Annual report and accounts 2020-2021

HEALTH POVERTY ACTION

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Cover image: Community health worker handing out PPE during the COVID19 pandemic in Somaliland. © ??
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Message from Director and Chair

This year has come with unparalleled challenges! We have never faced such a difficult environment to operate in. COVID-19 has been centre stage at the global level and its impact has been felt throughout Health Poverty Action. We have adapted our delivery on the ground and navigated a complex fundraising environment that feels as though we are trying to fight a recession with significantly fewer options.

A year ago, we wrote that the human costs of COVID-19 were already unequal and likely to be disproportionately shouldered by the poor. Unfortunately, as this virus progresses the problem has been compounded by unequal access to vaccines. Whilst the rich world is quickly reducing case numbers and the UK breathes a sigh of relief, vaccine nationalism means that many people will be dying in their tens of thousands for months to come in poorer countries. Death tolls are mounting in poorer countries as we write this, and case numbers globally are at their highest since the start of the pandemic, with close to a million documented cases daily. Recently Indian hospitals were running out of oxygen and beds for patients.

In addition to COVID-19, international development charities and our beneficiaries are being affected by the reversal of the UK government's legally binding commitment to spend 0.7% of GDP on aid. We will continue to push back against these changes and adapt to the changing capacity we will have as a result to ensure we maximise our impact.

Whilst this perfect storm has raged, Health Poverty Action's work in some of the most marginalised communities on earth has continued unabated. We have continued to work closely with the Ministry of Health and Development in Somaliland at the central, regional, district and community levels to strengthen existing essential health systems structures with focus on maternal, newborn and child health and nutrition. We worked directly with communities to increase access and demand for existing health services as well as develop the capacity of community health workers so they can provide care to hard-to-reach communities. In addition, we were able to continue supporting survivors of gender-based violence and directly respond to the COVID-19 outbreak in our target communities in Somaliland.

We continue to work in collaboration with Find Your Feet. We remain steadfast in our combined efforts to fight for equal access to health care and livelihoods in some of the world's most marginalised communities and we look forward to continuing our relationship over the coming years.

The determination to adjust to uncertainty and find creative ways to keep our work going in an unparalleled year is remarkable. We thank Health Poverty Action staff, volunteers, partners, and everyone who has worked so hard to make Health Poverty Action 's work possible.

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. It is due to this flexibility that we have been able to review and adjust our priorities throughout the year to respond to the evolving impacts of the COVID-19 pandemic.

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 healthcare – 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 challenge our organisational power dynamics.

Most of the communities we work with have learned through painful experiences 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 the 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, in close partnership with 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.

Traditional birth attendants in Guatemala learn about pregnancy warning signs

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 18-19, 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 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. This year the impacts of the pandemic have been felt within the heart of the communities we work with, affecting their health, wellbeing, and livelihoods. We have adapted our programmes to respond to the changing need on the ground, playing 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 confront traditional narratives on aid and development, which includes acknowledging the legacy of colonialism. This year we piloted a project to teach teenagers about 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. We are continuing to develop our policy and campaigns work addressing mental health rights, an exciting new area that will complement our country programmes and highlight our intersectional approach to health and social justice.

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 we focused on building our digital presence, running a successful Mental Health campaign that included virtual events like Choirs for Change and 12 days of giving.

Communications

Strong communication is important in all areas of our work. This year we made an exciting step forward with a messaging re-brand to better display our values and our successes. We can't wait to share it with you more over the next year! We also made some great strides in our press coverage this year, ensuring our progressive voice appeared in the mainstream media such as The Sun, The Mirror and the New Internationalist. We spoke out on the merging of the Department for International Development with the Foreign and Commonwealth Office and made the case for a legally regulated drugs market.

Responding to the Coronavirus pandemic

The ever-evolving coronavirus pandemic has presented unprecedented challenges for the work of Health Poverty Action this year. In March, strict nationwide lockdowns were ordered in most of the countries where we operate. Our staff worked from home intermittently throughout 2020 as local lockdowns were imposed in project areas until it was safe to return to the field. While these restrictions did initially delay project implementation, they have also encouraged innovation, with the pandemic challenging us to adapt to the changing environment on the ground.

With the support of our partners, Health Poverty Action was able to redirect funding towards the COVID-19 response efforts. Our approach differed in each country as we responded to the needs of local communities, from integrating COVID-19 preventative activities into existing health care systems, to raising community awareness through social media campaigns and radio talk shows. In **Kenya**, we successfully implemented a six-month rapid response to address the inadequate access to correct information regarding COVID-19 and directly target myths spreading within the community. Around 254,400 people listened to the radio talk shows and audience members engaged in interactive sessions where they could call in and ask questions directly to health officials. With support from UK Aid, HPA also distributed 6,420 bars of soap, 6,420 disposable face masks and 1,125 hand washing facilities in Mandera East to prevent the spread of COVID-19.

Our team in **Cambodia** acted in solidarity with the local health authority by working together to screen for suspected COVID-19 cases and strengthen the community referral system. We donated 15,600 masks and 150 litres of hand sanitiser to provincial health departments, communes and villages health centres to ensure health workers could work safely. We also developed social media material in partnership with a prominent social media influencer to promote basic hand hygiene and social distancing. The three educational videos received more than 17,000, 19,000 and 20,000 views on the HPA Cambodia Facebook page.

In the Special Regions of **Myanmar**, our team supported local health authorities to develop the 'Emergency Prevention and Control Action Plan' to eliminate the spread of COVID-19. We have adapted to support the changing needs of the community throughout the year, from setting up border checkpoints and running quarantine facilities to providing PPE to community members to ensure their safe participation in the general election. We have now shifted our focus to vaccinations, with 82,688 people receiving the COVID-19 vaccine to date.

Mama Kheira received locally made soap, a hand washing station, and face masks from Health Poverty Action to protect her and her community from COVID-19 in Mandera, Kenya.

Community crier broadcasting COVID-19 prevention messages to her community in Somaliland

With support and in partnership with GIZ, the Ministry of Health, Ministry of Information and Culture and the Ministry of Religious Affairs, we were able to implement a 3-month COVID-19 response project in Sahil region of **Somaliland** covering Sheikh and Berbera districts. A key part of our strategy was to broadcast standard COVID-19 preventive messages. TV and Radio spots were aired through Radio Hargeisa and Somaliland national TV and the COVID-19 key messages disseminated beyond Sahil region reaching the entire Somaliland population. These messages were aired on radio and TV for a total of 35 days, for 4 minutes slots in the morning and evening. In addition, 74,942 people were reached through house-to-house visits, complemented by mosque announcements and town criers. Out of the 74,942 people reached, 20,256 people were directly engaged through health facility awareness sessions. 10 of the most influential sheikhs were trainined to help with community sensitisation for COVID-19 prevention and 22 public handwashing facilities were installed in public places.

Health workers support their community to vote safely in Myanmar's general election during COVID-19

Myanmar's general election occurred in November 2020 amid a rising number of COVID-19 cases throughout the country. Health Poverty Action supported local health staff and volunteers in Chipwi township in Kachin to prevent the spread of disease among crowds of voters by providing protective equipment and setting up social distancing and handwashing protocols.

Health staff and volunteers ran 47 election sites to enforce pandemic preventative measures such as social distancing, hand washing and temperature testing. A Par Mee is an auxiliary midwife of Ban Li village where she participated in the general election health team. A Par Mee and other health workers performed COVID-19 prevention activities on the day of the election, helping to keep their community safe.

"We tried to make sure people were safe by social distancing, hand washing, and measuring people's temperature during the day. It was an important event for the country and for me as a citizen. We did well following COVID-19 prevention measures and I am happy because there were no positive cases in my village and township after the event".

A Par Mee and health volunteers keeping voters safe as they participate in Myanmar's general election.

Achievements, performance and impact

Maternal health

In remote communities where people are denied access to essential healthcare, it is often mothers, newborn babies and very young children who are most at risk of serious health problems. We work alongside local communities to address urgent issues such as the marginalisation of women, minority or indigenous groups. By supporting communities to strengthen their knowledge and infrastructure, we can help keep pregnant women and their babies safe during childbirth.

