Annual Report 2019

HEALTHNET TPO

Contents

Foreword

At the time of writing, the world is in the midst of a corona-virus crisis. This pandemic adds an additional layer of hardship to people in fragile states, who already struggle with poverty, conflict, trauma, ill health and a general lack of resources.

In 2019, Burundi experienced an outbreak of malaria which infected 7.2 million people and killed over 2,691 people. Burundi also continues to experience a persistent cholera epidemic. Burundi is particularly exposed to natural disasters which has resulted in the displacement of populations and the total or partial destruction of crops, homes, classrooms, water networks and health centres.

In South Sudan, the fighting between two opposing parties declined in 2019, following the September 2018 peace agreement between government and opposition. However, sporadic fighting continued; villages were attacked, people were killed and raped, and property was looted and destroyed. Aid workers were attacked.

In Afghanistan, in 2019, the USA and the Taliban engaged to achieve a deal allowing the USA to withdraw their military personnel. ISIS continues their attacks indiscriminately. Recently, Afghanistan's President Ashraf Ghani and his political rival, Abdullah Abdullah, signed a power-sharing deal. It is hoped that this deal will help to maintain the balance of power that existed before the 2019 disputed presidential elections.

Against this backdrop of worldwide instability, a pandemic and increasing poverty, HealthNet TPO was able to continue to deliver on its mission. In 2019, we, again, reached more beneficiaries with fewer human resources in the Amsterdam support office than in the preceding year. Our teams in the various locations worked with increased efficiency. The exceptional passion and dedication of our people facilitate a consistent and a high level of delivery to populations in distress.

We are advocates for the integration of mental health and psychosocial services in national health systems, as we firmly believe that the mental health of people in areas of conflict, who are frequently exposed to violence, causing trauma, needs to be addressed for increased individual resilience and functioning. Our unique approach in Afghanistan and South Sudan demonstrates the importance of such integration, especially in populations suffering from trauma.

We continue to actively seek collaborations with colleague organizations, donors, academia and specialist networks to strengthen the organization, to reach more beneficiaries and for effective delivery.

We thank all those who support HealthNet TPO, enabling us to do what we do best; helping people in conflict areas take charge of their own lives.

Carin Beumer
Chair of the Board of Directors

“We are advocates for the integration of mental health and psychosocial services in national health systems. We firmly believe that the mental health of people in areas of conflict needs to be addressed for increased individual resilience and functioning.”

Advocating for Mental Health and Psychosocial Support

Photo: MFA The Netherlands
Martijn Beekman

In HealthNet TPO project countries, the support and care for people with mental health and psychosocial issues are largely absent, particularly in rural settings. Trauma caused by war, conflict and disaster often leads to psychosocial and mental health concerns which are not adequately addressed.

As HealthNet TPO has a long standing experience in mental health and psychosocial support (MHPSS) in these fragile settings, scaling up efforts to address MHPSS remains of great interest to the organization, also in the years to come. We are very happy to see that the topic is receiving more international attention.

A first step was made on 7th and 8th October 2019, when Sigrid Kaag the Minister for Foreign Trade and Development Cooperation hosted the first International Conference on Mental Health and Psychosocial Support in Crisis Situations in Amsterdam. This conference promoted the rapid adoption of the integration of MHPSS into the humanitarian response in crisis and emergency situations.

The conference was then followed by a Mental Health Forum on the 14th and 15th October 2019, organized by the World Health Organisation (WHO) in Geneva. This brought stakeholders together to discuss progress on WHO's Mental Health Action Plan in countries. HealthNet TPO was among the experts, policymakers, representatives and international organizations who participated in both conferences to actively discuss and highlight the need to make MHPSS a standard component of humanitarian aid.

After such forums, we now hope that these efforts of awareness raising will also eventually lead to an increase in donor support, so that we can scale up and target MHPSS activities in a systematic and sustainable manner, especially in conflict affected countries.

Our Strategy, Vision and Mission

HealthNet TPO is a non-governmental organisation and global aid agency with roots in The Netherlands, that has been working on restoring and strengthening health care systems in areas disrupted by war or disaster since 1992.

Our Vision

A world in which people in fragile and conflict settings can actively contribute to rebuilding their own lives, health and wellbeing.

Our Mission

To facilitate and strengthen communities and help them to regain control and maintain their health and wellbeing. We are convinced that even the most vulnerable people have the inner strength to (re)build a better future for themselves.

Our Strategy

In March 2019, the 5-year strategy development was kicked-off by representatives of the Board, Director and Heads of Mission in Dubai. The resulting 2019-2023 strategic plan was formally approved in the October 2019 board meeting. The core elements of the new strategy are;

Integrate mental health and psychosocial support into existing health systems.

- Define domain and its quality framework.
- Develop mental health infrastructure for executing mental health programs.
- Design and execute integrated community based mental programs.

Utilize unique expertise and mental health research and development skills.

- Revitalize global TPO Research Network, including WHO and UNHCR.
- Develop and contribute to research agenda and setting priorities.
- Develop and contribute to research infrastructure at all levels.

Create robust monitoring and evaluation capabilities.

- Develop a PMEAL policy.
- Set up and implement PMEAL processes.
- Realise, perform, evaluate and improve PMEAL processes.

Activate the network of sponsors and donors.

- Obtain additional funding.
- Become a signatory to The Grand Bargain.
- Improve relationships with embassies and multilateral development banks.

Explore long-term collaboration or merger partners.

- Realise strategic partnerships.
- Establish networks with (amongst others) TPO Uganda, TPO Nepal.
- Explore and achieve a strategic collaboration or a merger.

Strengthen the organization and financial position.

- Align staffing and capabilities with organizational needs and available resources.
- Implement new IT systems before mid-2020.
- Realise and maintain structurally positive operating result and liquidity.

Sustainable Development Goals

HealthNet TPO is committed to the Sustainable Development Goals, with particular importance towards:

SDG3: Good health and well-being

- It is HealthNet TPO's mission to ensure a healthy life for all. Health is a basic human right. Through our projects we directly contribute and create the right environment for our beneficiaries to pursue their right to health.

SDG5: Gender equality

- HealthNet TPO contributes through its projects towards equal access to health and sexual reproductive health rights (SRHR) services, information and education and equal opportunities for women in decision making processes.

SDG17: Partnerships to achieve objectives

- Universal health coverage can only be achieved through strong and meaningful partnerships. HealthNet TPO's projects always include cooperation with partners.

HealthNet TPO's work is firmly linked to **SDG1: No poverty** and **SDG10: reducing inequalities**.

Our Achievements in 2019

Our Programs

In 2019, many more people needed humanitarian assistance, largely because of conflicts and extreme climate events. Women and girls are at higher risk of sexual and gender-based violence. One in five people living in conflict areas has a mental health condition. Infectious diseases are becoming more prevalent and harder to control, because of conflict, weak health systems, poor water and sanitation, and lack of access to vaccinations.

Amsterdam

HealthNet TPO head office

Afghanistan

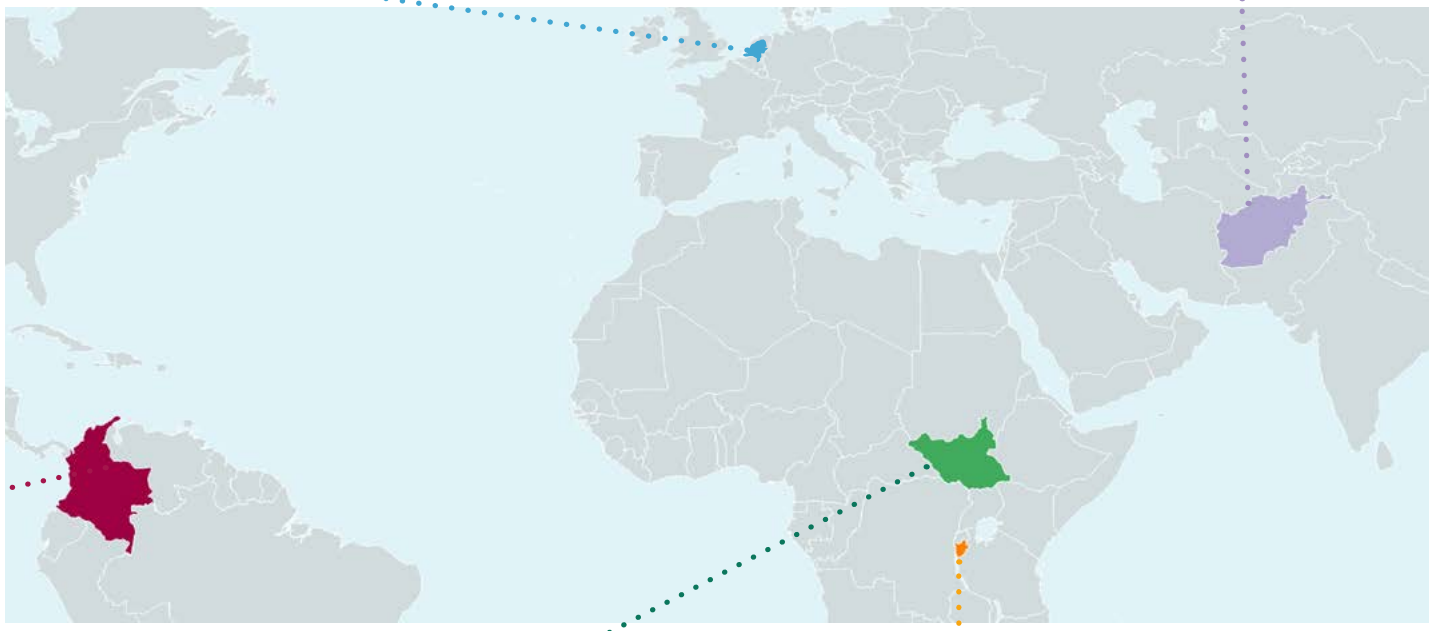
10m people have no access to a health centre within 2 hours from their home.

37 maternity hospitals, despite having one of the highest fertility rates in the world.

53% women have experienced violence since the age of 15.

74.5% of people say they fear for the safety of their family.

2% of doctors, and 15% of nurses are women.



Colombia

1m people face humanitarian consequences related to their physical and mental well-being.

1% of women received postnatal care within 2 days of giving birth.

13.4m people are affected by conflict, armed violence, disaster-related events.

40% of women suffering from sexual and gender-based violence are Afro-Colombian.

4.5m people are in need of health care services.

South Sudan

7.3m people are facing problems related to their physical and mental well-being.

75% of child deaths are due to preventable diseases such as diarrhoea, malaria and pneumonia.

40% of the population have no access to primary health care services.

1:65,574 is the number of health personnel to people who are in of need medical services.

Burundi

1.4m people are in need of mental health services.

57 years is the average life expectancy.

61% of deaths of Burundian children under 5 years are due to malaria.

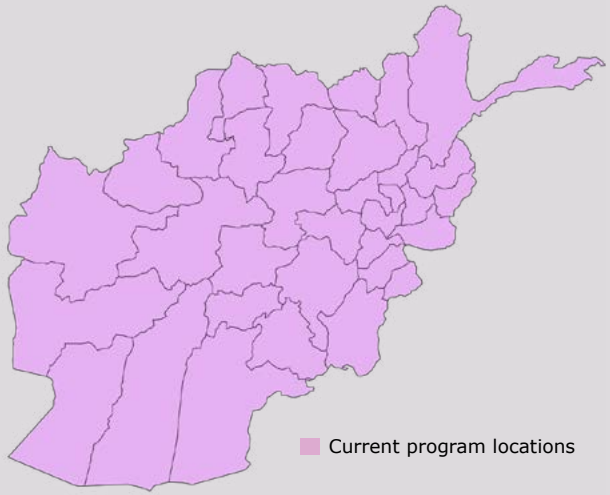
Afghanistan

Why we're there

Afghanistan is one of the poverty-stricken countries with decades-old conflict, wide-spread corruption, political rifts and fragile public health infrastructures. People have been facing multiple crises including armed conflict, displacement, drought, chronic underdevelopment and weak investment in basic services. More than 17 million people live in the provinces most severely affected by drought, of which 10.5 million have been affected and 4 million required an inter-sectoral response to survive. At the same time, a quarter of all districts (106 out of 401) have been severely affected by conflict due to the high levels of displacement, armed clashes, air strikes and civilian casualties experienced by communities living in these locations. Ongoing conflicts continue inflicting high levels of civilian casualties and collateral damage on health and education facilities, as well as disrupting and destroying other life sustaining civilian infrastructure such as water, electricity and telecommunication systems. Both conflict and natural disasters have displaced millions of people from their homes in Afghanistan. As of December 2019, there were an estimated 2.6 million internally displaced persons (IDPs) in the country, of which approximately 0.4 million were thought to be newly displaced by natural disasters, and 0.4 million newly displaced by conflict and violence.

What we do

HealthNet TPO is one of the largest health NGOs in Afghanistan working alongside the Ministry of Public Health since 1994. We have been contributing to improving health and well-being of people through providing and supporting health care, nutrition, mental health, psychosocial services, emergency humanitarian services, public-private partnership for health services, health promotion, gender, women empowerment, elimination of violence against women, control of communicable diseases, and capacity building of the healthcare providers.



