development, £1,825,434).

In other incoming resources, consultancy income in Africa increased by £69,179. Fundraising donations from individuals slightly decreased (2% less than the previous year) but income from Trusts and Foundations increased by 25% (£20,029 higher than 18-19). For further details on income please refer to note 2 of the accounts.

Expenditure

Overall expenditure increased by £494,132 (62%) compared to 2019. Fundraising expenditure increased by £255,975 compared to 2019. The increase was mainly due to the investment in digital acquisition campaigns, the UK AID Match appeal, including additional staff and an increase in online presence to secure HPA'S future income.

Expenditure on charitable activities increased by £1,385,534 (8.2%) in 2020 compared to 2019. Programme expenditure on the Access to Health Fund project in Myanmar account for the biggest increase, due to substantial new funding.

We are extremely grateful to all our donors for their generosity in helping us achieve our goals and we are committed to ensure our income is used efficiently and responsibly.

Risks, uncertainties and mitigation

The Trustees Finance and Audit group alongside the Senior Management Team regularly oversee major risks and how these are being managed. The table on the next page details the risks identified in 2019-20 and the actions to mitigate them.

For 2019-20 and beyond, the key risks to HPA are a fall in income from donations or investment income but also the expected reduction in global financing for development over the next few years due to COVID-19, Brexit and the DFID/FCO merger.

The Board of Trustees and Senior Management Team have discussed short, medium and long-term action strategies, and and have identified the following as key priorities:

- Seek new programme funding, especially in relation to COVID-19 response. Seeking partnerships to diversify funding from other sources and in programme countries.
- Focus trust fundraising primarily on topping up programme budgets so that they provide full cost recovery.
- Support the fundraising team to minimise the negative impact of COVID-19 while at the same time building strategically to increase the team's net contribution to core income over the longer term.
- Reducing core cost expenditure in the current year whenever possible.

Risks	Management actions in 2019-20
Brexit • It's not possible to apply for EU call for proposals as a lead organisation (our portfolio of EU grants has reduced over the past few years)	• Actively seeking possible partners as sub recipient for EU funding • Diversify funding from other donors
COVID-19 pandemic • Programmes suspended or even cancelled. Lockdowns could also cause delays in programme implementation potentially leading to slow burn rate and more demand on unrestricted funds • Challenging fundraising environment	• Frequent reforecasting and restrategising to maximise funding opportunities • Consulting with internal and external advisors to keep abreast of developing opportunities • Reassess and reduce unnecessary expenditures (e.g. travel) and invest strategically • Continue seeking funding to assist country teams to respond to the pandemic • Seeking opportunities to start social enterprises in response to COVID-19
Currency Exchange Losses • Loss of reserves • Impact on programme activities • Increased difficulty in budgeting/forecasting (both unrestricted and programme budgets)	• Anticipate exchange rate fluctuation and possible impact • Manage foreign currency reserves in conjunction with cashflow forecasting • New partnership with foreign exchange organisation to manage exchange rate fluctuation through possible hedging
Dependency on restricted income • Only 3% of our income is unrestricted • Substantial impact in the event of loss of donors	• Adequate reserves policy • Diversification plan implemented • Programme development planning
Safeguarding • Injury or risk to child or vulnerable adult leading to legal action, negative publicity, financial and reputation loss • Staff fail to whistleblow in the event of a safeguarding issue or in any other area of severe wrongdoing such as theft, fraud and corruption. Beneficiaries could also be unaware of how to / unable to report an issue. This could put us at risk of legal action, negative publicity, financial and reputation loss	• Child and vulnerable adult policy • PPP Policy reviewed and updated • Whistleblowing policy in place. Beneficiaries informed of reporting structures in all programmes • Training conducted across the organisation including overseas staff

COVID-19 and Going Concern

Towards the end of the financial year, the COVID-19 pandemic started to have an impact on the charity's various sources of income and planned expenditure through fundraising. In addition, In the countries where we run our programmes, some programme activities had to be suspended, putting pressure on associated direct contributions to unrestricted funds. However, this impact was offset by opportunities to access new funding, e.g. grants from DFID in Myanmar, and the Myanmar Humanitarian Fund. In Vietnam, malaria village health worker programmes were redirected to respond to COVID-19 and this work was recognised by the Minister of Health.

In the UK, despite the continued effort from the government to announce and modify a range of measures designed to help businesses and individuals adversely affected by the COVID-19 pandemic, HPA did not qualify to benefit from most schemes except furloughing staff. After consideration, only 4 members of staff were put on part-time furlough as extending it to all would have been counter productive at a time where programme activities were still being implemented and and staff were fully engaged in adapting to the pandemic with innovative strategies.

As a health organisation, we continue to seek new funding to respond to the pandemic. In 2020-21, due to the important uncertainties resulting from the coronavirus pandemic, we have taken various considerations in the preparation of our budget and cashflow forecasts. This includes the impact of the cancellation of events in the UK and the various no cost extensions from our programmes (some now extended to the next financial year). We have also opted for a very cautious approach in assessing our direct contributions from our overseas programmes and are reforecasting on a monthly basis to closely monitor movement.