In **Guatemala**, our long-standing maternal healthcare programme has continued to strengthen connections between the government-run health centres and traditional birth attendants (TBAs). In the rural indigenous communities where we work, there are significant cultural and language barriers to accessing health services as well as a level of distrust based on mistreatment in the past. To help address this, we facilitated the training of 161 TBA's who are members of the community to help reduce the stigma and increase the uptake of health clinic visits for pregnant women, mothers, and children. Through monthly training, TBA's learnt to recognise the danger signs in pregnancy and how to make correct referrals to local hospitals.

In addition, we worked directly with 775 mothers-to-be on the importance of antenatal care visits and nutrition during pregnancy. These sessions help women to recognise the danger signs of pregnancy and combatted the fear associated with hospital births. Women now have the relevant information to make their own decisions about their pregnancy, with 766 women having an emergency birth plan and maternal deaths have reduced by 50% in the project area since 2018.

During COVID-19, Guatemala imposed a strict national curfew, meaning TBA's could not meet expectant mothers face-to-face. Health Poverty Action addressed the increased risk to pregnancies and began a series of personalised telephone calls to 631 pregnant women in Maya languages, with some women receiving up to five calls. The women expressed great appreciation to Health Poverty Action for reaching out and supporting them during a period of intense isolation and worry.

Khaung Naw (centre) is an auxillary midwife conducting postnatal outreach during the COVID-19 pandemic in Dain Gun Yan village, Myanmar.

In **Somaliland**, our programme continues to empower traditional birth attendants and community health workers to raise community awareness about healthy pregnancies, childhood nutrition and the importance of vaccinating children under five. We have successfully recorded the highest number of pregnant mothers accessing maternal health care with 79,784 pregnant mothers attending antenatal visits, and 45,070 mothers giving birth in health facilities with skilled birth attendants. This increase from previous years is in part due to Health Poverty Action's work strengthening community healthcare referral systems and access, as well as building awareness around healthy pregnancies. Health Poverty Action is also supporting women to access comprehensive and often lifesaving care during emergencies by providing ambulances so that women in remote settings can access regional hospitals. This year, a total of 4,511 referrals were made to the ambulance service, predominantly made up of pregnant women experiencing obstetric complications and children.

In **Myanmar**, we work with 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, providing better antenatal care and monitoring the health of children under five years old. This year, 2,637 pregnant women received four antenatal visits, and 7,756 pregnant women accessed safe delivery services by skilled birth attendants in health facilities and at home. To further monitor the health of both mum and baby, 7,146 mothers and 6,931 newborns received postnatal care and newborn care visits within two days of childbirth. The team also treated 12,174 children under five years old for diarrhoea and pneumonia.

Pregnancy during the COVID-19 pandemic in Guatemala

Jovita Pérez with one of her sons.

Jovita Rebeca Pérez y Pérez is a 23-year-old mother of two boys and is almost 9 months pregnant with her third baby. Initially, Jovita sought help from the local nurse due to headaches and reduced appetite. The nurse ran some tests and discovered that she was pregnant. This made Jovita and her husband very happy! Jovita explained how Health Poverty Action has helped her during her pregnancy:

"What has helped most during the pregnancy have been the telephone calls from Health Poverty Action. They gave me plenty of advice, like about my diet, with vegetables, hygiene, and so on.

They also told me to go to the Health Post for antenatal check-ups every month. The nurse there treated me well, and I had no problems with her.

When the pandemic began, I got really frightened, and wondered what would happen when I had my baby, because I might get COVID-19. Health Poverty Action explained during the phone calls all about it and now I am not so scared. At the Health Post there is hand sanitizer for COVID-19; and then wait your turn, so as there aren't too many people all bunched up together. Then they take my blood pressure and weight; and check if all is well with both mother and baby.

Now I'm planning to have my baby in the health centre here in my district, because it's safer in case of any dangers. My due date is 26 January, and we´re planning on my husband and my mother taking me. We have talked with a neighbour who has a car, who says he can take me when my pains start. Then the plan is to come back home after the birth so that my mother can come over and help me with my steam baths. That's what a new mother needs."

An ambulance provided by HEALTH Poverty Action arriving with a pregnant women at Aden Saleban Health Centre in Somaliland.

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 that suit their unique difficulties. Where health centres are remote or hard to reach, Health Poverty Action provides mobile outreach health clinics, mentorship, and supportive supervision to health workers, in addition to ambulance services to transport local people to health facilities.

In **Ethiopia**, we have been working with decision-makers and community health workers to allow remote communities better access to basic health services through 'pop-up' mobile clinics. Over 318,719 people in hard-to-reach areas accessed mobile clinics in their communities and were screened for potentially life-threatening Non-Communicable Diseases (NCDs) such as diabetes, hypertension, and epilepsy. This year, we increased the access to screening and treatment for NCDs across seven regions by providing 58 blood pressure monitors and 56 glucometers with test strips to health facilities. In addition, two ambulances were supplied to the local health facilities, helping mothers and children access health services during medical emergencies. The ambulance service has been instrumental during the COVID-19 pandemic, allowing remote communities access to essential health centres.

In **Somaliland**, our work aims to improve culturally appropriate healthcare through building the capacity of maternal and reproductive health services. Health Poverty Action community health committees promote essential health-seeking behaviours with the number of women accessing maternal and reproductive health services increasing from 491,808 in 2019 to 524,372 in 2020. The successful promotion of safe family planning has led to 10,114 women of childbearing age utilising safe contraception methods – up more than double the number from last year.

A key element of our work involves strengthening existing health systems by providing local health centres with training, medical supplies, and equipment. Our team works directly with the Somali Health Authority through an integrative approach to strengthen the referral system between remote communities and larger centres and improve access for underserved communities. This year, 6,851 referrals were made from local health clinics to district hospitals to ensure patients received comprehensive care. Over 90% of these referrals were mothers with obstetric complications who were able to access emergency services at no cost.

In **Sierra Leone**, our work with community health workers (CHWs) serves as a 'link' between local health clinics and their remote villages in Bombali and Kerene districts. We supported 325 CHWs to enhance their skills and knowledge on malaria testing, treatment, and prevention and facilitated dialogue sessions within their communities to help increase awareness. Using an integrative approach, malaria services and information is now accessible through existing maternal, child and teenage pregnancy services with pregnant women and children 20% more likely to use bed nets to avoid being bitten by mosquitoes than before the project began. Feedback from community members shows that CHWs are instrumental in ensuring the village has relevant information. Our successful partnership with the communities in these districts has helped malaria prevalence decrease by over 23% across the project lifetime compared to an estimated 5% national increase during the same period.

Health knowledge and behaviour change

We work with community health workers to develop local committees dedicated to providing health training and education sessions. We aim to educate communities about hygiene and disease prevention through members of their own community, while also raising awareness of symptoms and warning signs. These education sessions are essential for discussing community health outcomes but also create a space for the community to learn about their rights and the government services available to them.

Accessing treatment for Non-Communicable Diseases (NCDs) in Ethiopia

Mr Dereje Gebrie having his blood pressure taken at the local health clinic

Mr Dereje Gebrie is an 82-year-old married man who has been hypertensive for the past eight years. He first received his diagnosis at Debark primary hospital which is a five hour journey from his home. Now, due to support from Health Poverty Action creating access to quality health services he can receive care in the district where he lives.

Mr Gebrie remembers the time before the project started: *"It was a very challenging time. I was expected to walk on foot for five hours because I couldn't afford the transportation cost. Due to this, I missed my appointments at the clinic and which in turn affected my health condition. When the project started, I was transferred to the local health centre which is closer to my village. It has been three years since I began having my follow up treatment in this health centre. I am happy and feel healthier now. My blood pressure is controlled (120/80 mmHg)."*

He also mentions how the project has built the capacity of the facility:

"I am happy to see the clinic in my village is well equipped with blood measuring machine and I would like to thank the project team and respective stakeholders who contribute. I would also like to appreciate the clinicians treating NCDs at the facility. They are caring, respectful, kind and friendly. I feel knowledgeable about my condition and how to prevent and control it and I am now referring those who are in my neighbourhood to get screened for these diseases."