Population: **37.6 million**

People in need: **6.3 million**

Number of projects: **32**

Beneficiaries in 2019: **5.1 million**

Number of implementing partner organisations: **3**

Number of institutional partners providing funding: **11**

Global Peace Index

163/163 countries

Our Projects

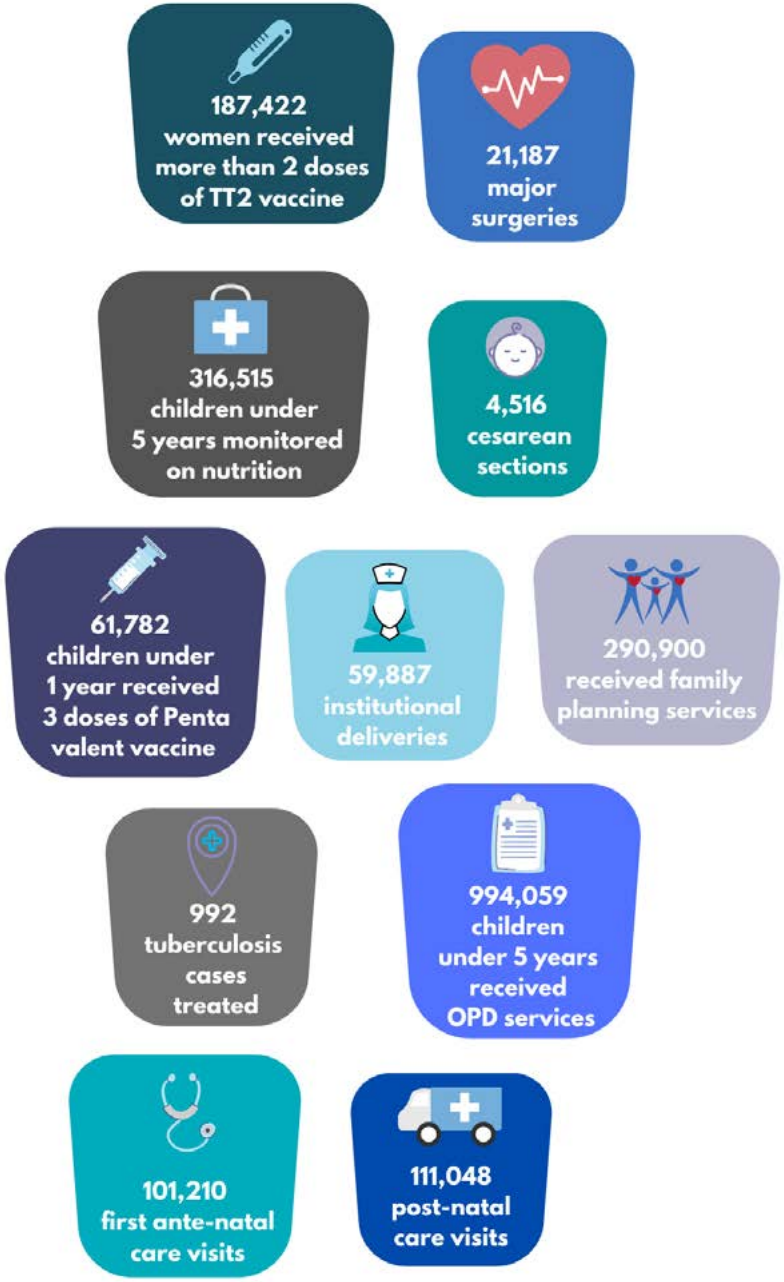
Primary healthcare and hospital services

HealthNet TPO has been implementing SEHATMANDI projects in Nangarhar, Kunar and Laghman provinces since January 2019. SEHATMANDI is a performance based partnership agreement to deliver a basic package of health services and an essential package of hospital services which contributes to improving the health status of people in Afghanistan.

It has particular focus on reducing maternal, new born, infant and child mortality, reducing the incidence of communicable diseases and improving child health and nutrition.

HealthNet TPO successfully delivered high quality hospital and primary health care services through Nangarhar, Laghman and Kunar Provincial and Regional Hospitals and 91 health facilities consisting of: 1 district hospital, 15 comprehensive health centers, 32 basic health centers, 39 primary health centers and 4 mobile health teams.

We provided high quality tertiary, secondary and primary healthcare services, including general surgery, neurosurgery, orthopedic surgery, ophthalmology, obstetrics and gynecology, pediatrics, internal medicine, dermatology, dentistry, mental health and psychosocial counseling, infectious disease, nutrition, immunization, maternal and child health, disability, and primary eye care services.



The cumulative achievements of SEHATMANDI projects in 2019.

Mental Health and Psychosocial Care

HealthNet TPO successfully trained 326 psychosocial counselors, working in comprehensive health centers in 32 provinces of Afghanistan through a one year intensive training program funded by the European Union. In addition, 260 medical doctors, 265 midwives and nurses and 56 provincial mental health focal persons were trained on basic mental health topics. This project strengthened the technical and managerial capacity of provincial health directorates and the mental health department of the Ministry of Public Health (MoPH). It also enhanced referral, access, utilization and availability of quality psychosocial counselling services.

We support the MoPH in implementing the National Mental Health Strategy 2019-2023 to roll out mental health services under Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS). This was done through provision of capacity building for training implementation, integration of health social counselors into government structures and provision of supportive supervision in order to enhance the quality of services to people living with mental health disorders and to expand geographical coverage of mental health and psychosocial services.

In 2019, 28 master trainers were trained on faculty development through a one-month training program. Current trained psychosocial counselors were selected for the health social counselors training program from 32 provinces; 175 trainees received first month training of health social counselors based on standard training curriculum in three regional training centers located in Kabul, Balkh and Herat provinces.

The Diploma Training Program for Psychosocial Counselors to the position of Health Social Counselors.

Mental Health Symposium

HealthNet TPO and the mental health department of MoPH convened the national mental health symposium for the first time ever in Afghanistan in March 2019, with funding from the European Union. Under the theme of "restoring balance: the mutual reinforcement of mental well-being, peace and economic stability", the health symposium highlighted mental health achievements and existing challenges in terms of leadership and governance, human resources, financing, service delivery, information and technology and advocated for resource mobilization and donor contribution to promote mental health services in Afghanistan.

Mental Health Symposium, March 2019

Humanitarian Projects

HealthNet TPO provided health, psychosocial, and gender-based violence (GBV) response services to returnees and deportees from Pakistan and Iran through a project funded by the United Nations Population Fund (UNFPA). We established a static clinic in Spin Boldak (Kandahar), two mobile health teams in Herat province, one mobile health team in Kandahar province and psychosocial services in Herat and Kandahar provinces. Overall, 25,939 people received basic health services of whom 5,132 women and girls received reproductive health services and 9,045 individuals received psychosocial services.

We successfully implemented a six month UNOCHA funded project of emergency primary healthcare services through mobile health teams to drought affected people in Ghor, Kundoz and Herat provinces.

Through this project, 3,255 children and 1,622 women received immunization services, 5,388 pregnant women accessed reproductive health services, 55,304 individuals received basic health services and 31,659 women and children benefitted from psychosocial support services.

We also provided essential nutrition and protection services through integrated mobile nutrition teams for non-displaced, drought-affected people and drought-induced internally displaced persons (IDP) in priority districts of Herat and Ghor provinces.

Through this project, 2,129 children with moderate and severe acute malnutrition were cured; 1,378 acutely malnourished pregnant and lactating women enrolled in a therapeutic feeding program; 3,078 GBV survivors received health and psychosocial services; 26,108 individuals provided awareness on GBV topics through community dialogue sessions; 19,723 children protected from negative coping strategies; 1,826 children received case management services; and 18,288 children received protection services through child friendly spaces.

Health Sector Response to Gender-Based Violence

Violence against women is a major public health problem that results in physical, mental, sexual, reproductive health problems and even death. HealthNet TPO has been implementing the program "Health Sector Response to Gender Based Violence" since January 2016. We established Family Protection Centers (FPCs) in several provinces, and have implemented a GBV data collection and reporting system.

In 2019, we provided services through 9 FPCs in 9 provinces of Afghanistan. 9,122 GBV cases were registered and they received medical and psychosocial services. 642 health workers were trained on GBV psychosocial counseling. 533 religious leaders, community elders, health shura members and women shura members took part in community dialogue sessions on GBV awareness.

Eye Care

The Eye System Integration project has been implemented in Afghanistan since November 2016. The project, funded by Fred Hollows Foundation, aims to end avoidable blindness in Afghanistan. In 2019, 6,164 cataract surgeries took place, 125,057 individuals received vision screening, 204,746 school children had their vision tested and 4,666 school children received spectacles. In addition, 56 health workers, 23 community health workers and 450 school teachers received basic training on vision testing and primary eye care.

Trachoma Baseline Prevalence Survey

Funded by the Fred Hollows Foundation, HealthNet TPO, in coordination with MoPH, conducted a trachoma baseline prevalence survey which estimates the prevalence of trachoma and its risk factors in Afghanistan. The research teams comprised of graders and recorders, trained and certified using the Tropical Data trachoma prevalence survey training methodology. Results from the survey will provide programmatic guidance on selection of appropriate strategies and interventions to fight trachoma in Afghanistan.

Communicable Diseases Treatment and Control

As a sub-recipients for the Global Fund malaria and tuberculosis grants in Afghanistan, HealthNet TPO has been implementing the malaria grant in Laghman and Kunar provinces. This strengthens and scales up malaria prevention and case management to reduce malaria cases. In 2019, we distributed 557,626 long-lasting insecticidal treated nets (LLINs) to populations at high risk of malaria and 32,888 LLINs to pregnant women. 220,764 individuals were tested for malaria and 65,094 confirmed malaria cases were treated. Additionally, 43 lab technicians received training on malaria microscopy. Through this project, we also improved access to and utilization of tuberculosis care and control services. 3,123 patients directly benefited from this project in 2019 in five western provinces of Afghanistan: Herat, Ghor, Nimroz, Farah and Badghis.

Capacity Building of Health Care Providers

HealthNet TPO has been implementing "training of school teachers and frontline health workers on immunization communication through interpersonal counseling and behavior change communication" project since March 2018. In 2019, we trained 15,765 frontline health workers (9,961 male and 5,804 female), and 8,677 school teachers (6,886 male and 1,791 female) in 16 provinces of Afghanistan.

In addition, 23 community midwives and 24 community health nurses graduated through community midwifery education and community health nursing education program in Kunar province and were deployed in the provincial health facilities.

Public-Private Partnership for Health Services

HealthNet TPO started implementing the innovative approach of public private partnership in 2008 to improve access of remote and insecure communities to basic health services. We trained and supported staff of private health facilities to provide a range of health services to the population free of cost. In 2019, we provided reproductive health, immunization and basic health service to 75,122 patients through 60 private health facilities in remote and insecure areas of Paktia province.

Primary Healthcare Services to Nomads

HealthNet TPO has improved access of nomads to primary healthcare services through 15 mobile health teams in 12 provinces of Afghanistan. These services included reproductive health, child health and immunization, nutrition, mental health, prevention and treatment of infectious diseases, health education, capacity building of healthcare providers and community health workers, and referral services. Overall, 304,682 patients directly benefited from this project in 2019.

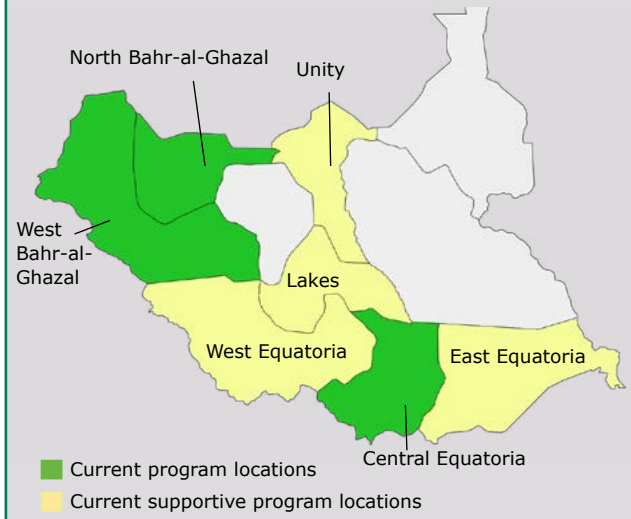
South Sudan

Why we're there

The Republic of South Sudan seceded from the Republic of the Sudan on 9 July 2011 to become an independent nation after five decades of long civil conflict and war. Since its independence, in a very short span of time, the country has experienced two major wars and several intercommunal violent conflicts, that has forced millions of civilians to take refuge in neighboring countries and many remain internally displaced. The protracted armed conflict and communal violence has deteriorated the already weak health care systems and poor social safety nets and has increased the country's dependency on international aid and support. The political, economic and security situations in the country remain fragile and volatile. Wide spread intercommunal conflicts, sexual and gender-based violence, increasing poverty and unemployment, lack of access to education and health care, abuse of human rights, excess bureaucratic impediments and the absence of local economic opportunities have compelled more than 7 million people to rely on humanitarian assistance in order to attain and maintain their health, livelihood and wellbeing. On 22nd February 2020, the government of South Sudan, various rebel groups and opposition political parties signed a peace agreement to form a transitional unity government.