The Trustees have assessed our financial projections and do not believe that there are material uncertainties that call into doubt our ability to continue in operation for the foreseeable future. The reserves held are currently at the high end of our target range and have increased by £196,000 in 2019-20 to £1.5m.

As detailed in our general reserves policy, we hold general reserves to provide cover for unexpected changes in income and expenditure to allow us to adjust our cost base and continue activities. We will continue to monitor the situation as it unfolds and manage our finances accordingly.

Reserves policy

In order to ensure the long-term financial viability of the organisation, it is the Board's policy to maintain the minimum unrestricted free reserves at 5%-10% of budgeted income which equates to £0.76m-£1.4m for the coming year. Reserves at this level will mitigate some of the financial risks faced by the organisation such as loss of income, donor clawbacks and cash flow sensitivity which have a huge impact on beneficiaries. During 2019-20, our unrestricted reserves increased by £196,920 to £1,557,010 (£1,360,090 in 18-19).

This increase was made up of £99,119 in exchange rate gains and an increase in unrestricted funds (mainly through consultancy income £69,179 higher than the previous year). The current level of free reserves (£1.5m) is at the higher end of the board policy stated above and has therefore been deemed satisfactory.

The Board will review the reserve policy in light of new strategic plans, while maintaining the objective to keep healthy reserves in the short and long terms.

Trustees' report

Structure, management and governance

Structure and management

Health Poverty Action is a registered charity and a company limited by guarantee, set up in 1984 to 'preserve and protect the health, through the provision of primary health care, of communities who receive little or no external assistance because of political instability and / or conflict'.

In keeping with the principle of devolved management, the number of staff in London has been kept small. We also have part time volunteers working from time to time. In 1999 we decentralised direct management of our programmes to four regional offices supporting locally recruited project managers. Over the past few years we have developed different approaches in response to changing circumstances in the regions where we work. Where we have had long term programmes, we have gradually devolved responsibility to country managers and offices.

Remuneration policy

The remuneration policy of the charity is reviewed on an ongoing basis at SMT level, and the governing principles of the Charity's remuneration policy are as follows:

- To ensure delivery of the Charity's objectives
- To attract and retain a motivated workforce with the skills and expertise necessary for organisational effectiveness
- That remuneration should be equitable and coherent across the organisation
- To take account of the purposes, aims and values of the Charity
- To ensure that pay levels and pay increases are appropriate in the context of the interests of our beneficiaries

Senior management remuneration

In relation to deciding remuneration for the Charity's senior management, the Charity considers the potential impact of remuneration levels and structures of senior management on the wider Charity workforce and will take account of the following additional principles:

- To ensure that the Charity can access the types of skills, experiences and competencies that it needs in its senior staff, the specific scope of these roles in the Charity and the link to pay
- The nature of the wider employment offer made to senior employees, where pay is one part of a package that includes personal development, personal fulfilment and association with the public benefit delivered. The Charity recognises that it is, on occasion, possible to attract senior management at a discount to public sector or private sector market rates.

Remuneration for the year ended 31 March 2020 comprised salary and pension contributions. There are no other pecuniary benefits for senior or other staff at the Charity.

Governance

In accordance with the Memorandum and Articles of Association, the Trustees comprise the membership of the organisation and are responsible for electing new Trustees. All Trustees resign each year, either standing down or standing for re-election. In 2004 the Trustees agreed that no trustee should serve for more than eight years. There are 11 trustees as of August 2020.

New Trustees are recruited by advertising in the public media and a range of networks. Newly appointed Trustees receive a full induction introducing them to Health Poverty Action and its work, and covering the essentials of what being a trustee involves. Trustees are encouraged to visit programmes and some have participated in programme evaluation and organisational development.

The full Board of Trustees meets at least four times a year. One meeting is a full day to discuss key issues facing the organisation and its responses to emerging trends. Where necessary the Board establishes working groups to deal with particular issues and reports back to the full meeting. Day-to-day management of the organisation is delegated to the Director and staff. The Trustees bring professional traits and skills which provide the basis for their role as Trustees through their individual professional capabilities, bringing these into their trustee role.

Code of Governance

In response to the well publicised negative incidents in the charity sector, such as those involving safeguarding, there has been a more thoughtful approach to governance. There is an exploration as to how governance can be made as effective as possible in order to further a charity's mission in line with the values that underpin it.

As part of this we have appreciated the contribution made by the new Charity Governance Code, the contents and priorities of which resonate with the approach we have been taking. Of the seven principles identified by the code, we are currently giving particular attention to three areas.

- We are continuing to develop our understanding of the values that drive our work, and exploring how these can best be enshrined within our practice. For example, how some ethical dilemmas should be handled, such as which funding sources to pursue.
- The second area is how to increase diversity, which is something that has concerned us for some time.
- The third area is openness and accountability, and looking at what we can do to develop this further.