In **Somaliland**, we collaborate with community health committees who help to bridge the gap between remote villages and local health facilities, ensuring their communities have access to health knowledge and resources. This year, Health Poverty Action supported these committees to conduct 50 outreach sessions in remote villages where community members worked together to identify issues impacting care in their own community and strategise ways to raise awareness. It was through these sessions that the importance of immunisation has become widely accepted in communities. We have continued to support 175 female health workers conduct home visits to pregnant mothers and help to dismantle fears surrounding hospital deliveries. Now, women are informed about the risks of complications during home births and can make informed decisions about their health and the health of their child.

In **Namibia**, we have been working with mobile populations who have some of the lowest treatment adherence rates for TB in the world. Multiple factors can contribute to lack of treatment including the distance people have to travel to reach health facilities, lack of knowledge, language barriers, and mistrust of health workers. Through an innovative mobile phone application 99DOT that calls patients each day before their medication is due, Health Poverty Action has encouraged community members to stick to their full TB treatment, increasing adherence from 85% in previous years to 99%. Collaborative support is central to our approach, with CHWs contacting patients who miss a treatment for face-to-face counselling.

A key strategy in disseminating health knowledge is to train community leaders who then educate the wider community. In **Cambodia**, 130 village malaria workers in 80 target villages participated in malaria education sessions and then went on to train 2,464 community members in malaria transmission, symptoms, and treatment. This train-the-trainer approach ensures the knowledge is embedded in the local cultural context to support community participation and ownership.

Health education for mobile workers in Waingmaw Township, Myanmar, February 2021

In **Myanmar**, we have helped to improve health education in hard-to-reach mobile communities. This year, Health Poverty Action organised 461 health education outreach sessions that were conducted by village health workers, women leaders and schoolteachers on maternal and new-born health, sexual and reproductive health, nutrition, and COVID-19 prevention with over 30,334 people joining the sessions.

Tending to the community vegetable garden in Laos.

Food and nutrition

Malnutrition is a major problem in **Laos** – especially for mothers and young children. Our food security and nutrition programme supports a network of 337 Village Nutrition Volunteers (VNVs), 100 Village Health Volunteers (VHVs) and 32 women and youth groups across 100 villages in 6 districts. Through refresher training and supervision, Health Poverty Action works with these community volunteers so they can monitor malnutrition and raise awareness of nutrition within their communities. As a result of this work, the rate of severe acute malnutrition among children under five has been reduced from 1% in 2019 to 0.36% in 2020 and moderate acute malnutrition reduced from 4.11% in 2019 to 2.12% in 2020.

We also worked closely with our partners in Laos to increase the variety of nutritious food available. This was primarily through community vegetable gardens and animal pass-on schemes where 1,615 families with malnourished children can now raise animals such as chickens, goats, and pigs for protein. This year, we worked with farmers to build their resilience to the impacts of climate change with 4,155 farmers diversifying their crops and successfully producing 11 different types of seeds. Not only did these activities increase the community's food supply over the year but they were also central to children receiving a healthy and balanced diet.

Female Community Champions are making a difference in Somaliland

Hawa Ali is a single mother of five children living in the Goda-weyn village, situated in the mountainous region of Somaliland. Sowda Hassan, her third child, became sick and as time passed the baby's health continued to deteriorate.

Malyun, a Community Health Champion was conducting her daily health education sessions when she came across Hawa Ali at her house and discovered that her baby was very weak. Malyun immediately referred them to the Goda-weyn Health centre which is supported by Health Poverty Action and Sowda was admitted with severe malnutrition.

During their stay at the health facility, baby Sowda received ready-to-use therapeutic foods and other medications such as amoxicillin syrup for respiratory infections which quickened her recovery. The community champions conducted regular follow up visits to educate the mother on the importance of child nutrition and taught her proper care practices.

One and a half months later, baby Sowda looked healthier and was discharged from the hospital having reached significant weight milestones. Hawa was so happy when she was told that her child had fully recovered. She said:

"I am forever grateful to Health Poverty Action for the existence of such services to help our children and for teaching me about nutrition. I thought my child would never be healthy again".

A community health work measures a child's weight in Sierra Leone.

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 and community health champions on nutrition, in addition to planning and facilitating malnutrition screening and treatment for the communities we work with. A total of 543,012 children under five were screened in health facilities or mobile outreach clinics – a 253% increase from last year. Of these children, 28,456 were enrolled into outpatient therapeutic programmes so their health could be monitored and 278,481 received food to ensure they could reach a healthy weight.

Our new nutrition project in **Sierra Leone** integrates health and nutritional services to ensure healthy lives and promote wellbeing for all in five chiefdoms on Bombali and Kerene districts. Since September 2020, we have built the capacity of 173 community health workers so they can educate, monitor and refer people with malnutrition to local health services. This integrative approach has led to an increase in community health coverage with 687 children under five being fully immunised and receiving Vitamin A supplements.

Handwashing demonstrations in Phonyiayai primary school of Thakhek district, Laos

Water and sanitation

In many of the remote areas where we work communities are not given affordable and sustainable access to WASH (water, sanitation and hygiene) facilities – posing a significant threat to public health. Furthermore, the lack of education around these issues is one of the biggest challenges facing these communities. To tackle these problems, we focus on providing information and education sessions run by the communities themselves to help improve WASH for sustainable change.

Access to WASH education and facilities became even more imperative during the COVID-19 pandemic. Our team in **Somaliland** worked with communities to provide clean water and soap to improve community hygiene practices – an essential component of ensuring the community's health. We installed handwashing facilities at 72 health facilities across seven districts and supplied cleaning materials and hand sanitisers to protect health workers and patients from the risk of infection.

In **Myanmar**, we work with internally displaced people in conflict-affected areas to achieve their right to access safe, clean water. Health Poverty Action has been supporting the construction of water supplies and water supply rehabilitation for villages so that 2,119 people now have access to a functional, clean water source. We provided clean water equipment and latrines to 32 schools and 19 health care facilities. In addition to hardware construction and maintenance, we integrated community hygiene promotion sessions to protect from COVID-19 with our maternal and child health and nutrition programmes increasing the WASH knowledge of 46,138 people.

In **Laos**, our team worked in 32 target villages to ensure that most families have access to clean WASH facilities. Our programme staff made repairs to 48 boreholes which means that 16,200 people now have access to cleaner water. We taught school children, teachers and parents, community-led sanitation principles such as safe water consumption, increasing the percentage of homes that filter their water from 78% in 2019 to 84% in 2020.

Disease prevention

While the COVID-19 has taken centre stage at a global level, its impact has been shouldered unequally in many of the communities in which we work. The need to ensure existing health services could operate safely during the pandemic has been vital. Community health centres have been overrun with the increased demand to prevent the spread of COVID-19 while still providing general healthcare, compounded with a lack of resources and capacity.

We have engaged in emergency response in collaboration with local health services to provide the necessary support for COVID-19 prevention and treatment so that health services for diseases such as Malaria, TB and Non-Communicable Diseases (NCDs) could continue. In **Vietnam**, Health Poverty Action coordinated with the government to integrate COVID-19 prevention into existing Malaria, TB and HIV control services. We trained government health staff on how to provide essential malaria and TB services in a pandemic context and our team distributed 8,770 surgical facemasks, 1,629 gloves, and 16,077 hand sanitisers to 1,140 local malaria staff and frontline health care workers in four provinces to ensure they could continue to work safely.