What we do

Since 1995, HealthNet TPO has been operational in South Sudan providing primary health care, hospital-based medical services and engaging in public health interventions for the prevention of malaria, control of HIV/AIDS, addressing mental health and psychosocial problems affecting mainly women and girls, as well as preventing sexual and gender-based violence. Our programs are designed to strengthen national health systems and to build the resilience of community systems. We work in collaboration with local government authorities and through the active involvement of community-based leaders and structures. This approach allows us to tailor our services by directly addressing the needs identified by the population. These services are implemented through a meaningful collaboration with our target communities. We build advocacy and management capacity of local civil society organizations through various issue-based engagements, training, and forming partnerships for the implementation of long-term projects.



Population: **12.58 million**

People in need: **7.5 million**

Beneficiaries in 2019: **737,280**

Number of projects: **7**

Number of implementing partner organisations: **6**

Number of institutional partners providing funding: **4**

Global Peace Index

161/163 countries

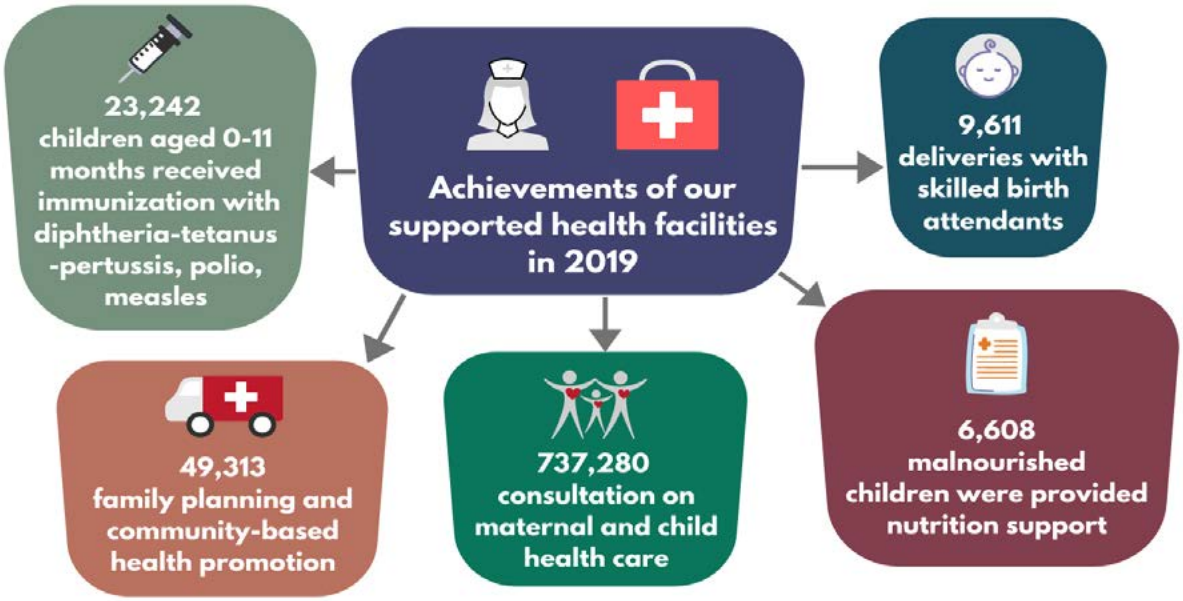
Our Projects

Provision of essential health care services

In the year 2019, we continued to provide health care services in 2 hospitals and 90 primary health care centers across 5 counties, including Terekeka, Raja, Aweil North, Aweil centre and Aweil West.

The services included financial incentive, capacity building support to 1,121 health workers and supporting staff in these facilities. W reached out directly to communities through 159 village health workers under Boma (village) Health Initiatives programs.

In addition to our main achievements, we facilitated clinical services in the town of Mundri to patients afflicted with Nodding Syndrome - a rare and neglected disease found in South Sudan, Tanzania and Northern Uganda.



Prevention of sexual and gender-based violence

To prevent gender-based violence, HealthNet TPO trained 41 psychosocial focal points (PFPs), 19 women and 22 men, to provide psychosocial support and care to survivors of sexual and gender-based violence and people affected with mental health and psychosocial problems in Nimule, Torit, Yirol and Ganyiel counties. The PFPs were provided with regular supportive supervision and on-site mentorship.

This has enhanced the knowledge and skills of the PFPs and community volunteers on the provision of community based mental health and psychosocial care specifically to women and girls. The interventions were implemented through a consortium of national and international NGOs and is a part of the Dutch National Action Plan for Women, Peace and Security.

Community Mobilisation

Through our community engagement drive, we conducted awareness and sanitization sessions in 34 Bomas (villages) to orient communities and local stakeholders on the importance of Boma Health Initiatives (BHI) and people's active participation in the implementation of development and humanitarian activities.

A total 159 BHWs and 8 supervisors received training on health promotion, disease prevention and treatment of common illnesses in children under 5 years in the community. 160 Boma health workers and 8 supervisors were selected in Terekeka and Raja counties. Our community engagement activities are helping communities in restoring trust in the systems and contributing to the local development.

Institutional Capacity Building

Our partnership with the national government and the Global Fund to build the capacity of Country Coordination Mechanism (CCM) was strengthened through fund management support as well as training and coaching of the staff on finance, procurement and logistics.

The CCM has been instrumental in providing national coordination, monitoring and technical supports to the principal recipient of Global Fund grants and various local stakeholders.

Research

We provided local support to the institutions involved in the prevalence study on nodding disease aimed at identifying the number of cases from the community and referring them to the hospital for treatment.

Burundi

Why we're there

Burundi ranks 185th out of 189 countries in the world on the Human Development Index: 64.9% of the population live below the national poverty line and 71.8% earn less than 1.90 USD per day. The country has experienced violent conflicts, civil unrest and natural disasters which has slowed its social and economic growth.

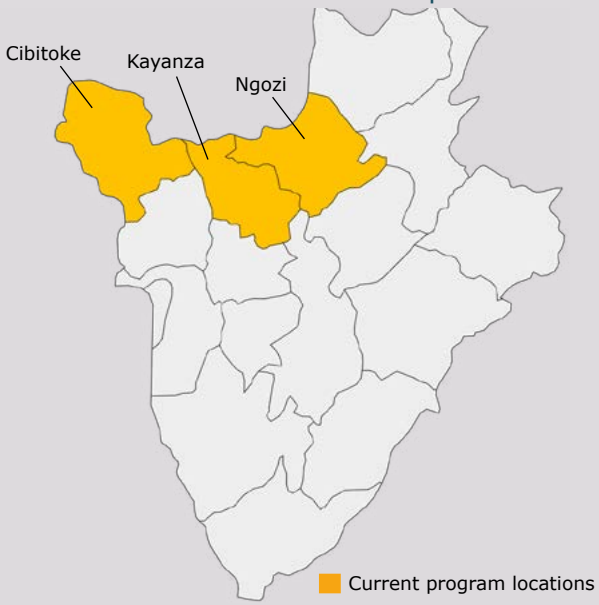
Lack of access to education and existence of harmful cultural practices lead to inequality between men and women. Sexual and gender-based violence is rampant and the country has seen a delay in the adoption of laws underpinning women's human rights.

Burundi has low health related indicators mainly due to lack of social and financial protection mechanisms and lack of sufficient investment in the health sector. There are only 16 hospital beds and 1 physician per 20,000 people. The average life expectancy is 59.4 years for males and 63 years for females. The maternal mortality ratio is 712 per 100,000 live births. This high level of maternal mortality is related to limited accessibility to and availability of quality reproductive health services in the country.

The investment in water and sanitation facilities is also inadequate. About 61% of the population uses at least basic drinking water and 46% of the population uses at least basic sanitation facilities.

What we do

HealthNet TPO started its operation in Burundi in 2000 when we focused on the development and implementation of a community based mental health and psychosocial support service package for people affected by conflict, child soldiers, refugees and survivors of sexual and gender based violence. Such projects were supported by donors such as the Dutch government, the Burundian government, USAID and UN organizations (UNDP, ILO, UNHCR, UNICEF, UNFPA). Since 2006, HealthNet TPO has been implementing projects in health financing, improving quality of health care and health system strengthening.



Population: **11.7 million**

People in need: **1.7 million**

Beneficiaries in 2019: **29,000**

Number of projects: **2**

Number of implementing partner organisations: **4**

Number of institutional partners providing funding: **2**

Global Peace Index

135/163 countries

Our Projects

Support and Empowerment for Survivors of Sexual and Gender-Based Violence project in the Great Lakes Region

The women's economic empowerment project funded by World Bank supported more than 688 women survivors of sexual and gender-based violence (SGBV). The women participated in a village saving and loan association (VSLA) which helped them increase their income and meet their family's needs.

The project was implemented from January to November, 2019 in three provinces (Cibitoke, Makamba and Muyinga). The main activities included building capacity and promoting savings and loans activities of the group members, consisting of 25-30 people.

Achievements of the SGBV project in the Great Lakes Region.

Let's Take Care of our Health

Twiteho Amagara ("Let's Take Care of our Health") is a new program funded by the European Union, with a total budget of €45 million. The program is implemented by 5 different consortia lead by HealthNet TPO, Enabel, Memisa, Cordaid and World Vision.

From 2019-2022, the program will increase (a) universal access to quality health services, (b) activities related to sexual and reproductive health rights (SRHR) and gender-based violence (GBV); and (c) the response to emergencies and epidemics.

HealthNet TPO is the lead of the consortium, working along with medica mondiale, GVC and PathFinder International to implement the program in three provinces (Cibitoke, Kayanza and Ngozi).

All consortia are working together to strengthen the Burundian population resilience and ensure the continuity and quality of essential basic services.

Colombia

Why we're there

Colombia is characterized by a repressed civic space, with an unstable political environment and entrenched gender inequality. Women still face significant barriers for equal participation and inclusion in the peace process and within their communities. Human rights violations, forced displacements and ongoing violence have caused great psychosocial and mental harm to individuals, families, and communities. Women and girls especially have to endure the instability, with sexual and gender-based violence (SGBV) still prevalent in all territories.

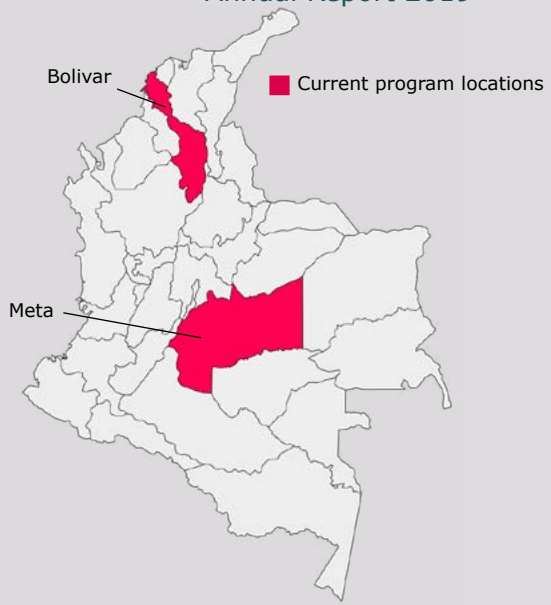
Our goal in Colombia is to enhance protection for women and girls by increasing access to psychosocial care and to create an enabling environment whereby women can feel safe within their communities and are able to realize their rights.

What we do

Under the National Action Plan III program entitled "Women as Central Agents for Peacebuilding in Colombia", we work directly with our partner LIMPAL. We work towards the reconstruction of the damaged social fabric, restoration of bonds of trust and unity, prevention of violence against women and girls, and reduction of harmful gender norms.

Using our signature resource mapping and mobilisation (RMM) approach, LIMPAL identified community needs, capacities and the psychosocial problems on individuals and groups in the communities. They identified leaderships among women who became the programs agents of change. These women built community networks and the built the capacity of network members. Community activies were then implemented through workshops on the identified prioritised topics. Psychosocial support took the form of support groups for survivors of SGBV A session-by-session protocol was developed by the project psychologists with the aim of making a safe space possible for women to express their feelings and foster peer-to-peer support.

> *I see myself now as a transformed woman. Every day I get up more eager to fight for the women who need my help.*
>
> Sonia,
> Survivor of GBV and human rights defender



Population: **50 million**

People in need: **9 million**

Total beneficiaries in 2019: **1,546**

Number of projects: **1**

Number of implementing partner organisations: **4**

Number of institutional partners providing funding: **1**

Global Peace Index

143/163 countries

Achievements of the NAPIII program Women as Central Agents for Peacebuilding.