These priorities are being explored at governance level, but are not confined to that, with work also being done by both managers and staff.

Trustees Indemnity Insurance

Health Poverty Action has purchased a Charity Trustees Management Liability insurance policy on behalf of all the Trustees which covers legal liabilities up to an indemnity limit of £500,000. Trustees that retire or become former trustees are covered through a discovery period until the policy is next renewed. As we renew our policy annually, any trustee that does resign during that year would be covered for the remaining length of the annual contract.

Fundraising disclosures

Health Poverty Action has voluntarily subscribed to the Fundraising Regulator, to which we pay an annual levy, and we adhere to the standards of fundraising activities as set out in The Code of Fundraising Practice. In the past year we did not receive any formal complaints in relation to our fundraising activities.

In the past year we have not employed professional face-to-face fundraisers to bring new supporters on board with our work (such as door-to-door, street, or private-site fundraising). The only professional fundraising agencies which acted on our behalf during the year are Purity Fundraising and Unity 4, which both specialise in ethical telephone fundraising. We work with them on occasion to speak to our new and longstanding supporters and share more about our organisation as our small team does not have the capacity to do this in-house. We monitor the activities of Purity Fundraising and Unity 4 through regular feedback, recordings, and supporter feedback. Purity Fundraising and Unity 4 are required, during these calls, to make a disclosure statement that they are working on behalf of Health Poverty Action. We have worked with Purity Fundraising and Unity 4 throughout the year and are confident in them acting on our behalf.

We do our utmost to protect vulnerable people and members of the public from any behaviour which is unreasonable or places undue pressure on any person to support our work. We continually review our fundraising practices to ensure we are adhering to the very best practice and are confident that our fundraising activities do so.

Statement of Trustees' responsibilities

We have set out in the Trustees' Report a review of financial performance and the charity's reserves position. We have adequate financial resources and are well placed to manage the business risks. Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future. We believe that there are no material uncertainties that call into doubt the Charity's ability to continue. The financial statements have therefore been prepared on the basis that the Charity is a going concern.

Trustees

The trustees who served during the year and subsequent appointments and resignations are as stated below. None of the trustees held a financial interest in the company.

Trustee	Role	Details
Sunit Bagree		
Mehmet Nadir Baylav[2]		Appointed on 28th June 2019
Nouria Brikci-Nigassa		Resigned 27th March 2020
Denis John Cavanagh[1]	Treasurer	Appointed on 28th June 2019
Emma Crewe		Resigned 27th March 2020
Elaine Catherine Gilligan[2]		Appointed on 28th June 2019
Anna Graham		
Rory Erskine Morrison Honney		
Anuj Kapilashrami		Appointed on 28th June 2019
Oliver Benjamin Kemp[1&2]	Chair	
Ruth Stern[1]	Vice Chair	
James William Patrick Thornberry[1]		
Betty Ann Williams[1]		
Simon Jonathon Wright		

1. members of the Finance and Audit Committee
2. members of the Fundraising Advisory Group

Trustees administrative report

Health Limited t/a Health Poverty Action (limited by guarantee)

Registered Company Number: 1837621

Registered Charity Number (England and Wales): 290535

Registered Office:

Health Poverty Action
Ground Floor
31-33 Bondway
London SW8 1SJ
United Kingdom

Auditors:

Moore Kingston Smith LLP
Devonshire House
60 Goswell Rd
London EC1M 7AD
United Kingdom

Banks:

CAF Bank Limited
Kings Hill
West Malling
Kent ME19 4TA
United Kingdom

HSBC plc
8 Canada Square
London
E14 5HQ
United Kingdom

United Kingdom Director:

Martin Drewry

Senior Management Team:

Kelly Douglas, Head of Fundraising

Natalie Sharples, Head of Policy and Campaigns

Sandra Tcheumeni Boschet,
Head of Finance and Administration

Bangyuan Wang, Head of Programmes – Asia

Dr. Tadesse Kassaye Woldetsadik,
Head of Programmes – Africa

Trustees' responsibilities

The Trustees (who are also directors of the company for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice.) Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of its income and expenditure for that period.

In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- Prepare the financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. None of the Trustees had any beneficial interest in any contract to which the organisation was party during the year.

Provision of information to auditors

Each of the persons who is a trustee at the date of approval of this report confirms that: so far as the trustee is aware, there is no relevant audit information of which the company's auditors are aware; and the trustee has taken all the steps that she / he ought to have taken as a trustee in order to make herself/ himself aware of any relevant audit information and to establish that the company's auditors are aware of that information. This confirmation is given and should be interpreted in accordance with the provision of section 418 of the Companies Act 2006.

Auditors

Moore Kingston Smith LLP has expressed its willingness to continue as auditor for the next financial year. The Annual Report and Accounts including the Strategic Report is approved by the Board of Trustees and signed on its behalf by Oliver Kemp, Chair of the Board.