Integrating COVID-19 prevention into existing services has been an extension to our work across Southeast Asia helping to eradicate malaria among remote, hard to reach communities. In **Cambodia, Laos, and Vietnam** we helped to reduce cases as part of a global cross-border initiative to end malaria. In Laos, village malaria workers conducted 36,356 malaria tests over 12 months, diagnosing 410 cases and treating or referring 99% of cases to local health clinics. In these communities, the incidence of malaria has significantly decreased from 9.56 cases per 1,000 people in 2018 to 3.16 in 2020. In Cambodia, we worked with 19 mobile malaria outreach teams, consisting of local members of the community who are trained to find migratory groups in forests who otherwise might not have access to malaria testing, treatment, or prevention information. Through this programme, we provided 10,904 tests, resulting in 123 people

Malaria prevention during COVID-19 in Vietnam

Mr Trinh Vu Hoai is a health worker at Chu Rcam commune health centre, Krong Pa district in Vietnam. He has continued to build his skills through participating in training courses run by Health Poverty Action.

With the support of Health Poverty Action and health staff from two neighbouring commune health centres, activities related to malaria prevention could continue during the pandemic. Messages were communicated through loudspeakers to raise awareness on malaria and COVID-19, and videos on safety protocols for healthcare services during the pandemic including the correct use of facemasks, handwashing, screening, and quarantine of suspected COVID-19 cases were delivered to local malaria staff. Mr Haoi reflected:

"Health Poverty Action has supported district health centres and commune health workers to safely examine and treat people with fever symptoms. Health workers can now identify the fever as COVID-19 or malaria and begin appropriate prevention and treatment measures. In my opinion, during this period of social distance, most people were at home and did not go to the forest to sleep or cross the borders, so this was a suitable time to be able to increase knowledge for people about malaria as well as the current COVID-19 epidemic."

With Health Poverty Action's support, health workers could continue to help eradicate malaria in the region alongside preventing the spread of COVID-19.

receiving treatment. Health Poverty Action has been advocating for a comprehensive malaria elimination approach in the region. We are currently piloting the first regional malaria platform to share real-time data and promote cross-border cooperation to eradicate malaria by 2030.

In **Ethiopia** we are worked to improve the health status of the hard-to-reach communities by preventing common health problems and NCDs. Most of the diseases in pastoralist communities are preventable and can be addressed through providing health education, vaccinations and encouraging people to access NCD services at local health centres. Community dialogue is an important step in disease prevention, so during COVID-19, we conducted monthly awareness-raising meetings with community members and religious leaders to improve health knowledge on the pandemic as well as addressing existing health issues such as heart disease and diabetes. We also trained 1,400 health workers on basic prevention and control measures, to ensure the community have the tools and knowledge to respond to preventable health issues and future epidemics.

Educating communities in Cambodia on the use of repellent to prevent malaria

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. In **Nicaragua**, our team supported indigenous adolescents, parents, and traditional birth attendants to shift attitudes in their community around sexual and reproductive health rights from a culturally appropriate perspective. Working together, we developed communication materials for local radio in the Miskitu language to raise awareness in these communities.

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 are creating community dialogue through uniting religious leaders, health workers and community volunteers to become advocates for social change. Together they produced an interactive radio talk show discussing sensitive issues around GBV and FGM to dispel myths and influence a shift in beliefs, reaching an audience of 61,026 people. Community theatre was also used to reinforce these messages, with women performing to 3,400 people across 12 communities. This year we also trained 40 facilitators, 35 health workers and 25 community health volunteers on GBV case management, crime evidence collection and reporting, and how to make referrals to other GBV support services. The increase in community awareness and culturally sensitive care has supported 39 women to come forward and receive treatment and counselling for GBV, with 10 cases referred to the police. By letting communities lead the discussion to find culturally appropriate solutions and shift behaviour and opinions, this programme has helped to tackle multiple barriers to women's health and rights.

Supporting youth

Investing in our young people is essential in sustaining a healthy, engaged community. In **Rwanda,** our new project works with youth to teach entrepreneurial and leadership skills to get them ready for the workplace. 314 youth participated in Work Ready Now and Be Your Own Boss workshops where they developed their own personal development plans. After successfully completing the skills training, 220 youth went into paid employment and 17 young entrepreneurs received start-up kits to kick-start their small businesses – we look forward to seeing what they achieve!

Supporting community facilitators end child marriage in Kenya

Farhia counselling a young girl in Mandera East.

Nuria is 16 and in her second year of high school in Arabia town, Mandera East, Kenya. When the first case of COVID-19 was detected in Kenya in March 2020, all learning institutions were closed and Nuria moved home to help look after her younger brothers and sisters.

During this time, her father who is a local elder from the village informed her that she was getting married as they could no longer support her to stay at home. Nuria refused, wanting to continue with her education instead, and sought shelter in the home of one of her classmates. Here, she was able to access Farhia, a community facilitator, who helped her with her case.

Farhia was trained by Health Poverty Action on sexual and gender-based violence and harmful traditional practices. Due to this training, Farhia had the skills to support Nuria and coordinate an intervention with the support of local leaders. The village Chief spoke with Nuria's father who eventually agreed to stop the marriage and allow his daughter to return to school. Farhia says:

"I am very grateful to Health Poverty Action. The training they have given me has helped me so much that I have been able to save girls from early marriages and also help sensitise the community on [these] issues. I have been a victim of gender-based violence myself because I was cut when I was young at home. I have volunteered to change these outdated cultural beliefs and taboos that have no basis in Islam. Thank you to our partners for supporting girls in our community."

Key highlights

Key beneficiary figures from 2020/21

Guatemala

2,680 mothers or mothers-to-be living in rural indigenous communities had access to trained traditional birth attendants

Nicaragua

We helped to distribute humanitarian aid in the wake of Hurricanes Eta and Iota, which devastated the North Atlantic Autonomous Region in November 2020

Sierra Leone

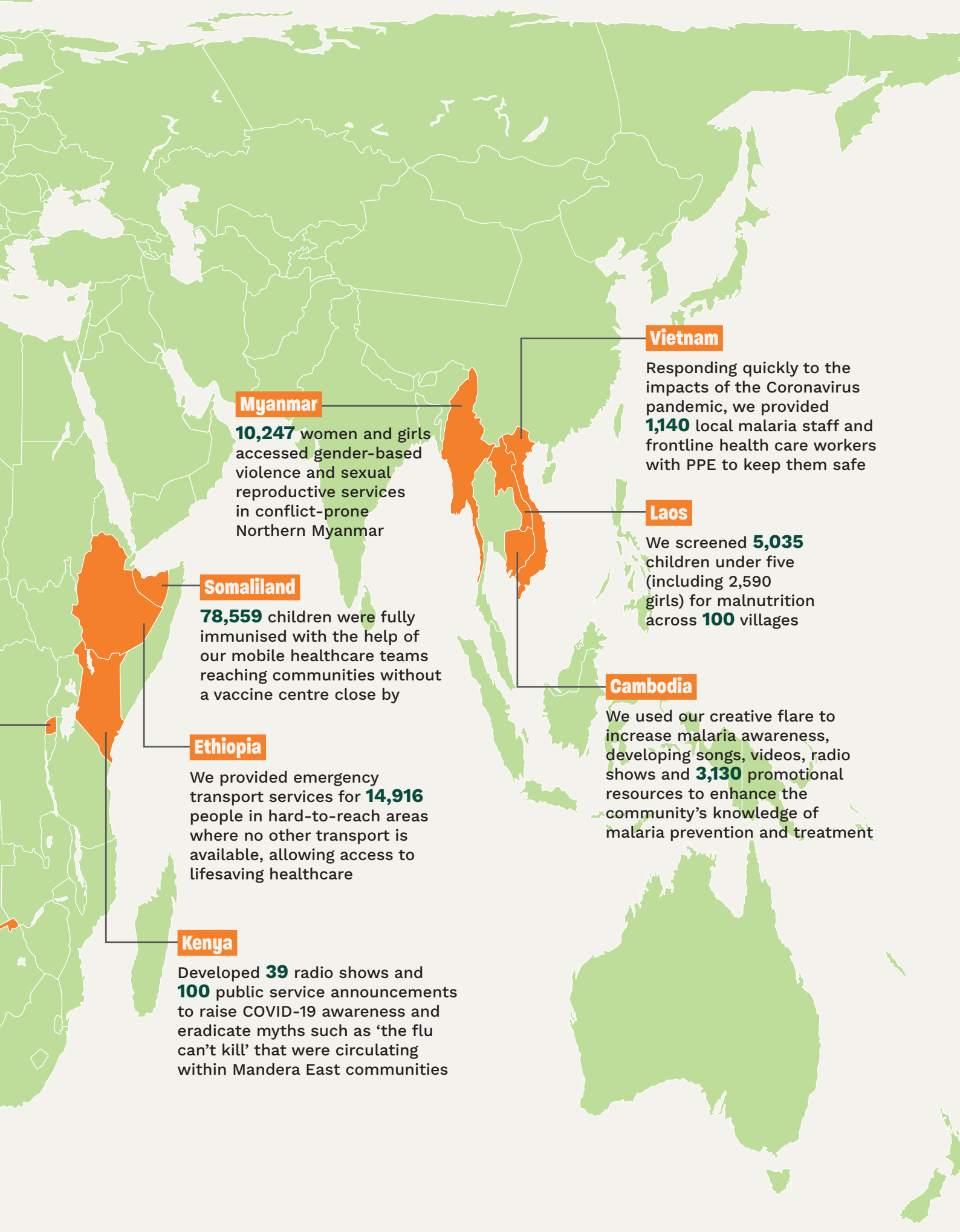
We worked with local health systems to strengthen malaria diagnosis and treatment, with the communities recording a **23%** decrease in malaria cases in their region compared to the national increase of 5% during the project's lifetime