Program Quality and Monitoring

HealthNet TPO's overall monitoring system pays attention to the different levels of scale for organizational development, capacity building and mobilization for self-organization and empowerment. The filling in of the monitoring and evaluation (M&E) framework produces differences per country, but as information is similarly and systematically gathered per program, this allows comparison on performance of field teams and partner organizations across the portfolio.

The data collection in the field is systematic and controlled through regular field visits of managers and technical advisors, according to HealthNet TPO's M&E framework. Monitoring of this data informs both management and technical advice to programs and influences content development. Annual and final reports of programs show statistics, assets, activity output and outcome results, context analysis and staff development of partner organizations as a result of capacity building. These reports function as internal evaluations with all the necessary data for outcome evaluation. Evaluation or impact studies identify outcomes over a longer period and are mostly done by external evaluations, enabling the program to measure progress within each project and country and to develop regional thematic policies. There is an internal audit performed twice a year on the country offices.

HealthNet TPO's approach includes a set of requirements that support the measurement, knowledge management, accountability and learning at various levels and promote a collaborative, effective, results-focused and accountable monitoring and evaluation system.

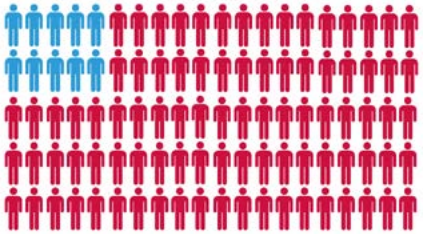
HealthNet TPO's M&E system is based on the following principles:

- Results-based: tracking progress towards results with output and outcome indicators;
- Quantitative as well as qualitative criteria;
- Involving partners and participants from design to evaluation;
- Focusing on project outputs, outcomes and impact;
- Collection data using the Ministry of Health (MOH) standardized Health Management Information System (HMIS) tools and entered, analyzed and transmitted using the District Health Information System (DHIS) software;
- Is gender-sensitive;
- Enabling learning during and beyond the program through information dissemination;
- Enabling accountability, integrity, anti-corruption and transparency to all stakeholders.

Mental Health Research and Program Development

Worldwide, mental, neurological and substance use (MNS) conditions impose an enormous global disease burden that leads to premature mortality and affects quality of life. Despite its enormous social and physical burden, many countries are not prepared to deal with this often-ignored challenge.

Few resources are available for developing and maintaining mental health services in low- and middle- income countries (LMIC). 76-85% of people with MNS conditions do not receive the care they need, reaching almost 90% in many LMICs. This situation has been called the mental health treatment gap.



Up to 90% of people in LMICs with a mental health problem do not receive treatment.

WHO launched the mental health gap action program (mhGAP) guideline in 2008. This aimed to facilitate and up-scale the delivery of evidence-based interventions by non-specialized health workers in primary health care settings.

Mental health interventions provided by the local health system need to be implemented and evaluated hand in hand before they can be successfully delivered. Research on the health systems ability to provide mental health services are rare with little knowledge about the successes and challenges of mental health system strengthening efforts in LMICs. Therefore, a better understanding of mental health systems and sustainable approaches to mental health system strengthening is needed in order to address the treatment gap.

How we carried out the research

The mhGAP based mental health care package (MHCP) was implemented at a district level and included pharmacological treatment, psychosocial counselling support, protocolized psychosocial interventions and home-based care and community awareness.

Three types of primary health care workers (prescribers, non-prescribers and female community health volunteers) were trained to provide pharmacological treatment. Non-prescribers were trained to provide basic counselling and protocolized interventions while female community health volunteers were trained to conduct community awareness, identification, referral and home based follow up care.

The research program used the WHO's health system strengthening building blocks framework. Different components of the MHCP were evaluated through qualitative studies, pre-post evaluations, household survey and overall situation analysis through stakeholder consultations and engagements. The stakeholders who participated in the research included policy makers, planners, health workers, patients, family members and all the people involved in the supply chain management of psychotropic drugs.

Conclusions

Our research showed that the implementation of a mhGAP based mental health care package in a (public) health system following a task-sharing approach in providing Mental Health services is feasible.

However, there is a need to develop and implement a (global) mental health research agenda focusing on capacity building, service delivery designs, system strengthening (including financing opportunities and modalities), knowledge management and documentation of evidence of the impact of implementing the mhGAP at all levels in LMICs.

Key Outcomes

The task-sharing approach for mental health can only be sustainable with provisions and follow up of regular training, supervision, administrative support and financial incentives to the primary health care workers and a strong coordination mechanism at the national and district level.

Active participation of service users and caregivers is vital for mental health system strengthening effort. Capacity must be built with the involvement of family members, community groups, local government officials and national policy makers.

Financial protection is needed for families with MNS disorders. This includes high medical costs or the loss of income due to health problems. Financial protection could include subsidies in medicine and reimbursement of hospitalization costs or basic health insurances.

Strengthening the mental health infrastructure within the government, especially at the Ministry of Health is a pre-requisite for scaling up mhGAP based mental health interventions.

Issues of commission and malpractices that currently exist in the supply chain of psychotropic drugs need to be addressed so that the mhGAP-based interventions can be successfully implemented.

The lack of documentation of successful mental health interventions and policy relevant data are some of the most dominant barriers in mental health lobby and advocacy.

Research Publications 2019

HealthNet TPO researchers, Ivan Komproe and Nawaraj Upadhaya contributed in 2019 to the following new academic publications;

Mental Health and Psychosocial Support
Epidemiological Studies:

- **Predictors of Posttraumatic Growth Among Conflict-Related Sexual Violence Survivors from Bosnia & Herzegovina.** Anderson, K., Delić, A., Komproe, I., Avdibegovićе, E., van Ee, E. & Glaesmer, H. (2019). Conflict & Health, doi:10.1186/s13031-019-0201-
- **Determinants of stunting among children aged 0–59 months in Nepal: findings from Nepal Demographic and health Survey, 2006, 2011, and 2016.** Adhikari, R. P., Shrestha, M. L., Acharya, A., & Upadhaya, N. (2019). BMC Nutrition, 5(1), 37.
- **Household economic costs associated with mental, neurological and substance use disorders: a cross-sectional survey in six low-and middle-income countries.** Lund, C., Docrat, S., Abdulmalik, J., Alem, A., Fekadu, A., Gureje, O., Upadhaya, N., Thornicorft, G. & Chisholm, D. (2019). BJPsych open, 5(3).

Health System Strengthening:

- **Community, facility and individual level outcomes of a district mental healthcare plan in a low-resource setting in Nepal: A population-based evaluation.** Jordans, M.J., Luitel, N.P., Kohrt, B.A., Rathod, S.D., Baron, E., De Silva, M., Komproe, I.H., Patel, V., Lund, C. (2019). Plos Medicine, vol 16, 2, 1-20, e1002748.
- **Geographies of adolescent distress: A need for a community-based psychosocial care system in Nepal.** Upadhaya, N., Tize, C., Adhikari, R. P., Gurung, D., Pokhrel, R., Maharjan, S. M., & Reis, R. (2019) Intervention, 17(1), 76.
- **Experience of implementing new mental health indicators within information systems in six low-and middle-income countries.** Ahuja, S., Hanlon, C., Chisholm, D., Semrau, M., Gurung, D., Abdulmalik, J., Upadhaya, N., Lund, C., Evans-Lacko, S., Thornicorft, G., Gureje, O. & Jordans, M. (2019).BJPsych Open, 5(5).
- **Scaling up integrated primary mental health in six low-and middle-income countries: obstacles, synergies and implications for systems reform.** Petersen, I., van Rensburg, A., Kigozi, F., Semrau, M., Hanlon, C., Abdulmalik, J., Upadhaya, N., Patel, V.,Lund, C., & Thornicorft, G. (2019).BJPsych open, 5(5)

Evaluation studies of intervention programs and/or complex interventions:

- **Effectiveness of psychological treatments for depression and alcohol use disorder delivered by community-based counsellors: two pragmatic randomised controlled trials within primary healthcare in Nepal.** Jordans, M.J., Luitel,N.P., Garman, E., Kohrt, B.A., Rathod, S.D., Shrestha, P., Komproe, I.H., Lund, C. and Vikram Patel (2019). British Journal of Psychiatry, Jan 25:1-9. doi: 10.1192/bjp.2018.300.
- **Evaluation of performance and perceived utility of mental healthcare indicators in routine health information systems in five low-and middle-income countries.** Jordans, M., Chisholm, D., Semrau, M., Gurung, D., Abdulmalik, J., Ahuja, S., Upadhaya, N., Lund, C., Thornicorft, G. & Gureje, O. (2019) BJPsych Open, 5(5).

Conferences attended by research and development staff

- The Post Research Ethics Analysis (PREA) Conference. Ethics and Humanitarian Research: Generating Evidence Ethically. The Fawcett Event Center. The Ohio State University, Columbus, Ohio, USA, March 25-26, 2019. Attended by Ivan Komproe and Nawaraj Upadhaya.
- R2HC Research Forum, 10-11, September, 2019 at Royal Holloway University, London, United Kingdom. Attended by Nawaraj Upadhaya.
- Global Mental Health Summit, KIT, Amsterdam, October 7-8, 2019. Inauguration of the War Child Holland academic chair at the University of Amsterdam: member of cortege. November 21, 2019. Attended by Ivan Komproe and Barbara van der Oever.

Presentations by research and development staff

- Public defend PhD thesis Jeannette Lely , June 6th, Utrecht University: opponent. Attended by Ivan Komproe.
- Expert meeting: Promoting the Health of Refugees and Migrants. Humanity House, The Hague, 26 June 2019. Attended by Ivan Komproe.
- Research Mater program, Cultural Anthropology, Utrecht University, February 2019. Attended by Ivan Komproe.
- CASTOR module 6: Political Conflict and Social Suffering. Attended by Ivan Komproe.
- Expert Reviewer 2nd round EU HORIZON 2020 program for call H2020-INNOSUP-6-2018. EU Brussels, December 2018 – January 2019. Attended by Ivan Komproe.

MHPSS Research and Development: Colombia

Bodily Harmonies: The Memories and Resistance of Women Human Rights Defenders

"I'm scared to say I'm a human rights defender in public because I don't know who might be against it"

Human rights defender, Meta.

Our partners in Colombia, LIMPAL, have recently released a report entitled *Sintonias Corporales*, 'Bodily Harmonies', which found that women human rights defenders in Colombia battle with adverse mental health and psychosocial consequences after taking on such leadership roles in female activism.

The Bodily Harmonies report was written through interviews with human rights defenders from Meta and Bolivar. It aimed to understand the extent to which they have faith in the UN resolution 1325, and to expose the little explored issues of mental health and psychosocial consequences that these women experience as a result of their work.

Many human rights defenders leave behind their own emotional needs to put themselves on a collective level and at the service of other women. They are often stigmatised from their communities, and many are targeted to violence and murder. They experience extreme levels of stress, anxiety, physical exhaustion and fear over their physical protection.

To cope with the added stress, many defenders take part in psychosocial services that are provided by LIMPAL and supported by HealthNet TPO. Counselling sessions and community support groups are vital for the recovery process of many of these women so they may continue with their important work.

According to the report, Colombia has no clear policy that responds to physical and mental health needs, nor provides adequate psychosocial attention to women human rights defenders. The country has no clear action plan for Resolution 1325, which recognises the need for participation, protection and prevention guarantees for women and girls in post-conflict contexts. This limits the implementation of the UN resolution, and highlights the need to address this subject as part of sustainable and long-lasting peacebuilding efforts.

LIMPAL insist that urgent measures be taken by the state institutions at a local and national level to address the needs of women defenders and to create a structural response to the investigation into the threats and risks faced by them.

They recommend creating spaces where psychosocial concerns can be adequately addressed and where women may reflect amongst a diverse group of female leaders and defenders to strengthen their psychosocial care and recovery processes.

Read the report here.

Governance

About the Board of Directors

The tasks, responsibilities and authorizations of the Board of Directors and the managing director are described in the HealthNet TPO articles of association and in the Management Charter.

The Board of Directors of HealthNet TPO have the task of supervising the activities of the managing director and the state of affairs within the organization.

The various requirements of running an organization such as HealthNet TPO are represented in the Board of Directors. The members are experienced in (public) health, management, finance, fundraising, human resources and communication.

The members of the Board are recruited according to pre-agreed profiles to ensure the board's composition encompasses diverse areas of expertise. Vacancies are publicly advertised. The Board of Directors appoints new board members. Members of the Board of Directors are appointed for a period of 4 years (with possible renewal) and resign according to a schedule determined by the Board of Directors.

Rotation and election procedure

Board of Directors members are appointed for a maximum of 2 four year terms. The Board's rotation schedule is as follows;

Board of Directors	Appointed as of	End of first term	End of second term
Carin Beumer	2015 (October)	2019	2023
Hans-Georg van Liempd	2016 (October)	2020	2024
Koos van der Velde	2013 (July)	2017	2021
Guus Eskens	2017 (June)	2021	2025
Hans Moison	2018 (July)	2022	2026

Recent developments

Carin Beumer was re-elected and appointed as Chair in October 2019.