On behalf of the Trustees:

Oliver Benjamin Kemp
Chair of Trustees

Date: 15th October 2020

Independent Auditor's report

Opinion

We have audited the financial statements of Health Limited T/A Health Poverty Action ('the company') for the year ended 31 March 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2020 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.

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 charitable company 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 company'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 other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information. 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.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the strategic report and the Trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the Trustees' annual report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the Trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 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;
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 24, the Trustees (who are also the directors of the charitable company for the purposes of company law) 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 charitable company'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 charitable company 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

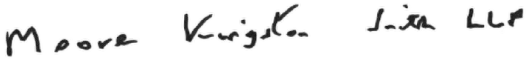
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Trustees.
- Conclude on the appropriateness of the Trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Neil Finlayson
Senior Statutory Auditor

Date: 22 October 2020

For and on behalf of
Moore Kingston Smith LLP
Statutory Auditor
Devonshire House
60 Goswell Road
London
EC1M 7AD

Accounts

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2020

	Notes	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	–	16,902,765	16,902,765
Donations and legacies	2	536,890	–	536,890
Gift in Kind Income	2	–	1,868,179	1,868,179
Investments	2	420	15,580	16,000
Total incoming resources		**537,310**	**18,786,524**	**19,323,834**
RESOURCES EXPENDED				
Raising funds	3	423,056	–	423,056
Charitable activities	4	16,453	18,380,922	18,397,375
Total resources expended		**439,509**	**18,380,922**	**18,820,431**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**97,801**	**405,602**	**503,403**
Transfer between funds		–	–	–
Foreign exchange gains in year		99,119	55,324	154,443
NET MOVEMENT IN FUNDS FOR THE YEAR		**196,920**	**460,926**	**657,846**
Total funds brought forward at 1 April 2019		1,360,090	4,380,737	5,740,827
TOTAL FUNDS CARRIED FORWARD at 31 March 2020		**1,557,010**	**4,841,663**	**6,398,673**

The statement of financial activities includes all gains and losses recognised in the year.

Statement of financial activities

(Incorporating an income and expenditure account)

For the year ended 31 March 2019

	Notes	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	–	14,772,837	14,772,837
Donations and legacies	2	454,823	–	454,823
Gift in Kind Income	2	–	1,621,494	1,621,494
Investments	2	87	10,354	10,441
Total incoming resources		**454,910**	**16,404,686**	**16,859,596**
RESOURCES EXPENDED				
Raising funds	3	299,119	–	299,119
Charitable activities	4	128,705	16,995,388	17,124,093
Total resources expended		**427,825**	**16,995,388**	**17,423,212**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**27,085**	**(590,702)**	**(563,617)**
Transfer between funds		–	–	–
Foreign exchange gains in year		60,740	49,825	110,565
NET MOVEMENT IN FUNDS FOR THE YEAR		**87,826**	**(540,877)**	**(453,052)**
Total funds brought forward at 1 April 2018		1,272,265	4,921,614	6,193,879
TOTAL FUNDS CARRIED FORWARD at 31 March 2019		**1,360,090**	**4,380,737**	**5,740,827**

The statement of financial activities includes all gains and losses recognised in the year.

BALANCE SHEET

Health Limited T/A Health Poverty Action Balance Sheet as at 31 March 2020

	Notes	2020 £	2019 £
CURRENT ASSETS			
Debtors	8	1,430,586	2,274,726
Stock		732,478	294,914
Cash at bank and in hand		5,166,562	4,430,331
		7,329,626	**6,999,972**
CURRENT LIABILITIES			
Creditors: Amounts falling due within one year	9	(695,579)	(1,121,221)
NET CURRENT ASSETS		**6,634,047**	**5,878,751**
LONG TERM LIABILITIES			
Creditors: Amounts falling due after one year		(235,374)	(137,924)
TOTAL ASSETS LESS LIABILITIES		**6,398,673**	**5,740,827**
TOTAL NET ASSETS		**6,398,673**	**5,740,827**
FUNDS			
Unrestricted funds	13	1,557,010	1,360,090
Restricted funds	13	4,841,663	4,380,737
		6,398,673	**5,740,827**

Approved by the Board of Trustees and signed on its behalf by:

Oliver Kemp, Chair Date: 15th October 2020

Company Registration number 01837621

Cash flow statement

Health Limited T/A Health Poverty Action cash flow statement for the year ended 31 March 2020