Rwanda

314 youth participated in the Work Ready Now and Be Your Own Boss entrepreneurial training courses that support young people who are out of work learn the necessary workplace and leadership skills to start their own businesses and thrive in the workplace

Namibia

99% of people successfully adhered to Health Poverty Action's innovative community-based TB treatment programme and took their daily medication compared to 85% in previous years



Vietnam

Responding quickly to the impacts of the Coronavirus pandemic, we provided **1,140** local malaria staff and frontline health care workers with PPE to keep them safe

Myanmar

10,247 women and girls accessed gender-based violence and sexual reproductive services in conflict-prone Northern Myanmar

Laos

We screened **5,035** children under five (including 2,590 girls) for malnutrition across **100** villages

Somaliland

78,559 children were fully immunised with the help of our mobile healthcare teams reaching communities without a vaccine centre close by

Cambodia

We used our creative flare to increase malaria awareness, developing songs, videos, radio shows and **3,130** promotional resources to enhance the community's knowledge of malaria prevention and treatment

Ethiopia

We provided emergency transport services for **14,916** people in hard-to-reach areas where no other transport is available, allowing access to lifesaving healthcare

Kenya

Developed **39** radio shows and **100** public service announcements to raise COVID-19 awareness and eradicate myths such as 'the flu can't kill' that were circulating within Mandera East communities

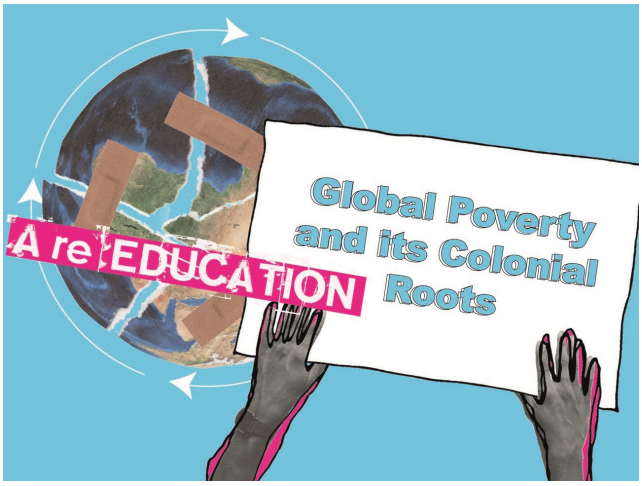
Speaking out

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 launched our ground-breaking webinar series on 'A World with Drugs: Legal Regulation through a Development Lens', which examined the critical need to reform current drugs laws by engaging with development issues like tax, trade and the environment – as well as the risks of inaction. The series featured a strong suite of voices from communities affected by the drugs trade and from influential speakers such as former Prime Minister of New Zealand Helen Clark. We successfully had over 1000 attendees and convened a dynamic steering group of like-minded organisations after the event. We look forward to working with the International Drug Policy Consortium (IDPC), Transform Drug Policy Foundation, Transnational Institute, Canadian Drug Policy Coalition, Instituto RIA, the Legal Regulation Project and Interdisciplinary Centre for Cannabis Research to continue to advance this important work together.

We have not only positioned ourselves firmly as an effective broker between the drug policy reform and development sectors, but we have also stood out as reliable allies in the broader drug reform movement. From feeding into the IDPC's principle for legal regulation and engaging with allies during the UN Commission on Narcotic Drugs to lobbying cross-party MPs interested in drug reform, we have played our role in the movement and ensured the doors remain open for our ongoing work.



We successfully launched a teaching resource on 'Global Poverty and its Colonial Roots'.

Strengthening health justice movements

Our health justice work has progressed well this year. We have developed and launched our teaching resource for sixth form teachers on 'Global Poverty and its Colonial Roots'. Initially promoted by our social media and news outlets like the National Education Union magazine, the pack has since gained traction and has been promoted further by influential left-wing actors such as Novara Media and The World Transformed, as well as by others' working to influence the UK curriculum on teaching colonialism in schools.

Our work on shifting language on aid and development continues to garner new interest within the development sector. We influenced three of the major networks in the sector – Bond, Stop AIDS and Action for Global Health – to adopt more progressive language and

A World with Drugs

Legal Regulation through a Development Lens

A groundbreaking 8-part webinar series exploring why a socially just legal regulation of drugs is vital for sustainable development.

9 September	Drugs are a Development Issue: An Introduction to Legal Regulation
23 September	Cultural, Traditional and Indigenous Rights
7 October	Corporate Capture
21 October	Fair Trade
4 November	Tax Justice
18 November	Sustainable Livelihoods
2 December	Climate Justice
16 December	Community Participation

All webinars 16:30-18:00 BST

communications. We also continued to promote our Communications Toolkit which was translated into Flemish this year and presented to a workshop for 50+ Dutch organisations.

We continue to support the Kampala Initiative – the global civil society space exploring how to move beyond aid in health and helped to publish a report of its activities to mark the first anniversary. This was alongside hosting successful webinars on COVID-19, the changing aid landscape and co-authoring, with Health Poverty Action, a forthcoming report exploring the harms caused by the current aid and development language.

Strong and culturally appropriate health systems

Our work on mental health has carried on steadily. We have continued to engage with the Somaliland health authority to develop a mental health strategy; established a cross-organisational mental health steering group to spearhead efforts across HPA; continued to feed into a mental health chapter for the Global Health Watch publication authored by Vikram Patel and carried out an initial scoping exercise into the role of the pharmaceutical industry in mental health care in the global South. In addition, we developed a shared position on the most appropriate language to use around mental health and mental health conditions and we are currently piloting this across the organisation.

Beyond this, we organised an event at the virtual Labour party conference, 'What will it take to deliver Universal Health Coverage and strong health systems in a time of COVID-19', with Shadow Secretary of State for International Development Preet Kaur Gill MP, Rob Yates of Chatham House and Allana Kembabazi of the Initiative for Social and Economic Rights, Uganda. The event helped to push against the privatisation of healthcare worldwide.

Fundraising

A note from the team

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 in 2020-21. Nearly a quarter of our anticipated fundraising income was wiped out as event after event was cancelled. We saw 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, developing our digital presence, calling upon our friends and building new partnerships to secure the much-needed funds to support the communities who we work with and for.

We are entirely grateful for all of our supporters, who have continued or even increased their support this year.

Community and events

COVID-19 and government restrictions prevented all of our in-person fundraising activities taking place over the past year. However, we are endlessly grateful to our runners for sticking with Team Health Poverty Action through the postponement of both the London Marathon and the Royal Parks Half Marathon. And we are particularly thankful to those who took part in the virtual events to boost their fundraising. We are also grateful for the choirs who sang socially distanced carols and created music videos when we couldn't meet in the tube and train stations in December.