Compensation

The remuneration policy for the Board of Directors remains unchanged. Members of the Board do not receive any form of compensation. Actual expenses can be reimbursed.

Board of Directors meetings in 2019

The Board convened 7 times in 2019, 2 of which through video conferencing. The agenda items for the Board of Directors meetings are as follows:

- Annual plan and budget
- Annual report
- Program implementation
- Formal audits, evaluations and risk assessments
- Self-evaluation
- Risk management and fraud prevention
- Progress on professionalizing the organization
- Evaluation of the managing director
- Approval of organizational policies

In addition to the standard agenda, the Board also discussed the following items this year:

- Strategic reorientation leading to the new Strategy 2019-2023
- Review of the Statutes
- Review of the Board's profile
- Strategic partnerships and alliances

Self-evaluation of the Board of Directors

In line with the Governance Code, the Board of Directors has evaluated its performance over 2019.

Evaluation and Remuneration of the managing director

Each year the Board of Directors, through the remuneration committee reviews the managing director's performance and key performance indicators for the coming year. The Board is satisfied with the managing director and has expressed its confidence.

The Board of Directors determines the remuneration policy, the level of executive remuneration and other fixed remuneration components. HealthNet TPO follows the guidelines of Goede Doelen Nederland. The BSD-score is determined by the remuneration committee of the Board of Directors. The resulting BSD-score is 451-490 points, indicating a maximum full-time gross salary of €138,020 (excluding remuneration payable in future). In 2019, the managing director, JH Grootendorst, received a gross salary, including holiday allowance, of €86,043. This is well within the remuneration guideline of Goede Doelen Nederland. The managing director did not receive any bonuses, loans, advance payments or guarantees. The 2019 employer's contribution to the pension scheme of the director amounted to €18,366.

The Audit and Risk Committee

The audit and risk committee (ARC) convened twice in 2019. The agenda of the ARC consists of the auditors (interim) report, internal and external evaluations and risk management. The charter of the ARC was evaluated and revised in 2019.

Members of the Board of Directors

Carin Beumer
Chair of the Board

Appointed in 2015
Co-founder and Chair of the Zaluvida Group.

Hans Moison
Treasurer and Secretary

Appointed in 2018
Public accountant, non-executive director, (interim) executive director and advisor.

Guus Eskens
Member

Appointed in 2017
Former CEO at Memisa and CARE Netherlands.
Chair of the VSO Supervisory Board.
Chair Stichting "Drie Straatjes" Rotterdam.

Hans-Georg van Liempd
Member

Appointed in 2016
Managing director at the School of Social and Behavioral Sciences of Tilburg University.
Chair of the Board of the Stichting Zanskar-Stongde.

Koos van der Velden
Member

Appointed in 2013
Former Professor of Public Health at Radboud University Nijmegen Medical Centre.

Hans Grootendorst
Managing Director

Joined in 2008 as Director of Operations.
Appointed as managing director in October 2019.
Former Director Médecins sans Frontières NL.
Member of the Board of the Antares Foundation.

Financial Policy and Financial Results 2019

HealthNet TPO strives to perform programs and projects at least cost-effectively and to maintain sufficient reserves to absorb potential financial setbacks. Projects are mainly carried out on the basis of project-related income. The funds from sponsors and donors that become available for this purpose are specifically intended for these projects. These are one-off income although the projects can have a duration of several years. HealthNet TPO does not specifically focus on obtaining unearmarked public donations. There is only limited publicity and related fundraising through announcements on the website and social media.

Based on the current programs and projects, the board deems a level of reserves of at least 10% of the balance sheet total necessary and 15% of the balance sheet total desirable; in amounts based on the situation at the end of 2019, this amounts to €861,000 and €1,292,000 respectively. The reserves amount to €1,846,954 at the end of 2019 (2018: €313,313).

Both the results and the financial position developed positively in the past financial year. Total income increased by 14.7% to €20,474,340 (2018: €17,851,396). The result for 2019 was €1,533,641, an increase of €1,961,007 (2018: €427,366 negative). As a result of these developments, the reserves increased by 489% to €1,846,954 (2018: €313,313).

HealthNet TPO closed the 2019 financial year with a positive result of €1,533,641, which considerably strengthens the capital position and guarantees the continuity of the organization. A major part of this positive result comprises the benefits in 2019 from ongoing multi-year performance contracts, partially at a fixed fee (lump sum) with a positive margin. HealthNet TPO expects to efficiently meet the targets set. If and insofar as the positive result is not needed to maintain solvency at the required level, HealthNet TPO will use the funds to further strengthen the organization to realize its strategy: restoring and strengthening health care systems in areas disrupted by war or disaster.

Revenues mainly consist of contributions from governments €17,095,364 (83.5%) and contributions from NGOs €3,363,869 (16.4%). Virtually all income is project dependent and therefore one-off. Due to growth in the acquisition of projects, government contributions increased by 25.7% to €17,095,364 (2018: €13,600,766). There was a decrease in projects for NGOs of 20.4% to €3,363,869 (2018: €4,225,722). HealthNet TPO generates a small amount of income from gifts and contribu-tions from individuals and companies, namely €15,107 (2018: €24,908).

The development of the project costs are in line with that of income. These increased by 5.4% to €18,343,110 (2018: €17,406,758). An average higher coverage for general costs in project budgets contributed to the improved result. The direct costs of generating income decreased by 42.3% to €97,466 (2018: €168,864). Due to the reorganization at the Amsterdam office, significant savings were realized on the operational and organizational costs. Costs decreased by 44.4% to €382,809 (2018: €688,315).

The Board of Directors decided to reduce the support office in Amsterdam by 4.8fte, including the positions of Executive Director and Director of Marketing, Communication and Fundraising, which leaves a total of 7.2fte at the end of December 2019. It was painful to say goodbye to valued colleagues but we realized this was necessary to return to a financial situation that will allow us to continue our work into the future.

In 2019, HealthNet TPO spent 89.6% of its revenues on the organisation's direct objectives (budget: 96.5%, 2018: 97.5%). The decrease compared to 2018 and the budget is explained by the increased result added to the reserves.

Expenditures on income generation amounted 0.52% and expenditures on management and administration amounted to 2.03% of total expenditures. Both ratios are lower than budgeted and last year. Expenditures on income generation amounted 0.48% of income raised.

The funds received from sponsors and donors that do not need to be used immediately are placed in bank accounts. HealthNet TPO has no (other) investments. HealthNet TPO does not use financial instruments other than currency swaps to reduce the currency risk.

Communications with our Stakeholders

HealthNet TPO strives for optimal relations with its stakeholders through transparent and accessible output of information and a clear opportunity for stakeholders to contact us.

HealthNet TPO currently operates in the Netherlands, Afghanistan, South Sudan, Burundi and through our partners in Colombia. With our head office in Amsterdam, we achieve good communication with our employees and partners in all our project countries through email, video conferencing and field visits.

We have worked throughout 2019 to maintain a close and constant dialogue with our stakeholders including institutional donors, governments and UN organizations on a global, national and local level. Within our project countries we make use of national and local media (radio, television) to bring our messages across and we work closely together with Ministries of Health. We raise awareness for our programs through online and offline communication.

We have taken efforts over 2019 to connect more closely with public stakeholders and strive for informed and transparent communication with the public, donors and our supporters. Our website is our main source for communicating our vision, mission and projects and is where we provide updates and important news items.

2019 has seen a reinstating of our online social media presence through Facebook, LinkedIn and Twitter. We have seen a steady rise in the number of followers we have all around the world which has been reciprocated in public donations. At the end of the year, we hired a communications officer and have undertaken several media appearances. The first was a short feature on the television program 'Life is Beautiful', followed by advertorials printed in the Dutch newspapers Trouw and Het Financieele Dagblad.

These followed the story of Jeanine who as a survivor of sexual and gender-based violence took steps to improve her life with mental health and psychosocial support and through the village and loans savings association in Burundi. These media presences have aimed to grow our supporter network and our recognition within the Netherlands, whilst the reinstatement of a quarterly newsletter has aimed to keep old and new supporters better connected with HealthNet TPO. The newsletter includes updates from our countries and a new feature: A Voice From the Field; an interview and testimony from a HealthNet TPO worker from one of our project countries.

We ensure the opportunity for stakeholders to reach us with questions, suggestions or complaints, through the website or at info@healthnettpo.org, which are then forwarded to the responsible departments or persons.

Kennis delen, gemeenschappen versterken.

Zoals zoveel vrouwen in Burundi is Jeanine het slachtoffer van seksueel en gendergerelateerd geweld zowel binnen als buiten het gezin.

Ze leed onder dagelijks misbruik van haar man, en ontwikkelde angsten en depressies. Ze kon niet meer werken en zorgen voor haar familie en ze werd geconfronteerd met uitsluiting van haar eigen gemeenschap. Ze zag geen uitweg meer.

Verhalen als die van Jeanine komen zo veel voor in fragiele samenlevingen die nog steeds herstellen van jaren van conflicten en geweld. Misbruik en psychotrauma zijn normaal geworden en er is weinig tot geen zorgverlening zelfs als lokale klinieken basisgezondheidszorg leveren.

Met 27 jaar ervaring helpt HealthNet TPO mensen, zoals Jeanine, om de controle terug te krijgen om hun leven en het leven van de mensen om hen heen weer op te

Door samen te werken met lokale gemeenschappen en overheden proberen wij de gezondheidszorg systemen te versterken om lokale gemeenschappen in staat te stellen duurzame gezondheidszorg te creëren inclusief geestelijke gezondheidszorg. Wij ontwikkelen en voeren effectieve gemeenschapsprogramma's uit voor psychosociale problemen en behoeften, maar ook voor het opbouwen van vertrouwen, veiligheid en stabiliteit binnen de gemeenschap.

Deze aanpak werkt om gemeenschappen sterker te maken. Het bouwt veerkracht op en stelt hen in staat om te herstellen en de kwaliteit van leven te verbeteren.

HealthNet TPO heeft Jeanine opgevangen en haar deel laten nemen aan een community support group waar ze haar ervaringen kon delen en begrip en steun ervaarde van andere slachtoffers van misbruik en geweld. Ze kreeg naast financieel advies ook essentiële psychosociale ondersteuning. Langzaam groeide haar

HEALTHNET TPO

Help ons helpen

Meer weten over onze gezondheids- en geestelijke gezondheidszorg programma's in Zuid Soedan, Burundi, Afghanistan en Colombia en om ons te ondersteunen, bezoek ons op **www.healthnettpo.org**

Our Donors



Our Partners

Relevant Networks

Academic partners

- Department Cultural Anthropology, Utrecht University, The Netherlands
- ASSR, Faculty of Social and Behavioural Sciences, UvA, The Netherlands
- Department Psychological Methods, Faculty of Social and Behavioural Sciences, UvA, The Netherlands
- Department Clinical, Neuro- and Development Psychology, Vrije Universiteit, The Netherlands
- MSF, Amsterdam, The Netherlands
- Stichting ARQ, Amsterdam, The Netherlands
- Department of Public Health and Primary Care, School of Clinical Medicine, University of Cambridge, UK
- University of East London, UK
- Faculty of Health, Education, Medicine, and Social Care, Anglia Ruskin University, UK
- Institute of Psychiatry Psychology and Neuroscience, King's College London, UK
- Centre for Global Mental Health, London School of Hygiene and Tropical Medicine, UK
- School of Nursing & Human Sciences, Dublin City University, Ireland
- Alan J. Flisher Centre for Public Mental Health, University of Cape Town, SA
- Helene F. Health Trust National Institute for EBP in Nursing & Healthcare, Ohio State University, US
- Centre for Global Health, Johns Hopkins University, US
- Harvard Medical School, Harvard, US
- Harvard T.H. Chan School of Public Health Harvard, US
- Department of Social and Behavioural Sciences, Harvard School of Public Health, US
- Addis Ababa University, Ethiopia
- Alan J. Flisher Centre for Public Mental Health, South Africa
- Centre for Global Mental Health
- Makerere University, Uganda

Platforms

- Dutch Coalition Disability and Development (DCDD)
- Mental Health and Psychosocial Support Dutch coalition
- Inter-Agency Standing Committee (IASC), member of the MHPSS Reference Group
- Afghanistan Platform of Ministry of Foreign Affairs
- Burundi Platform of Ministry of Foreign Affairs
- Amsterdam Institute for Global Health and Development (AIGHD)
- Dutch Security Network (DSN)

Risk Management

Risk management and security

HealthNet TPO's works in complex and unpredictable contexts which can lead to serious safety, security threats and risks to our staff.

In all our project countries, we rate and mitigate potential risks to our projects and operations. In the Amsterdam support office, we closely follow these risks and support the individual countries in analyzing and mitigation of the risks.

Operational risks

HealthNet TPO records and monitors safety and security issues. Our field teams, supported by the team in Amsterdam, constantly work on managing our security risks and adapt our operational modalities if, when and where necessary.

Across 2019, we recorded a total of 32 security incidents (28 in Afghanistan, 3 in South Sudan and 1 in Burundi) directly involving or affecting our work. Very regrettably, we lost 4 HealthNet TPO staff members in Afghanistan.