	2020 £	2019 £
Net Cash Outflow from operating Activities	565,788	(1,041,207)
Returns on Investments and Servicing of Finance		
Bank interest received	16,000	10,441
Foreign exchange gain	154,443	110,565
(Decrease) / Increase in Cash	**736,231**	**(920,201)**
Reconciliation of Excess of Expenditure over Income to Net Cash Inflow from Operating Activities		
Net incoming / (outgoing) resources	657,846	(453,052)
Decrease / (Increase) in debtors	844,140	(1,199,120)
(Increase) in stock	(437,564)	288,590
Increase in creditors	(328,192)	443,381
Interest received	(16,000)	(10,441)
Foreign exchange gain	(154,443)	(110,565)
Net cash (outflow) inflow from operating activities	**565,788**	**(1,041,207)**
Analysis of Net Cash Resources		
Opening Balance	4,430,331	5,350,533
Flow	736,231	(920,201)
Closing Balance	**5,166,562**	**4,430,331**
Location of Cash Resources		
HQ bank accounts	2,306,459	1,051,595
In-country bank accounts	2,860,103	3,378,736
	5,166,562	**4,430,331**

NOTES

Notes forming part of the financial statements for year ended 31 March 2020

1. PRINCIPAL ACCOUNTING POLICIES

A summary of the principal accounting policies adopted, judgements and key sources of estimation uncertainty, is set out below.

a) Accounting convention

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The company is a public benefit entity for the purposes of FRS 102 and a registered charity established as a company limited by guarantee and therefore has also prepared its financial statements in accordance with the 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 (The FRS 102 Charities SORP), the Companies Act 2006 and Charities Act 2011.

The functional currency of the charity is pound sterling.

b) Going Concern

The financial statements are prepared on a going concern basis which assumes the charitable company will continue in operational existence for the foreseeable future. The Trustees have assessed the charitable company's financial position and forecast income and expenditure for a period of twelve months from the date of approval of these financial statements. In March 2020, the coronavirus disease was declared a pandemic by the World Health Organization. To date, the charity's activities have transitioned successfully to remote working and we have had little need to take advantage of the Government's Job Retention Scheme. While the situation is rapidly evolving, our planning processes have taken into consideration the current and forecasted economic climate and its potential impact on our various sources of income and planned expenditure. This includes the loss of income following the cancellation of the London Marathon. However, we managed to secure additional funding towards emergency responses and secured no cost extension of programmes, where activities were delayed due to the pandemic. Whilst we do expect some impact of the current Covid-19 pandemic on our operating and financial planning, this will not be existential and our regular monitoring of financial forecasts and long term cash flow needs are being updated with appropriate action being taken to reflect the changing circumstances. Based on the above and the level of unrestricted free reserves, the trustees consider that there are no material uncertainties about the charity's ability to continue in operational existence for the foreseeable future, and, accordingly, the financial statements continue to be prepared on the going concern basis.

c) Incoming resources

All incoming resources are included in the SOFA when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies apply to categories of income:

- Donated services and facilities: are included at the value to the charity where this can be quantified. No amounts are included in the financial statements for services donated by volunteers.
- Income includes: income received from statutory and other government supported agencies, and income from other private sources.
- Gifts in kind are recognised as both income and expenditure. The value of gifts in kind from donors is pre-determined by the donor according to grant agreements, typically based on market prices for relevant goods. The value of the gifts received from the Donor in the year is recognised as income. Only the gifts distributed in the year are recognised as expenditure. Any gifts not yet distributed at year end are held in stock.

d) Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to that category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. Staff costs are allocated on an estimate of time usage and other overheads have been allocated on the basis of the head count.

Costs of raising funds are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

Support costs (including governance costs), which include the central office functions such as general management, payroll administration, budgeting and accounting, information technology, human resources, and finance are allocated across the categories of raising funds and charitable expenditure. The basis of the cost allocation has been explained in the notes to the accounts.

e) Fund accounting

Unrestricted funds are available for use at the discretion of the directors in furtherance of the general objectives of Health Poverty Action. Restricted funds are subject to restrictions imposed by donors or the purpose of the appeal.

All income and expenditure is shown on the Statement of Financial Activities.

f) Foreign Currencies

Transactions in foreign currencies are translated into sterling at the weighted average rate of exchange during the period and are disclosed in the Statement of Financial Activities. Current assets and liabilities held on the balance sheet are retranslated at the year end exchange rate.

g) Pensions

The charity contributes to personal pension plans in respect of certain employees. The expenditure charged in the financial statements represents contributions payable in respect of these schemes during the year.

h) Operating leases

Rentals under operating leases are charged to the income and expenditure account as payments are made.

i) Liabilities

Liabilities are recognised when a charity has a legal or constructive obligation to a third party.

j) Other financial instruments

i. Cash and cash equivalents
Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.