Chrisjingle singing in a virual Choirs for Change event to raise voices and funds for mental health worldwide.

Corporate partnerships

Many of our corporate partners faced their own challenges this year – from needing to adapt their operations quickly, to facing difficult decisions on how to continue prioritising their charity partnerships. We appreciate our ongoing partnerships with Mondrian Investment Partners, as well as our new relationship with The Buchann.

Supporters

Throughout this difficult year, our committed supporters have enabled us to continue working with communities worldwide to improve people's health and challenge the causes of poverty. On behalf of those communities, we offer our heartfelt gratitude to everyone who has left a gift in their Will, supported us with regular gifts or made donations to our appeals.

As face-to-face activity has been impossible, we have focused on developing our written and digital appeals to existing supporters and the wider public. In addition to our 'Coronavirus Emergency Appeal' and 'Mental Health Appeal', we also delivered an appeal themed around our drug policy advocacy work via inserts in the New Internationalist and Red Pepper magazines. We are also developing a new regular giving programme, digital fundraising videos and have successfully secured a BBC Radio4 appeal slot, to be broadcast in the coming year.

Trusts and Foundations

We are extremely grateful for the support we have received from trusts and foundations this year, which has enabled us to provide a quick and effective response to the global COVID-19 pandemic. We have provided vital equipment, sanitisers and handwashing facilities to health services across our countries of operation, including Sierra Leone, Somaliland and Laos. In addition, our generous supporters have been enabling us to build the capacity of health workers and women's clubs in Sierra Leone, to improve health and nutrition in their local communities. The support we have received is also ensuring vital health care for pregnant women, new mothers and newborns in the Highlands of Guatemala; and helping to reduce the stigma around HIV/AIDS and improve the mental health of people living with HIV in Cambodia. We would like to thank all of our supporters, including the Stanley Thomas Johnson Foundation, The Mercury Phoenix Trust and all of our anonymous donors.

Communications

This year has allowed us to take a few more risks and shift our communications to appeal to a growing digital audience who are online more because of lockdown. For our mental health campaign, we invested in more eye-catching graphics to help cut through the noise in a crowded digital space, and we also started using social media advertising more frequently to help us reach more people.

We also had some exciting projects launched from the Policy & Campaigns team (mentioned above) which we've been able to utilise to grow our followers. Our Twitter follower count has gone up by around 500 people in the past year. We also have a stronger voice on Twitter which has helped us get more attention from high-profile people/organisations, such as tweets from Helen Clark, the former Prime Minister of New Zealand.

A big project for our communications this year has also been a re-branding of our organisation messaging to help us better communicate who we are and what we do. This was a collaborative effort across all our teams and will help direct our communications going forward by making it clearer what we care about as an organisation and what we are best at.

Our fundraising and policy and campaigns teams collaborated on a successful Mental Health Campaign in December 2020.

Financial review

Overview

During 2020-21, 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, individual donors and consultancy. The income from charitable activities of £19,433,333, comes primarily from grants from international institutions, governments, trusts and foundations and represents 98% of the overall organisation income. For further detail please refer to Note 2 of the accounts.

Despite the completion of several projects during the year, HPA income during the reporting period increased by 4.77% (£17,708,908 compared to £16,902,765 in 19-20).

Our unrestricted income decreased by 24,89% (£403,282 compared to £536,890 in 19-20). Donations from individuals as well as income from Trusts and Foundations account for areas of major shifts (76% of the overall decrease). The movement is largely due to the impact of COVID-19.

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

Expenditure

Unrestricted expenditure decreased by £145,287 during the year. (£277,177 compared to £423,056 in 19-20). This was mainly due to restrictions imposed during the lockdown period.

Expenditure on charitable activities increased by £1,853,871 due to increased activities on our large programmes, emergency Covid response as well as new funding.

For further detail please refer to Note 3-5 of the accounts.

Risks, uncertainties and mitigation

The Trustees Finance and Audit group alongside Senior Management Team regularly oversee major risks and how these are being managed. In 2020-21 the following risks were identified with actions to mitigate them.

For 2020-21 and beyond, the key risks to Health Poverty Action 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 in relation to this identified the following as some of our key priorities:

- Seek new project funding, especially in relation to COVID-19 response. Seeking partnership to diversify funding from other sources and in programme countries.
- Focus trust fundraising primarily on topping up project 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 2020-21
Brexit • Not possible to apply EU call for proposals as leading 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 • Projects suspended or even cancelled; Besides, lockdown causing delays in project 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 team to respond to the pandemic • Seeking opportunity to start social enterprise in responding COVID 19
Currency Exchange Losses • Loss of reserves • Impact on project activities • Increased difficulty in budgeting/forecasting (both unrestricted and project 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 2% of income is unrestricted • Substantial impact in the event of loss of donors	• Adequate reserves policy • Diversification plan implemented • Project development planning
Safeguarding • Injury or risk to child or vulnerable adult leading to legal action, negative publicity, financial and reputation loss • Staff fail to whistle blow in the event of a safeguarding issue or in any other area of severe wrongdoing such as theft, fraud and corruption. Beneficiaries are unaware of how to/unable to report an issue. 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 projects. • Training conducted across the organisation including overseas staff.

Reserves policy

In order to ensure the long-term financial viability of the organisation, it is the Board's policy to maintain 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 huge impact on beneficiaries.

During 2020-21, our unrestricted reserves had a decrease of £70,913 to £1,486,097 (£1,557,010 in 19-20).

This decrease was made up of an exchange rate loss of £196,536 and partially offset by the net income for the year of £125,623.

As the full economic impact of the pandemic unfolds, the current level of free reserves (£1.486,097) is at the higher end of the board policy and has therefore been deemed satisfactory.

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

COVID-19 and Going Concern

The COVID-19 pandemic continues to have an impact on the charity various sources of income and planned expenditure. In 2020-21 Health Poverty Action was able to take advantage of the Government's Job Retention Scheme (A total of £88,760 support was received), whilst other aspects of the charity's activities transitioned successfully to remote working.

In our fundraising income we are still seeing an impact with individuals and corporations still hesitant to give. However, we see more opportunities presenting themselves with the end of lockdown. For example, we anticipate a return of in person challenge events beginning autumn 2021, new fruitful partnerships with corporations, Trusts and Foundations coming to fruition and additional opportunities through US funders becoming a reality by the end of the year with a newly formed US tax exempt non-profit status.

We continued to keep expenditure costs down by streamling staffing during the most challenging parts of the year but will begin rebuilding capacity as the needs necessitate.

In the countries where we run our programmes, some project activities had to be suspended last year, putting pressure on associated direct contributions to unrestricted funds. However, this impact was offset by opportunities to access new funding and in 2020-21 Health Poverty Action led on various COVID-19 emergency responses. The 4.77% increase in our programme income during these challenging times is seen as a positive outcome and we are looking forward to continuing to support our beneficiaries with the invaluable help of our donors.

Due to the important uncertainties resulting from the coronavirus pandemic, we have taken various considerations in the preparation of our budget and cashflow forecasts. We have 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 Health Poverty Action's ability to continue in operation for the foreseeable future.

A new accounting system

Health Poverty Action has now moved to a unified accounting system. Following a thorough tendering process, the innovative cloud based system IPLICIT was selected.

Iplicit, like any other cloud-based finance system, will ensure visibility and control of global financial data in a real-time context. The extra benefits that Iplicit provides for a reasonable cost is the ability to incorporate Health Poverty Action's global cross-border projects and programmes monitoring and control as well as being able to manage multi-currency documents, payments and cross-border bank transfers.

We have significantly enhanced our internal control systems, cater for the need of our colleagues working in remote areas and are looking forward to further enhancing the functionality of this system to support our Full Cost recovery plans.

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 2021 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 9 trustees as of August 2021.