We continue our efforts to train and prepare all staff, in the field and in Amsterdam, to mitigate the safety and security risks effectively, as well as updating all of our safety and security policies and procedures. In 2019, all security plans at country and project levels were updated and revised.

Financial risks

HealthNet TPO is exposed to financial risks: exchange rates losses, liquidity problems, non-compliance with institutional donor regulations, late or incorrect reporting, fraud and conflict of interest, theft and misappropriation of resources and assets. The potential impact of these financial risks is high. Across 2019, there were no significant cases of financial losses and internal control systems functioned adequately.

HealthNet TPO is mostly dependent on the availability of financial contributions from institutional donors; bilateral (i.e. DFID) multilateral (i.e. World Bank) and intergovernmental (i.e. European Commission). We rely on institutional donors (foundations and governments) for project funding. As these tenders are highly competitive, they carry risks for growth and sustainability. Donor priorities may change, HealthNet TPO can be 'out-bid' in an application or fail to meet operational targets. These risks can lead to financial unsustainability.

To mitigate financial risks, we limit the impact of possible economic developments which may influence the availability of funds with these donors by maintaining a diverse and balanced institutional donor portfolio.

Reputational risk

The current climate of accountability coupled with the immediacy of reputational damage, carry risks for all organizations engaged on projects by institutional or government donors. This can include internal and external ethical and legal breaches, moral inconsistancies, fraud and corruption. The risk is a loss of faith in HealthNet TPO's corporate identity, and concomitant loss of donor support.

The following policies and guidelines provide a benchmark for our staff, contractors, sub-grantees and partners, as well as a framework covering all areas of conduct and fraudulent activity.

- Organizational code of conduct.
- Ethics complaint and whistleblowing policy.
- Sexual misconduct policy.
- Sexual exploitation and abuse policy.
- Child safeguarding policy.
- Anti-trafficking policy.
- Anti-corruption policy.
- Terms of Reference for the Ethics Committee and complaints flow chart.

Quality standards and codes

Apart from HealthNet TPO's Code of Conduct, HealthNet TPO has committed itself to: The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief and the Humanitarian Principles: humanity, neutrality, impartiality, and independence.

The Code of Conduct of Goede Doelen Nederland (Charities Netherlands).
HealthNet TPO has been recognized by the Central Bureau of Fundraising (CBF) to comply with the Regulations and Appendices for CBF Recognition for Charitable Organizations, which also covers the SBF Good Governance Code for Charities.

Integrity

With restructuring the head office in 2019 and the development of the Strategy for 2019-2023, a review was undertaken to actualize our policies with regards to integrity. This included adding new policies where they were needed and updating others.

Part of this process included developing the process of how the organization is dealing with complaints. Next to the already existing confidential contact person (CCP) an Ethics Committee was established. Where the CCP is an external professional, the ethics committee is established under the board's responsibility with one male board member and one female external HR professional. The Ethics Committee reviews all received complaints and their handling and reports anonymous to the board.

Our staff are obliged to understand and sign the Code of Conduct of the International Committee of the Red Cross for humanitarian organizations, which stipulates conduct in relationship to delivery of humanitarian aid.

For 2020, the following policies are under process:

- External complaints policy.
- Anti-money laundering and terrorism financing.

Implementation of the integrity policies began with distribution to the head office in Amsterdam and in all country offices. The country offices have organized awareness raising sessions with their staff and are in the process of organizing support from a national CCP. This would lower the threshold for national staff as a national CCP will be more aware of local cultures and circumstances and will speak the local language. This is important as not all HealthNet TPO national staff speaks English. Within HealthNet TPO, the number of expatriate staff is very limited (less than 10 people) compared to more than 2000 national staff.

Posters are under development to be published in all HealthNet TPO offices in national languages to ask attention for integrity and provide contact information.

As the current CCP in the Netherlands has ended her contract, a new CCP will be appointed who is not only available for receiving complaints but will also interact at least twice a year with senior staff and Netherlands based staff on integrity issues and new developments.

Complaints will follow the complaints flow chart as developed with the ToR of the ethics committee. They are either submitted within the hierarchical system of the organization or via the CCP. Complaints should be handled within fixed periods and final reporting in all cases will be towards the ethics committee who will validate the outcome. Leading in the whole process is the person who files the complaint and the protection of his/her rights. In case it is deemed to be a severe case, the CCP or superior can directly refer to the ethics committee who will take over.

HealthNet TPO endeavors to be fully transparent on our policy and actions which are published on our website. Therefore, external clients also have access will be able to file an external complaint if they feel improperly treated. In all complaint cases, HealthNet TPO communicates back to the plaintiff on the outcome.

Following the guidelines of the CBF, HealthNet TPO will report anonymized information on number and nature of complaints, complying with the EU privcy regulations.

Over the year 2019, no complaints have been reported. With clearer and more secure policies in place, we hope to create more openness and trust within the organization, so that it is a safer space for employees to work in. We have learned from these lessons and are able to adapt procedures and fully embrace our duty of care towards our staff and beneficiaries.

Our Corporate Social Responsibility

Sustainability is an important aspect of the day-to-day management at the Amsterdam Support Office. Over the course of 2019 we have taken steps to ensure our sustainability within the office.

- In 2019 we moved to a new office, which is now fully insulated and has double-glazed windows.
- We decrease our use of printed paper, only printing when necessary and printing double-sided.
- We recycle all of our waste paper and plastic.
- We use our energy efficiently. When we leave the office, we switch off all lights, computers and any heating or air conditioning.
- Many of our staff live in Amsterdam and cycle to work, whilst those further afield take public transport, limiting the use of cars.
- We limit how much we travel to our project countries, only for essential travel. This means our staff from the office visit our project countries only once or twice a year. We keep in good contact with our staff through video conferencing.
- Happy Greener is our cleaning company. They use only ecological cleaning products that are environmentally friendly and 100% natural.

HappyGreener.com

In Memoriam

On 23rd June 2019, our beloved colleague France Broillet passed away after a long period of illness. France is dearly missed by all her colleagues in the field projects and at the head office in Amsterdam.

Outlook 2020

At the time of writing of this annual report, the world is in the midst of the COVID-19 crisis. HealthNet TPO is involved through its programs, in preventive activities (training, information and the distribution of protective equipment) and the direct care for patients. Although it is impossible at this moment to indicate the exact impact the COVID-19 crisis will have on our organization, it is not expected that this will lead to a decrease in project activities nor in access to our project locations.

In 2020, we continue along the road we have embarked on in 2019: thanks to the decreased overhead costs at the Amsterdam support Office, we aim for a positive result. The total 2020 turnover is expected to be €21.5 million, an increase compared to 2019, of €1.0 million. The project turnover is budgeted in 2020 at €20.2 million and the IC (AKV) at €1.3 million. €17.7 million (87%) of the budgeted project turnover for 2020 is already in signed contracts and €1.4 million (7%) in already approved but not yet signed to contracts. To reach the remaining €1.1 million project turnover (6%), only 1 or 2 of these foreseen projects need to become a contract.

In 2020, a considerable part of our time, efforts and capacity at the Amsterdam support office is allocated to the development of proposals for the recent issued Policy Framework for Strengthening Civil Society by the Dutch Ministry of Foreign Affairs. We will be partner in 2 calls for proposals in "Women, Peace and Security" in Colombia and South Sudan. Funds from the Dutch Ministry of Foreign Affairs are for a period of 5 years (2021-2025).

Following the decision by the Board in October 2019 to approve further investment in the updating of our financial and administrative systems, we will implement new financial software throughout the organization (field and Amsterdam support office). The aim is to have the new system up and running before the end of December 2020. Next to the mitigation of the risk, and the fact that the present financial software is outdated, the new software will include more functionalities, such as procurement, and will be rolled out in Burundi and South Sudan.

In 2020, we continue to work with the National Postcode Lottery in preparation for the submission of a proposal to become a fixed beneficiary for the upcoming 5 years. This proposal will have to be submitted by the 15th September 2020.

Amsterdam 27 July 2020

Board of Directors

Carin Beumer

Koos van der Velden

Hans Moison

Hans-Georg van Liempd

Guus Eskens

Financial Statements

Statement of income and expenditure

(In euros)	Actual 2019	Budget 2019	Actual 2018
Income			
Income from individuals	9,691	12,000	8,303
Income from companies	5,416	12,562	16,605
Subsidies from government grants	17,095,364	15,000,000	13,600,766
Income from non-profit organizations	3,363,869	5,320,000	4,225,722
Total income	**20,474,340**	**20,344,562**	**17,851,396**
Expenditure on objectives			
Reconstruction and development	18,305,062	19,573,748	17,352,657
Awareness raising and public information	38,048	50,000	54,111
	18,343,110	**19,623,748**	**17,406,768**
Expenditure income generation			
Own fundraising efforts	47,348	25,000	73,690
Securing government subsidies	50,117	95,000	95,174
	97,466	**120,000**	**168,864**
Expenditure management and administration	382,809	550,000	688,315
Total expenditures	**18,823,385**	**20,293,748**	**18,263,947**
Financial income and expenditures	(117,315)	-	(14,816)
Result	**1,533,641**	**50,814**	**(427,366)**
Allocation of the result			
Continuity reserve	1,533,641	50,814	(427,366)
	1,533,641	**50,814**	**(427,366)**
Percentage expenditure on objectives vs total income	89.6%	96.5%	97.5%
Percentage expenditure on objectives vs total expenditure	97.4%	96.7%	95.3%

Statement of financial position

(In euros)	December 31, 2019	December 31, 2018
Tangible fixed assets	6,983	3,342
Receivables and accrued income		
Work In progress	3,142,045	2,372,210
Receivables	1,344,840	91,878
Cash and banks	4,117,891	3,516,385
Total assets	**8,611,759**	**5,983,816**
Reserves	1,846,954	313,313
Provisions	288,570	656,194
Short-term liabilities		
Project balances	4,996,045	2,220,198
Other short-term liabilities	1,480,190	2,794,112
Total reserves and liabilities	**8,611,759**	**5,983,816**

Statement of cash flow

(in euros)	2019			2018		
	Project countries	Netherlands	Total	Project countries	Netherlands	Total
Balance on 1 January	**2,438,941**	**1,077,444**	**3,516,385**	**3,782,760**	**1,079,406**	**4,862,166**
Donor instalments current projects	13,929,774	8,535,127	22,464,901	9,424,192	7,392,320	16,816,512
Repaid unspent subsidies to donor	(154,972)	-	(154,972)	-	-	-
Donations	-	9,691	9,691	67	8,236	8,303
Other income	31,442	12,234	43,676	140,611		140,611
	13,806,244	**8,557,052**	**22,363,296**	**9,564,870 0**	**7,400,556**	**16,965,426**
Transfers to the project countries	4,179,733	(4,179,733)	-	3,233,849	(3,233,849)	0
Expenditures on objectives in the field offices	(17,436,447)		(17,436,447)	(14,142,538)		(14,142,538)
Project expenses paid from the Netherlands		(3,093,052)	(3,093,052)	0	(2,649,333)	(2,649,333)
Expenditure on overhead in the Netherlands		(1,232,292)	(1,232,292)	-	(1,519,337)	(1,519,337)
Balance on 31 December	**2,988,471**	**1,129,419**	**4,117,891**	**2,438,941**	**1,077,444**	**3,516,384**

Notes to the financial statements

Accounting Principles

General

The annual report is prepared in accordance with the 'Guideline 650 for Fundraising Institutions'. The purpose of this guideline is to provide users of the financial statements good insight into the activities of the entity and the results thereof, by means of a clear and transparent representation of the acquisition and the use of resources, reserves and funds. The financial year coincides with the calendar year. Unless stated otherwise, items in the balance sheet are shown at nominal value and income and expenditures are allocated to the relevant year. Purchase of assets or stock (e.g. vehicles or medicines) in the program countries for projects are recognized on a cash basis.

Going concern basis

The financial statements have been prepared on the basis of going concern

Foreign currencies

Transactions denominated in foreign currencies are translated into Euros at the monthly exchange rate of the European Central Bank (ECB) prevailing on the transaction date. At the end of the financial year, all assets and liabilities in foreign currencies are translated into Euros at the exchange rate of the ECB on the balance sheet date. The resulting exchange rate gains/losses are included in the statement of income and expenditure.

Allocation of organizational cost

The administrative cost of own fundraising efforts, securing government subsidies, awareness raising and public information, and those of reconstruction and development, are calculated based upon the cost of the fulltime employees at the head office directly employed for these activities. The other, non-direct staff costs are allocated in proportion to these direct costs. Depreciation cost and interest expenses have been included.

Expenditure management and administration

This represents expenditures on managing the organization. These costs are calculated based on the guidance of the RJ650. Included are the direct costs of the human resources and administration departments and 50% of the director's office. The costs of the operational department are considered to be administrative expenses for 20%. Other costs are allocated on a pro rata basis based on the allocation of the direct costs.