ii. Debtors and creditors
Debtors and creditors receivable or payable within one year of the reporting date are carried at their at transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

k) Critical accounting estimates and areas of judgement

In the view of the Trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

2. INCOME

	2020 £	2019 £
INCOME		
Restricted Funds		
Charitable activities		
3MDG	(102,891)	559,900
Access to Health Fund	2,026,645	611,092
Big Lottery Fund	-	159,139
Caritas Switzerland	-	315,767
Comic Relief	414,956	750,468
Cordaid	-	(3,370)
Department for International Development	7,268,411	5,442,977
Education Development Centre	84,032	64,893
European Commission	1,074,834	1,250,315
Global Fund	3,103,133	2,871,865
Irish Aid	82,488	45,246
Liverpool School of Tropical Medicine	5,579	11,322
Livelihoods and Food Security Fund	154,452	-
Myanmar Humanitarian Fund	160,722	-
Other	568,447	418,334
UCSF (University of California)	-	193,233
UN bodies	1,282,804	956,061
World Food Programme	712,104	870,763
Trusts, foundations and individuals	67,049	254,834
	16,902,765	**14,772,837**
Other trading activities		
Gift in Kind	1,868,179	1,621,494
	1,868,179	**1,621,494**
Total Restricted Funds	**18,770,944**	**16,394,332**
Unrestricted Funds		
Donations from individuals and other	324,831	331,972
Consultancy	112,251	43,072
UK and European trusts / foundations	99,808	79,779
Total Unrestricted Funds	**536,890**	**454,823**
INVESTMENT INCOME		
Bank interest		
Restricted Funds	15,580	10,354
Unrestricted Funds	420	87
	16,000	**10,441**
TOTAL INCOME	**19,323,834**	**16,859,596**

3. RAISING FUNDS

	Direct £	Support costs £	Total 2019 £	Direct £	Support costs £	Total 2019 £
Other costs	-	423,056	**423,056**	98,454	200,665	**299,119**
	-	423,056	**423,056**	98,454	200,665	**299,119**

For further breakdown of support costs please refer to Note 5.

4. CHARITABLE ACTIVITIES

	Direct £	Support costs £	Total 2020 £	Direct £	Support costs £	Total 2019 £
Costs of health projects	17,522,392	874,984	18,397,376	16,520,852	603,242	17,124,094
	17,522,392	874,984	**18,397,376**	16,520,852	603,242	**17,124,094**

For further breakdown of support costs please refer to Note 5.

5. SUPPORT COSTS

Cost allocation includes an element of judgement and the charity has had to consider the cost benefit of detailed calculations and record keeping. To ensure full cost recovery on projects the charity adopts a policy of allocating costs to the respective cost headings. This allocation includes support costs where they are directly attributable.

Support costs and basis of apportionment:

Nature of cost	Total 2020 £	Cost of raising funds 2020 £	Health projects 2020 £	Basis of apportionment
Human resources	862,950	279,800	583,150	Number of employees
Establishment costs	78,909	19,943	58,966	Number of employees
Office & Administration	356,181	123,313	232,868	Number of employees
	1,298,040	**423,056**	**874,984**	

Nature of cost	Total 2019 £	Cost of raising funds 2019 £	Health projects 2019 £	Basis of apportionment
Human resources	655,028	176,811	478,217	Number of employees
Establishment costs	55,297	11,264	44,033	Number of employees
Office & Administration	93,582	12,590	80,992	Number of employees
	803,907	**200,665**	**603,242**	

6. NET INCOME FOR THE YEAR is stated after charging

	2020 £	2019 £
Annual Audit		
Statutory audit	20,250	19,520
In respect of prior year		(370)
In respect of consolidation	5,750	5,750
Rentals in respect of operating leases;		
plant and machinery	4,508	4,434
other – office	56,062	56,587
Inventory expense	732,478	294,914

7. STAFF COSTS AND TRUSTEES' REMUNERATION

	2020 £	2019 £
U.K. STAFF		
Wages and salaries	864,490	728,577
Redundancy cost	4,500	18,312
Social security costs	99,339	80,475
Pension costs	46,657	43,308
	1,014,986	870,672
OVERSEAS STAFF		
Wages and salaries	3,309,655	3,350,764
Pension costs	73,313	85,155
Severance costs	189,903	183,564
	3,572,870	3,619,483
TOTAL STAFF COSTS	**4,587,856**	**4,490,155**

One employee received remuneration of between £70,000 - £80,000 in 2019-20 (2019: one). Employer's pension cost relating to that individual was £3,629 (2019: £3,607)

It should be noted that for purposes of fund accounting pension costs are allocated as follows; UK staff are allocated to unrestricted funding, and overseas staff allocated to restricted funding.

Key management personnel consists of the Senior Management Team (SMT) members. The SMT is comprised of the Trustees, Director, Head of Finance and Administration, Head of Asia and Latin America Programmes, Head of Africa Programmes, Head of Fundraising and the Head of Policy and Campaigns.

Total salary costs relating to key management personnel in the year was £ 378,328 (2019: £344,253).

The Trustees neither received nor waived any emoluments during the year (2019: £Nil).

Total reimbursements received by the Trustees in the year amounted to £ 783.47 (2019: £689.64). These reimbursements were received by 5 Trustees (2019: 3 Trustees). All reimbursements related to travel costs.