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		Resigned 22nd May 2020
Mehmet Nadir Baylav[2]		
Nouria Brikci-Nigassa		Resigned 27th March 2020
Denis John Cavanagh[1]	Treasurer	
Elaine Catherine Gilligan[2]		Resigned 9th October 2020
Anna Graham		
Rory Erskine Morrison Honney		
Anuj Kapilashrami		
Oliver Benjamin Kemp[1&2]	Chair	
Ruth Stern[1]	Vice Chair	
James William Patrick Thornberry[1]		Resigned 4th December 2020
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
Kemp House
152-160 City Road
London EC1V 2NX
United Kingdom

Auditors:

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

Banks:

CAF Bank Limited
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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: 22 October 2021

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 2021 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 2021 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

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

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 trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' annual report has 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 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; [or]
- we have not received all the information and explanations we require for our audit.[or]
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report and from preparing a Strategic Report.

Responsibilities of Trustees

As explained more fully in the trustees' responsibilities statement set out on page 28, 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.

- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

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.

Moore Kingston Smith LLP

Neil Finlayson
Senior Statutory Auditor

Date: 28 October 2021

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 2021

	Notes	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
INCOME AND ENDOWMENTS FROM:				
Charitable activities	2	-	17,708,908	17,708,908
Donations and legacies	2	403,282	-	403,282
Gift in Kind Income	2	–	1,712,924	1,712,924
Investments	2	109	11,501	11,610
Total incoming resources		**403,391**	**19,433,333**	**19,836,724**
RESOURCES EXPENDED				
Raising funds	3	277,769	–	277,769
Charitable activities	4	–	20,443,774	20,443,774
Total resources expended		**277,769**	**20,443,774**	**20,721,543**
NET INCOME/(EXPENDITURE) FOR THE YEAR		**125,623**	**(1,010,441)**	**(884,819)**
Transfer between funds		–	–	–
Foreign exchange gains in year		(196,536)	(114,811)	(311,346)
NET MOVEMENT IN FUNDS FOR THE YEAR		**(70,913)**	**(1,125,252)**	**(1,196,165)**
Total funds brought forward at 1 April 2020		1,557,010	4,841,663	6,398,673
TOTAL FUNDS CARRIED FORWARD at 31 March 2021		**1,486,097**	**3,716,411**	**5,202,508**

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 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.

BALANCE SHEET

Health Limited T/A Health Poverty Action Balance Sheet as at 31 March 2021

	Notes	2021 £	2020 £
CURRENT ASSETS			
Debtors	8	706,896	1,430,586
Stock		953,644	732,478
Cash at bank and in hand		4,990,049	5,166,562
		6,650,589	**7,329,626**
CURRENT LIABILITIES			
Creditors: Amounts falling due within one year	9	(1,345,213)	(695,579)
NET CURRENT ASSETS		**5,305,376**	**6,634,047**
LONG TERM LIABILITIES			
Creditors: Amounts falling due after one year		(102,868)	(235,374)
TOTAL ASSETS LESS LIABILITIES		**5,202,508**	**6,398,673**
TOTAL NET ASSETS		**5,202,508**	**6,398,673**
FUNDS			
Unrestricted funds	13	1,486,097	1,557,010
Restricted funds	13	3,716,411	4,841,663
		5,202,508	**6,398,673**

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

Oliver Benjamin Kemp, Chair Date: 22 October 2021

Company Registration number

01837621

Cash flow statement

Health Limited T/A Health Poverty Action cash flow statement for the year ended 31 March 2021

	2021 £	2020 £
Net Cash Outflow from operating Activities	123,223	565,787
Returns on Investments and Servicing of Finance		
Bank interest received	11,610	16,000
Foreign exchange gain	(311,346)	154,443
(Decrease) / Increase in Cash	**(176,513)**	**736,230**
Reconciliation of Excess of Expenditure over Income to Net Cash Inflow from Operating Activities		
Net incoming / (outgoing) resources	(1,196,165)	657,846
Decrease / (Increase) in debtors	723,690	844,140
(Increase) in stock	(221,166)	(437,564)
Increase in creditors	517,128	(328,192)
Interest received	(11,610)	(16,000)
Foreign exchange gain	311,346	(154,443)
Net cash (outflow) inflow from operating activities	**123,223**	**565,787**
Analysis of Net Cash Resources		
Opening Balance	5,166,562	4,430,331
Flow	(176,513)	736,231
Closing Balance	**4,990,049**	**5,166,562**
Location of Cash Resources		
HQ bank accounts	1,902,391	2,306,459
In-country bank accounts	3,087,658	2,860,103
	4,990,049	**5,166,562**

NOTES

Notes forming part of the financial statements for year ended 31 March 2021

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 trustees consider that there are no material uncertainties about Health Poverty Action's ability to continue as a going concern for 12 months from the date of signing these financial statements. Due consideration for the effects of the COVID-19 outbreak has been taken but the charity is largely sheltered from the financial impact of COVID-19 due to the high level of unrestricted funds at the year-end despite a £70k decrease from the previous year. Nonetheless, the charity have been able to take advantage of the Government's Job Retention Scheme in respect of relevant staff, whilst other aspects of the charity's activities have transitioned successfully to remote working. In making their going concern assessment, the trustees have considered the impacts of COVID-19, the charity's revised forecasts and projections for Income and Expenditure, as well as long term cash flow. These continue to be regularly monitored, and revised, by the Trustees with appropriate action being taken to reflect the changing circumstances. Accordingly, they continue to adopt a going concern basis in preparing the financial statements.

c) Incoming resources

All incoming resources are included in the Statement of Financial Activities 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

	2021 £	2020 £
INCOME		
Restricted Funds		
Charitable activities		
3MDG	–	(102,891)
Access to Health Fund	3,098,643	2,026,645
Comic Relief	179,897	414,956
Department for International Development	6,129,288	7,268,411
Education Development Centre	15,920	84,032
European Commission	341,930	1,074,834
Global Fund	2,951,308	3,103,133
Irish Aid	108,516	82,488
Liverpool School of Tropical Medicine	-	5,579
Livelihoods and Food Security Fund	108,972	154,452
Myanmar Humanitarian Fund	198,000	160,722
Other	1,705,715	568,447
UN bodies	2,030,646	1,282,804
World Food Programme	769,325	712,104
Trusts, foundations and individuals	70,748	67,049
	17,708,908	**16,902,765**
Other trading activities		
Gift in Kind	1,712,924	1,868,179
	1,712,924	**1,868,179**
Total Restricted Funds	**19,421,832**	**18,770,944**
Unrestricted Funds		
Donations from individuals and other	262,034	324,831
Consultancy	80,115	112,251
UK and European trusts / foundations	61,134	99,808
Total Unrestricted Funds	**403,282**	**536,890**
INVESTMENT INCOME		
Bank interest		
Restricted Funds	11,501	15,580
Unrestricted Funds	109	420
	11,610	**16,000**
TOTAL INCOME	**19,836,724**	**19,323,834**

3. RAISING FUNDS

	Direct £	Support costs £	Total 2021 £	Direct £	Support costs £	Total 2020 £
Other costs	-	277,769	**277,769**	-	423,056	**423,056**
	-	277,769	**277,769**	-	423,056	**423,056**

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

4. CHARITABLE ACTIVITIES

	Direct £	Support costs £	Total 2021 £	Direct £	Support costs £	Total 2020 £
Costs of health projects	19,718,558	725,216	20,443,774	17,522,392	874,984	18,397,376
	19,718,558	725,216	**20,443,774**	17,522,392	874,984	**18,397,376**

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 2021 £	Cost of raising funds 2021 £	Health projects 2021 £	Basis of apportionment
Human resources	760,341	227,079	533,262	Number of employees
Establishment costs	37,562	9,503	28,059	Number of employees
Office & Administration	205,081	41,186	163,895	Number of employees
	1,002,985	**277,769**	**725,216**	

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**	

6. NET INCOME FOR THE YEAR is stated after charging

	2021 £	2020 £
Annual Audit		
Statutory audit	20,955	20,250
In respect of prior year		
In respect of consolidation		5,750
Rentals in respect of operating leases;		
plant and machinery	4,508	4,508
other – office	56,062	56,062
Inventory expense	953,644	732,478

7. STAFF COSTS AND TRUSTEES' REMUNERATION

	2021 £	2020 £
U.K. STAFF		
Wages and salaries	859,230	864,490
Redundancy cost	-	4,500
Social security costs	76,565	99,339
Pension costs	47,385	46,657
	983,181	1,014,986
OVERSEAS STAFF		
Wages and salaries	2,348,305	3,309,655
Pension costs	70,758	73,313
Severance costs	149,251	189,903
	2,568,314	3,572,870
TOTAL STAFF COSTS	**3,551,494**	**4,587,856**

One employee received remuneration of between £70,000 - £80,000 in 2020-21 (2020:one).