Tangible fixed assets

The tangible fixed assets are stated at cost less depreciation. Depreciation is calculated at fixed percentages based upon the useful life. The following rates of depreciation are used:

Office furniture	14.3% per annum
Office equipment	20.0% per annum
Computer hardware	33.3% per annum

Receivables

Receivables are shown at face value. If necessary, a provision for bad and doubtful debts is deducted.

Provisions

The provisions are valued on the basis of the most recent information and probable expectation of possible future costs.

Work in progress and project balance

The project balance is presented according to the work in progress method. The balance for each project is determined based on project expenditures and received or to be received instalments and reimbursments up to balance sheet date. In determining the realized project income, losses due to budget overruns, ineligible costs or unsecured co-funding obligations are taken into acccount. The fee for the project is, where applicable, allocated to the result in proportion to time or in proportion to the services rendered. This takes into account the verification of the services provided by the donor and any issues under discussion. On this basis, also the expected contributions not yet verified are recognised in the result. HealthNet TPO has concluded some multi-year performance contracts, partially at a fixed fee (lump sum) with a positive margin. A positive result on these projects can be realized if the realized costs are lower than the compensation received and a negative result if the compensation turns out to be lower than the costs for the services to be provided. A positive result on a fixed fee (lump sum) type of contract is freely disposable and can be added to the reserves

Statement of cash flow

The cash flow statement is prepared using the direct method.

Notes to the statement of income and expenditure

The result for 2019 has increased sharply compared to previous years due to other types of project contracts. A large part of the 2019 income consist of the income from ongoing multi-year performance contracts, partially at a fixed fee (lump sum) with a positive margin.

Income

(In euros)	Actual 2019	Budget 2019	Actual 2018
Income from individuals			
Private donations	9,691	12,000	8,303
	9,691	**12,000**	**8,303**
Income from companies			
Google AdWords	5,416	12,562	8,782
Local project income	-		7,823
	5,416	**12,562**	**16,605**

(In euros)	Actual 2019	Budget 2019	Actual 2018
Subsidies from government grants			
Afghan Ministry of Health	9,600,821	9,450,000	6,689,228
Dutch Ministry of Foreign Affairs	376,357	400,000	489,107
European Commission	898,587	1,525,000	711,167
Health Pooled Fund	3,586,761	3,025,000	4,682,372
Other governments	328,501	-	344,669
Coverage for organizational cost	2,304,337	600,000	684,222
	17,095,364	**15,000,000**	**13,600,766**
Income from non-profit organizations			
Gavi	890,843	990,000	625,698
Global Fund	204,471	1,520,000	466,991
United Nations organizations	1,761,074	1,880,000	1,428,825
WHO	-	-	141,531
World Bank	288,210	550,000	1,284,253
War Child	-	-	19,884
Coverage for organizational cost	219,271	380,000	258,539
	3,363,869	**5,320,000**	**4,225,722**

The income of HealthNet TPO consist of subsidies from governments and non-governmental organizations. In general, this concerns one-off multi-year projects. Subsidies that the donor allocated depending on project costs are accounted for in the year that the subsidized expenditure took place. In this context, the expenditures by alliance partners, where HealthNet TPO is lead agency, is equal to the amounts paid to these partners. Differences in allocated and actual income from subsidies are accounted for in the statement of income and expenditure in the year in which these differences can be reliably estimated.

Expenditures on objectives

Expenditures	Reconstruction and development	Awareness raising and public information	Total expenditure on objectives	Own fundraising efforts	Securing government subsidies	Management & Administration	Actual 2019	Budget 2019	Actual 2018
Average number FTEs	4.3	0.2	4.5	0.3	0.6	3.7	9.1	10.1	14.7
Personnel costs	266,220	21,953	288,173	30,646	52,425	401,573	772,818	673,254	1,384,651
Accommodation costs	7,207	337	7,544	470	974	6,291	15,279	41,434	83,533
Office and general costs	40,536	2,124	42,659	2,965	8,952	78,812	133,389	134,965	197,834
Depreciation and interest	1,386	65	1,450	90	187	1,209	2,938	4,000	2,884
	315,349	24,478	339,827	34,171	62,539	487,885	924,423	853,653	1,668,903
Recovered organizational cost	(82,185)	-	(82,185)	-	(12,422)	(105,076)	(199,683)	(314,034)	(263,860)
	233,164	24,478	257,642	34,171	50,117	382,809	724,740	539,619	1,405,043
Subsidies and contribution	18,141,066	13,570	18,154,636	13,177	-	-	18,167,813	19,754,129	16,991,692
Local income	(69,168)		(69,168)				(69,168)		(132,787)
Total allocation	18,305,062	38,048	18,343,110	47,348	50,117	382,809	18,823,385	20,293,748	18,263,948
percentage of expenditures on objectives				*0.3%*	*0.3%*	*2.1%*			

Note: Coverage of indirect cost	2,523,606	1,037,666	942,761
In % of total organizational cost (incl. Subsidies and contribution for Management and Administration)	*267%*	*211%*	*65%*

The expenditures on objectives are divided into expenditure on reconstruction and development, and awareness raising and public information. The policy of HealthNet TPO is to spend at least 90% of the total expenditures directly on the objectives. In 2019, 97.4% (€ 18.3 mln) of total expenditures (€18.8 mln) was directly spent on the objectives. Almost all (97.2%) was for reconstruction and development. It is the policy of HealthNet TPO to work with our own staff in the field as often as possible. Therefore, salary costs are the main part of the reconstruction and development costs. Medical goods form another large part of the expenditures.

Expenditure on objectives per region

	Budget 2019	Actual 2019	Actual 2018
Asia	67%	71%	65%
Africa	32%	28%	34%
Other	1%	1%	1%

Expenditures reconstruction and development per country.

(In euros)	Afghani-stan		Burundi		South Sudan		Other Countries		Total 2019		Budget 2019		Actuals 2018	
Actuals 2019														
Expat staff	23,696	0%	33,124	4%	389,277	10%	10,558	5%	456,656	3%	541,218	3%	477,279	3%
HQ staff	100,260	1%	9,450	1%	21,240	1%	68,733	32%	199,683	1%	314,034	2%	254,680	2%
Local staff	7,870,444	61%	207,055	24%	2,074,722	51%	-	0%	10,152,221	56%	8,812,868	46%	7,330,793	43%
Field office cost	1,126,773	9%	43,998	5%	349,649	9%	54	0%	1,520,473	8%	2,233,224	12%	1,969,393	12%
Transportation	658,635	5%	50,512	6%	321,984	8%	4,418	2%	1,035,549	6%	1,331,034	7%	1,173,787	7%
Training and education	591,922	5%	123,893	14%	67,685	2%	750	0%	784,251	4%	1,116,428	6%	984,534	6%
Medical and other goods	2,506,486	19%	-	0%	98,750	2%	-	0%	2,605,236	14%	2,903,141	15%	3,001,097	18%
Consultancy	2,711	0%	17,566	2%	20,990	1%	19,213	9%	60,480	0%	119,815	1%	105,661	1%
Local partners	-	0%	388,419	44%	732,087	18%	108,638	51%	1,229,144	7%	1,878,719	10%	1,656,769	10%
	12,880,927		874,018		4,076,384		212,364		**18,043,693**		**19,250,481**		**16,953,991**	
Local income	(10,725)		-		(57,301)		(1,142)		(69,168)		-		(132,787)	
Total expenditures	12,870,202		874,018		4,019,082		211,223		**17,974,525**		**19,250,481**		**16,821,204**	
Allocated organizational costs									233,164		275,000		520,236	
Post project results									97,373		48,267		11,217	
									18,305,062		**19,573,748**		**17,352,657**	

Cost awareness raising and public information.

(In euro)	Actuals 2019	Budget 2019	Actuals 2018
Website	7,712	9,000	10,963
Seminar	713		-
Other activities	5,145	1,000	862
	13,570	***10,000***	***11,825***
Allocated organizational costs	24,478	40,000	42,286
	38,048	**50,000**	**54,111**

Expenditure income generation

Own fundraising efforts

(In euro)	Actuals 2019	Budget 2019	Actuals 2018
Advertisement	4,175	2,500	1,863
Other fundraising cost	9,002	2,500	12,796
	13,177	**5,000**	***14,659***
Allocated organizational costs	34,171	20,000	59,031
	47,348	**25,000**	**73,690**

The costs for securing government subsidies consist entirely of allocated organizational cost. Within HealthNet TPO, 0.6 FTE was engaged in securing government subsidies.

Expenditures management and administration

(In euro)	Actuals 2019	Budget 2019	Actuals 2018
Salary cost			
Gross salaries	556,463	491,233	1,038,562
Social security	88,745	76,782	133,951
Pension	102,816	84,420	164,552
Other personnel costs	24,794	20,819	47,586
Total salary cost	**772,818**	**673,254**	**1,384,651**
Average number of FTE's	9.1	10.1	1.7
Accommodation cost			
Rent	21,298	29,200	33,569
Service charges and move	-10,172	3,240	43,245
Office maintenance	4,153	8,994	6,719
Total accommodation cost	**15,279**	**41,434**	**83,533**
Office and General cost			
Automation and telecom	18,569	26,660	22,474
Office cost	6,825	6,600	6,911
Insurance	4,592	7,155	1,488
Bank charges	1,702	1,250	1,774
Consultancy	18,627	20,500	91,272
Audit fees	69,993	50,000	58,061
Other general cost	13,082	22,800	15,854
Total office and general cost	**133,389**	**134,965**	**197,835**
Depreciation and interest			
Depreciation	3,050	4,000	2,884
Interest expense	-112	0	0
Total depreciation and interest	**2,938**	**4,000**	**2,884**
Total organization cost head office	**924,423**	**853,653**	**1,668,903**

The expenditures for management and administration consist entirely of allocated organizational cost. Staff of the departments finance, operational support, technical support and the director spend a percentage of their time on management and administration. The average number of FTE's assigned for management and administration decreased in 2019 to 3.7 FTE.

The total of the Amsterdam head office cost (€924,423) is split up into the categories: personnel cost, accommodation cost, office and general cost, and depreciation and interest. The below table shows more details of these cost.

The salary costs in 2019 are less than in 2018 but above budget because of some higher than expected reorganization cost. The final settlement of the service costs of a former office turned out to be lower than anticipated. The provision made for this could be released, resulting in a total negative service costs for 2019.

Because HR activities are no longer taken care of by an external consultant, the total 2019 consultancy costs are much lower than in 2019. Due to final settlement invoices for the annual audits in 2017 and 2018 amounting to €13,612 the audit fees are higher than budgeted.

Board and director remuneration

The board members are not employed by the organization. Board members and former board members do not (nor did) receive any remuneration during the financial year. No loans or advances were granted, and no guarantees were issued to the board members. The board has determined the remuneration policy, the height of the executive benefits and the amount of remuneration components. The remuneration policy is updated periodically.

As per April 30, 2019, Marc Tijhuis left our organization and Hans Grootendorst, who was already working for us as Operations Director, has taken over his position as managing director as of February 1, 2019. HealthNet TPO has no bonuses, no year-end bonuses nor gratuities. Expenses are refunded on a claim basis.

2019 in euro		
Name	Marc Tijhuis	Hans Grootendorst
Function	Managing Director	Managing Director
Contract	indefinite	indefinite
Hours per week	40	40
Part-time percentage	100%	100%
Period	01/01-30/04	01/02-31/12
Gross wage/salary	30,400	78,758
Holiday allowance	7,095	7,285
Holidays	5,087	
	42,582	**86,043**
Pension	5,675	18,366
Payment for termination of employment	30,400	-
Total	**78,657**	**104,409**

2018 in euro	
Name	Marc Tijhuis
Function	Director
Contract	indefinite
Hours per week	40
Part-time percentage	100%
Period	01/01-31/12
Gross wage/salary	91,200
Holiday allowance	7,296
Holidays	-
	98,496
Pension	17,080
Payment for termination of employment	-
Total	**115,576**

Staff overview

	Budget 2019	Actual 2019	Actual 2018
Staff at Amsterdam office			
1 January	12.3	12.3	18.3
31 December	7.0	7.2	12.3
Number of volunteers during the year	-	-	1
Average number of staff at headquarters	9.6	9.0	14.7
Personnel cost per FTE at headquarters (euro)	70,222	86,108	90,520
Other cost per FTE at headquarters (euro)	18,816	16,892	19,337
Hourly rate staff Amsterdam office (budget only, euro)	90.00	90.00	90.00
Field staff per 31 December			
Afghanistan - Local staff	2,244.0	2,050.0	1,450.0
Afghanistan - Expat staff	3.0	4.0	4.0
Burundi - Local staff	19.0	15.3	16.0
Burundi - Expat staff	2	1.0	-
South Sudan - Local staff	35.0	40.7	31.8
South Sudan - Expat staff	4.0	5.0	5.0
Total field staff	**2,307.0**	**2,116.0**	**1,507.8**

Financial income and expenditure

(In euros)	Actuals 2019	Budget 2019	Actuals 2018
Exchange rate gains/(losses) Amsterdam office	6,311	-	16,635
Exchange rate results project countries	(123,626)	-	(31,451)
Total other results	**(117,315)**	**-**	**(14,816)**