The average number of employees, analysed by function was:

	2020 Number	2019 Number
Charitable activities	392	410
Raising funds	7	6
	399	**416**

8. DEBTORS

	2020 £	2019 £
Other debtors in UK	3,325	5,520
Other overseas/project debtors	171,186	195,749
Accrued income – Gift Aid & Other	13,662	12,164
Accrued income – Grants	1,223,824	2,040,512
Prepayments	18,589	20,780
	1,430,586	**2,274,726**

All debtors, except prepayments of £18,589 (2019: 20,780), are financial instruments measured at present value.

9. CREDITORS: Amounts falling due within one year

	2020 £	2019 £
Project creditors	126,130	421,755
Other creditors	158,544	137,451
Field severance pay liability and pensions	282,550	337,550
Other taxes and social security	25,911	19,697
UK Accruals	102,444	204,767
	695,579	**1,121,221**

All creditors, except for the social security creditor £25,911 (2019: £19,697), are financial instruments measured at present value.

Creditors includes pension liabilities of £282,5503 (2019: £337,500).

10. CREDITORS: Amounts falling due after one year

	2020 £	2019 £
Field severance pay liability	235,374	137,924
	235,374	**137,924**

All creditors are financial instruments measured at present value.

11. MEMBERS' GUARANTEE

The company has no share capital as it is limited by guarantee, the liability of each member being a maximum of £1.

12. LEASEHOLD COMMITMENTS

Total commitments under non-cancellable operating leases are as follows:

	2020	2019
Committed to payments of:	£	£
Within One Year		
Plant and Machinery	-	-
Other – office	59,483	59,483
Between One and Two Years		
Provision for dilapidation	23,018	19,596
Other – office	45,467	44,471
Between Two and Five Years		
Plant and machinery	-	-
Other – office	3,310	6,761
Total	**131,278**	**130,311**

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £	Unrestricted Funds 2019 £	Restricted Funds 2019 £	Total Funds 2019 £
Fund balances at 31 March 2020 are represented by:						
Current assets	1,843,909	5,485,717	7,329,626	1,626,031	5,373,941	6,999,972
Current liabilities	(286,899)	(408,680)	(695,579)	(265,941)	(855,280)	(1,121,221)
Long Term Liabilities	-	(235,374)	(235,374)	-	(137,924)	(137,924)
Total Net Assets	**1,557,010**	**4,841,663**	**6,398,673**	**1,360,090**	**4,380,737**	**5,740,827**

14. STATEMENT OF FUNDS

	Funds at 2019 £	Income £	Expenditure £	Transfers £	Funds at 2020 £
Myanmar & China	769,568	6,665,675	(6,396,567)	–	1,038,676
Cambodia	87,690	435,192	(393,508)	–	129,374
Ethiopia	120,882	146,861	(121,481)	–	146,262
Guatemala	198,129	100,406	(134,053)	–	164,482
Kenya	(19,194)	2,706	3,240	–	(13,248)
Laos	661,108	1,231,765	(1,027,067)	–	865,807
Namibia	(10,541)	4,877	(2,024)	–	(7,688)
Nicaragua	225,479	15,120	(54,338)	–	186,261
Rwanda	197,160	501,075	(534,276)	–	163,959
Sierra Leone	311,189	347,074	(830,756)	–	(172,493)
Somaliland	1,070,440	5,428,042	(5,614,366)	–	884,116
Vietnam	(22,986)	6	6,334	–	(16,646)
Multi-Country Projects	480,839	1,933,374	(1,697,124)	–	717,090
Global Campaigns	16,057	106,172	(98,997)	–	23,231
Gift in Kind	294,914	1,868,179	(1,430,615)	–	732,478
Total restricted funds	**4,380,736**	**18,786,524**	**(18,325,598)**	**–**	**4,841,663**
Unrestricted funds	1,360,090	636,429	(439,509)	–	1,557,010
Total funds	**5,740,826**	**19,422,953**	**(18,765,107)**	**–**	**6,398,673**

	Funds at 2018 £	Income £	Expenditure £	Transfers £	Funds at 2019 £
Myanmar & China	2,078,467	4,861,422	(6,170,322)	–	769,568
Cambodia	141,057	243,502	(296,869)	–	87,690
Ethiopia	113,184	211,086	(203,388)	–	120,882
Guatemala	84,117	131,034	(107,022)	90,000	198,129
Kenya	194,155	250,288	(463,637)	–	(19,194)
Laos	731,568	681,222	(751,682)	–	661,108
Namibia	6,670	25,909	(43,119)	–	(10,541)
Nicaragua	126,801	138,160	(249,482)	(30,000)	225,479
Rwanda	51,049	755,288	(549,176)	(60,000)	197,160
Sierra Leone	410,737	479,652	(579,200)	–	311,189
Somaliland	235,616	4,492,223	(3,657,399)	–	1,070,440
Vietnam	(143)	6	(22,849)	–	(22,986)
Multi-Country Projects	1,442	2,513,117	(1,793,720)	(240,000)	480,839
Global Campaigns	163,390	282	(147,615)		16,057
Gift in Kind	583,504	1,621,494	(1,910,084)	-	294,914
Total restricted funds	**4,921,614**	**16,404,686**	**(16,945,563)**	**–**	**4,380,736**
Unrestricted funds	1,272,265	515,650	(427,825)	–	1,360,090
Total funds	**6,193,879**	**16,920,336**	**(17,373,388)**	**–**	**5,740,827**

Restricted funds balances are held to ensure that there are adequate funds to implement programme activities.