Employer's pension cost relating to that individual was £3,214 (2020: £3,629)

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 £ 400,020 (2020: £378,328).

The Trustees neither received nor waived any emoluments during the year (2020: £Nil).

There was no reimbursement received by the Trustees during the year (2020: £783.47).

The average number of employees, analysed by function was:

	2021	2020
	Number	Number
Charitable activities	351	392
Raising funds	9	7
	360	**399**

8. DEBTORS

	2021	2020
	£	£
Other debtors in UK	8,661	3,325
Other overseas/project debtors	62,644	171,186
Accrued income – Gift Aid & Other	9,777	13,662
Accrued income – Grants	605,708	1,223,824
Prepayments	20,105	18,589
	706,896	**1,430,586**

All debtors, except prepayments of £20,105 (2020: £18,589), are financial instruments measured at present value.

9. CREDITORS: Amounts falling due within one year

	2021	2020
	£	£
Project creditors	784,794	126,130
Other creditors	27,967	158,544
Field severance pay liability and pensions	403,067	282,550
Other taxes and social security	20,715	25,911
UK Accruals	108,670	102,444
	1,345,213	**695,579**

All creditors, except for the social security creditor £20,715 (2020 :£25,911), are financial instruments measured at present value.

Creditors includes pension liabilities of £403,067 (2020: £282,550).

10. CREDITORS: Amounts falling due after one year

	2021	2020
	£	£
Field severance pay liability	102,868	235,374
	102,868	**235,374**

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:

	2021	2020
Committed to payments of:	**£**	**£**
Within One Year		
Plant and Machinery	-	-
Other – office	17,436	59,483
Between One and Two Years		
Provision for dilapidation	23,018	23,018
Other – office	2,927	45,467
Between Two and Five Years		
Plant and machinery	-	-
Other – office	383	3,310
Total	**43,764**	**131,278**

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Fund balances at 31 March 2021 are represented by:						
Current assets	1,534,779	5,115,810	6,650,589	1,843,909	5,485,717	7,329,626
Current liabilities	(48,682)	(1,296,531)	(1,345,213)	(286,899)	(408,680)	(695,579)
Long Term Liabilities	-	(102,868)	(102,868)	-	(235,374)	(235,374)
Total Net Assets	**1,486,097**	**3,716,411**	**5,202,508**	**1,557,010**	**4,841,663**	**6,398,673**

14. STATEMENT OF FUNDS

	Funds at 2020 £	Income £	Expenditure £	Transfers £	Funds at 2021 £
Myanmar & China	1,038,676	7,875,265	(7,909,306)	–	1,004,635
Cambodia	129,374	454,435	(446,240)	–	137,569
Ethiopia	146,262	70,825	(188,309)	–	28,778
Guatemala	164,482	284,182	(232,186)	–	216,478
Kenya	(13,248)	173,966	(184,351)	–	(23,633)
Laos	865,807	276,545	(864,188)	–	278,163
Namibia	(7,688)	225	(50,853)	–	(58,316)
Nicaragua	186,261	4,064	(117,976)	–	72,349
Rwanda	163,959	42,046	(157,685)	–	48,320
Sierra Leone	(172,493)	422,791	(437,461)	–	(187,163)
Somaliland	884,116	6,120,934	(6,534,219)	–	470,831
Vietnam	(16,646)	468,340	(53,627)	–	398,068
Multi-Country Projects	717,090	1,420,950	(1,797,155)	–	340,885
Global Campaigns	23,231	105,841	(93,270)	–	35,803
Gift in Kind	732,478	1,712,924	(1,491,757)	–	953,644
Total restricted funds	**4,841,663**	**19,433,333**	**(20,558,585)**	**–**	**3,716,411**
Unrestricted funds	1,557,010	403,391	(474,304)	–	1,486,097
Total funds	**6,398,673**	**19,836,724**	**(21,032,889)**	**–**	**5,202,508**

	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**

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

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, e.g. 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 2020-21 Health Poverty Action and Find Your Feet ended their linking partnership.

However, Health Poverty Action continues to provide management and support services to Find Your Feet at its UK headquarters.

Both charities share the same trustees althougth none of the trustees have been appointed to the Find Your Feet board as representatives of Health Poverty Action.

In 2020-21, a total of £80,505 of Health Poverty Action's UK staff cost was recharged to Find Your Feet (2019-20: £82,285).

A further £2,841 was charged as part of office costs (2019-20: £7,134).

16. STATEMENT OF FUNDS

	2021 Receipts	2021 Expenditure	2020 Receipts	2020 Expenditure
Big Lottery Fund				
URN: 0010237333 Nicaragua (main grant)	-	-	-	-
URN: 0010231645 Namibia (main grant)	-	-	-	-
Irish Department of Foreign Affairs and Trade				
CSF07-15 Nicaragua and Rwanda	-	-	-	-
CSF09-19 Kenya, Ethiopia, Nicaragua and Rwanda	108,516.00	93,813.00	82,488	30,117
Department for International Development / Foreign, Commonwealth and Development Office				
UKAD-IMP-119 Myanmar	-	-	(26,954)	-
IMP-120 Kenya	-	-	10,000	-
HARP-TRN-001 Myanmar	-	-	(134,902)	226,436
HARP-DEL-017 Myanmar	1,392,944	1,976,665	2,584,001	1,860,967
UK Aid Direct: 9TGE-DHP5-JZ (with MRG) Kenya, Ethiopia, Myanmar, Cambodia	133,318	201,994	17,672	5,867
FCDO 204196-117	602,697	671,962	-	-
HARP-RRF-006 COVID-19	589,843	590,075	-	-
UK Aid Match: 205210 - 254 Sierra Leone	8,078	49,270	-	-
Girls Education Challenge – GEC-T				
6317 Rwanda	112,275	-	457,726	421,754
Population Services International				
4289-HPA-01APR2016 Somaliland	1,251,252	939,502	1,118,128	1,169,026
4115SOM-HPA-01Nov17 Somaliland	-	-	-	-
4476-HPA-01JULY2018 Somaliland	248,883	-	248,883	-
4313-HPA-01DEC2018 Somaliland	152,205	87,905	165,384	258,996
BMB Mott MacDonald BV				
376106 - Lot 3 Somaliland	1,215,689	1,398,264	1,068,350	1,029,366
376106 - Lot 4 Somaliland	1,337,595	1,501,593	1,294,222	1,435,354
Caritas Switzerland				
P170086 Somaliland	-	-	14,517	120,213
Cordaid				
113336-SAN Sierra Leone	-	-	-	-
Comic Relief				
1867316 Sierra Leone	-	-	15,395	42,444
2572521 Cambodia & Laos	154,997	461,811.00	250,000	253,959
2712084 Sierra Leone	55,128	17,492	135,497	200,480

WITH THANKS TO:

UKaid from the British people

European Union

COMIC RELIEF

CARITAS Schweiz Suisse Svizzera Svizra

MHF Myanmar Humanitarian Fund

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

The Global Fund

STANLEY THOMAS JOHNSON FOUNDATION

Irish Aid Rialtas na hÉireann Government of Ireland

THE MERCURY PHOENIX TRUST

UNFPA

unicef

WFP

ACCESS TO HEALTH FUND

UKaid from the British people

SWEDEN

USAID FROM THE AMERICAN PEOPLE

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
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

USAID

Canada

NEW ZEALAND FOREIGN AFFAIRS & TRADE Aid Programme

Irish Aid Rialtas na hÉireann Government of Ireland

Norwegian Ministry of Foreign Affairs

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