Budget 2020

(In euros)	Budget 2020	Actual 2019
Income		
Income from individuals	15,000	9,691
Income from companies	11,592	5,416
Subsidies from government grants	17,000,000	17,095,364
Income from non-profit organizations	4,465,000	3,363,869
Total income	**21,491,592**	**20,474,340**
Expenditure on objectives		
Reconstruction and development	20,736,540	18,305,062
Awareness raising and public information	45,000	38,048
	20,781,540	**18,343,110**
Expenditure income generation		
Own fundraising efforts	45,000	47,348
Securing government subsidies	50,000	50,117
	95,000	**97,466**
Expenditure management and administration	420,000	382,809
Total expenditures	**21,296,540**	**18,823,385**
Financial income and expenditures	-	(117,315)
Result	**195,052**	**1,533,641**

Percentage expenditure on objectives vs total income	96.7%	89.6%
Percentage expenditure on objectives vs total expenditure	97.6%	97.4%

Notes to the statement of financial position

Tangible fixed assets

(In euros)	Furniture	Office machines	Computers	Total
Purchase value				
Balance on 1 January	22,341	1,264	52,711	76,315
Investments 2019	-	-	6,690	6,690
Divestments 2019	(3,570)		(18,867)	(22,437)
	18,771	**1,264**	**40,534**	**60,568**
Depreciation				
Balance on 1 January	22,341	1,248	49,384	72,973
Depreciation 2019	(0)	-	3,049	3,049
Divestments 2019	(3,570)	-	(18,867)	(22,437)
	18,771	**1,248**	**33,566**	**53,585**
Balance 31 December	**0**	**15**	**6,968**	**6,983**

Receivables

(In euros)	Actual 2019	Actual 2018
Debtors	2,751	6,899
Prepaid expenses	39,861	32,609
Prepayments to subcontractors	1,270,936	9,303
Accrued assets	31,292	43,067
Total receivables	**1,344,840**	**91,878**

Pre-paid expenses include the deposits and pre-paid expenses at the Amsterdam and in the field offices.

Prepayments to sub-contractors: For a number of projects HealthNet TPO cooperates with sub-contractors. Some of the sub-contractors are pre-financed by HealthNet TPO. Because no unconditional commitments have been made, we book and charge the expenses of sub-contractors only when the sub-contractor reports the actual expenses. When HealthNet TPO is not pre-financing the sub-contractors, the sub-contractors are reimbursed afterwards. The commitment is presented as short-term liability.

Accrued assets: This includes the balance of advances that are given to HealthNet TPO staff to carry out activities in the field. HealthNet TPO carries out projects in areas where the (financial) infrastructure is sometimes lacking. To be able to do all the activities in these areas, cash advances are occasionally given to HealthNet TPO staff. These advances are accounted for within one month.

Cash and bank

(In euros)	Actual 2019	Actual 2018
Cash at bank and in hand in Amsterdam	1,129,419	1,077,444
Cash at bank and in hand in project countries	2,988,471	2,438,941
Total cash and bank	**4,117,891**	**3,516,385**

Reserves

(In euros)	Actual 2019	Actual 2018
Continuity reserve		
Balance 1 January	313,313	740,679
Result current year	1,533,641	(427,366)
Total continuity reserve	**1,846,954**	**313,313**
Total reserves		
Balance 1 January	313,313	740,679
Result current year	1,533,641	(427,366)
Total reserves	**1,846,954**	**313,313**

The organization currently only has a continuity reserve. All reserves will be used for its objectives. Based on the current programs and projects, the board deems a level of reserves of at least 10% of the balance sheet total necessary and 15% of the balance sheet total desirable; in amounts based on the situation at the end of 2019, this amounts to € 861,000 and €1,292,000 respectively.

The reserve increased sharply in 2019 due to the high positive result for 2019. For an explanation of the reasons for this, we refer to the notes to the statement of income and expenditure. The level of reserve has amply achieved the board's objective. The board will consider the future allocation of the reserve.

Provisions

(In euros)	Actual 2019	Actual 2018
Balance 1 January	656,194	742,440
Allocation	348,216	438,200
Withdraw al	(715,840)	(438,272)
Release	-	(86,174)
Total provisions	**288,570**	**656,194**
post project provision	62,476	179,756
social securities	203,344	453,688
court cases Burundi	22,750	22,750
Total provisions	**288,570**	**656,194**

(In euros)	post project provision	social securities	court cases
Balance 1 January 2019	179,756	453,688	22,750
Allocation	48,339	299,877	-
Withdraw al	(165,619)	(550,221)	-
Release	-	-	-
Balance 31 December 2019	**62,476**	**203,344**	**22,750**

HealthNet TPO's projects are regularly audited by donors after completion and after the financial report has been submitted. These project audits can take place until five years after a project has been completed. Based on the outcome of the past project audits, it was decided to constitute a provision. Every year 0.25% of the yearly income out of government subsidies is added to this provision. For two USAID projects from 2014, a claim from the Afghan Ministry of Health was settled for USD 175,000. Part of this cost was for sub-contractors we worked with. The net loss for HealthNet TPO amounted to Euro 90,502. Two years ago, an audit for two EC projects from 2013 in Afghanistan was executed. After long-lasting discussions about ineligible cost, we had to refund Euro 75,017 to the EC, much less than the original claim. In some of our project countries social security contributions are not paid to the government but directly to the employees at the end of their employment period. Because of the nature of these obligations, it was decided to record these long-term obligations as of 2016 as a provision instead of short-term liabilities.

Work in progress and project balances

(in euros)	Actual 2019	Actual 2018
Balance on 1 January	152,016	(1,007,737)
Received subsidies	(22,303,221)	(16,716,955)
Subsidies spent	20,297,207	17,876,707
Total project balance	**(1,853,998)**	**152,016**

	2019		2018	
(In euros)	To be received from donor	Unspent project subsidies	To be received from donor	Unspent project subsidies
Achmea	0	(3,366)	0	(3,366)
Afghan Ministry of Health	1,628,400	(593,877)	225,899	(686,581)
Dutch Ministry of Foreign Affairs	26,329	(120,413)	257,397	(437,584)
European Commission	0	(3,492,676)	0	(0)
GAVI	0	(93,773)	352,570	(709,163)
Global Fund	4,299	(0)	268,081	(36,606)
United Nations organizations	342,019	(653,490)	470,894	(251,761)
World Bank	77,395	(0)	31,361	(0)
Health Pooled Fund	825,372	(0)	758,158	(0)
Other donors	238,231	(38,448)	7,850	(95,134)
	3,142,045	**(4,996,043)**	**2,372,210**	**(2,220,195)**
Total project balance	**-1,853,999**		**152,015**	

The table above includes the balance of all projects in progress. This balance is determined based on project expenditures and received instalments and reimbursements up to the balance sheet date and realized income, based on the progress of projects. In the case of a performance contract, turnover is determined by the value of the performance delivered in the relevant reporting period. In determining the realized project income and losses due to budget overruns, ineligible costs or unsecured co-funding obligations are taken into account.

Based on the project progress and received instalments, HealthNet TPO can have a receivable from or a payable to a donor. In the specification project balance per donor, the individual position for each donor is explained.

Other short-term liabilities

(In euros)	Actual 2019	Actual 2018
Creditors	24,539	42,942
Payable to project partners	145,326	995,435
Payable to donors	-	54,709
Invoices to be received	52,206	121,552
Provision holiday allowance and holiday hours	73,662	95,863
Accrued personnel costs headquarters	396	64,643
Accrued tax and social security headquarters	20,560	31,448
Accrued personnel costs in project countries	80,162	178,368
Accrued social security project countries	41,864	22,444
Accrued subcontractors	98,742	19,492
Accrued other cost in project countries	942,732	1,167,216
Total short-term liabilities	**1,480,189**	**2,794,111**

Accrued personnel costs headquarter includes the salary and insurance commitments for staff at headquarters per December 31st, 2019. Accrued tax and social security headquarter includes the tax and social security payables per December 31st 2019, for the staff at the Amsterdam office. Accrued personnel cost in project countries includes the salary and tax commitments for staff at field offices per December 31st 2019 in Afghanistan, Burundi and South Sudan. Accrued social security project countries includes reservations for paying social security and 'end of contract payments' in Burundi. Accrued sub-contractors are commitments to local partners for the services they have provided, mainly in Afghanistan. Accrued other cost in project countries includes all, non-salary related, project commitments in the project countries. These commitments include received invoices and commitments for medicine, constructions of health facilities, fuel and other contracts.

Off-balance sheet rights and obligations

At the beginning of 2018, the rental agreement for the office in Lizzy Ansinghstraat was terminated. This agreement ran from January 16th 2012 until January 15th 2019. We moved to an office in the Singel in Amsterdam that we could use for 11 months. In October 2019, we moved to our current office in Czaar Peterstraat in Amsterdam. The rental agreement for this office runs from October 15th, 2019 until October 14th, 2024. The yearly rental cost amounts to €25,800.

When moving to the temporary office in the Singel we adapted the lease contract with Canon Business Centre. Instead of 3 printers we only have one now. Starting December 2018, the new contract runs for 3 years with €1,433 expenditures per 3 months.

For an EU project in Burundi, HealthNet TPO is the lead organization and contract holder in a consortium with 4 partners. HNTPO is responsible for the implementation and management of the program. Therefore, partner contracts have been signed with the 3 partners in which the roles and responsibilities have been defined based on the contract with the EU. Out of the total amount of €9,325,425, 95% will be funded and 5% will be contributed by the lead organization and its partners as contractually agreed. Funds to partners are disbursed under the condition of approval of quarterly reporting and provided 6 monthly forecast. And only in case the EU has made the funds available to the lead organization. Annual audits will include all partners and eventual subcontracted organizations. The project started in June 2019 and has a duration of 3 years.

The total partner budgets and 2019 expenditures are as follows.
Partner GVC: 3 year budget €2,931,978 and 2019 expenditures €259,586.
Partner MM: 3 year budget €1,518,895 and 2019 expenditures €25,147.
Partner PI: 3 year budget €1,513,474-and 2019 expenditures €120,603.

Amsterdam 27 July 2020

Board of Directors

Carin Beumer

Koos van der Velden

Hans-Georg van Liempd

Guus Eskens

Hans Moison

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INDEPENDENT AUDITOR'S REPORT

To: the Management Board of Stichting Health Works in Amsterdam,
The Netherlands.

A. Report on the audit of the financial statements 2019 included in the annual report

Our opinion
We have audited the financial statements 2019 of Stichting Health Works based in Amsterdam, The Netherlands.

In our opinion the accompanying financial statements give a true and fair view of the financial position of Stichting Health Works as at 31 December 2019 and of its result for 2019 in accordance with the Guidelines for annual reporting 650 "Fundraising Organisations" of the Dutch Accounting Standards Board.

The financial statements comprise:
1. the balance sheet as at 31 December 2019;
2. the statement of income and expenditure for 2019; and
3. the notes comprising a summary of the accounting policies and other explanatory information.

Basis for our opinion
We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing. Our responsibilities under those standards are further described in the 'Our responsibilities for the audit of the financial statements' section of our report.

We are independent of Stichting Health Works in accordance with the Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Netherlands. Furthermore we have complied with the Verordening gedrags- en beroepsregels accountants (VGBA, Dutch Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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B. Report on the other information included in the annual report

In addition to the financial statements and our auditor's report thereon, the annual report contains other information that consists of the management board's report.

Based on the following procedures performed, we conclude that the other information is consistent with the financial statements and does not contain material misstatements.

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements of the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

Management is responsible for the preparation of the other information, including the management board's report, in accordance with the Guidelines for annual reporting 650 "Fundraising Organisations" of the Dutch Accounting Standards Board.

C. Description of responsibilities regarding the financial statements

Responsibilities of management for the financial statements
Management is responsible for the preparation and fair presentation of the financial statements, in accordance with the Guidelines for annual reporting 650 "Fundraising Organisations" of the Dutch Accounting Standards Board. Furthermore, management is responsible for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, management is responsible for assessing the organization's ability to continue as a going concern. Based on the financial reporting framework mentioned, management should prepare the financial statements using the going concern basis of accounting unless management either intends to dissolve the foundation or to cease operations, or has no realistic alternative but to do so.

Management should disclose events and circumstances that may cast significant doubt on the organization's ability to continue as a going concern in the financial statements.

Our responsibilities for the audit of the financial statements
Our objective is to plan and perform the audit assignment in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

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Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

We have exercised professional judgement and have maintained professional scepticism throughout the audit, in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements.

Our audit included e.g.:
- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining 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;
- obtaining 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 purpose of expressing an opinion on the effectiveness of the organization's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management;
- concluding on the appropriateness of management's 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 organization'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 an organization to cease to continue as a going concern;
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating 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 findings in internal control that we identify during our audit.

Amsterdam, 28 July 2020

Dubois & Co. Registeraccountants

ValidSigned door G. Visser RA
op 28-07-2020

G. Visser RA

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