A revised breakdown of funds by country has been applied in 2019-20 and comparative figures for 2018-19 have been restated according to this breakdown.

It should be noted that transfers between restricted funds for the year ended 31 March 2020 relate to the transfer of funds between projects for the same programme of activities that are being implemented in different countries.

All Negative balances on project accounts have been covered by post balance sheet receipts.

Deficits on country office funds are not a concern and there shouldn't be a need to receive funds to cover them in the short term (or to transfer from unrestricted funds)

Although country office funds are treated as restricted, they are in effect unrestricted and there is a large net surplus in country office funds globally. We treat them as restricted for practical reasons.

eg because the cash funds are usually in local bank accounts, may be tied up with local pre-financing and in some cases may be hard to 'repatriate' to the UK due to local law. So we can't add them to general unrestricted reserves in the accounts.

they are long term balances and while it's better for them to be in surplus than deficit, there is no particular short-term need to make good a deficit in one country office.

15. RELATED PARTY TRANSACTIONS

During the 2018-19 financial year, Find Your Feet became a linked charity of Health Poverty Action. Health Poverty Action provides management and support services to Find Your Feet at its UK headquarters.

In 2019-20, a total of £82,285 of HPA's UK staff cost was recharged to FYF (2018-19: £176,321).

16. STATEMENT OF FUNDS

	2020 Receipts	2020 Expenditure	2019 Receipts	2019 Expenditure
Big Lottery Fund				
URN: 0010237333 Nicaragua (main grant)	-	-	133,230	133,325
URN: 0010231645 Namibia (main grant)	-	-	25,909	42,484
Department for International Development				
UKAD-IMP-119 Myanmar	(26,954)	-	802,415	816,443
IMP-120 Kenya	10,000	-	146,200	156,200
HARP-TRN-001 Myanmar	(134,902)	226,436	1,418,569	1,510,641
HARP-DEL-017 Myanmar	2,584,001	1,860,967	-	-
UK Aid Direct: 9TGE-DHP5-JZ Kenya, Ethiopia, Myanmar, Cambodia	17,672	5,867	-	-
Girls Education Challenge – GEC-T				
6317 Rwanda	457,726	421,754	462,616	481,687
Population Services International				
4289-HPA-01APR2016 Somaliland	1,118,128	1,169,026	972,362	1,255,718
4115SOM-HPA-01Nov17 Somaliland	-	-	68,793	68,818
4476-HPA-01JULY2018 Somaliland	248,883	-	128,414	377,296
4313-HPA-01DEC2018 Somaliland	165,384	258,996	44,582	15,270
BMB Mott MacDonald BV				
376106 - Lot 3 Somaliland	1,068,350	1,029,366	217,308	177,196
376106 - Lot 4 Somaliland	1,294,222	1,435,354	274,788	188,644
Caritas Switzerland				
P170086 Somaliland	14,517	120,213	315,767	217,520
Cordaid				
113336-SAN Sierra Leone	-	-	(3,370)	-
Comic Relief				
1867316 Sierra Leone	15,395	42,444	138,552	212,381
2572521 Cambodia & Laos	250,000	253,959	525,000	286,339
2712084 Sierra Leone	135,497	200,480	74,500	185,017
Irish Aid – Department of Foreign Affairs and Trade of Ireland				
CSF07-15 Nicaragua and Rwanda	-	-	89,148	76,287
CSF09-19 Kenya, Ethiopia, Nicaragua and Rwanda	82,488	30,117	-	-

WITH THANKS TO:

UKaid from the British people

European Union

COMIC RELIEF

CARITAS Schweiz Suisse Svizzera Svizra

The Global Fund

UKaid from the British people HARP-F Humanitarian Assistance and Resilience Programme Facility

Irish Aid Rialtas na hÉireann Government of Ireland

MHF Myanmar Humanitarian Fund

THE MERCURY PHOENIX TRUST

UNFPA

unicef

WFP

ACCESS TO HEALTH FUND

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SWEDEN

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Schweizerische Eidgenossenschaft
Confédération suisse
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Confederaziun svizra

Swiss Agency for Development and Cooperation SDC

Managed by UNOPS

Livelihoods and Food Security Fund

LIFT

UKaid

EUROPEAN UNION

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC

Australian Aid

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Canada

NEW ZEALAND FOREIGN AFFAIRS & TRADE Aid Programme

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