



HEALTHNET TPO
annual
report
2022

restoring
health
rebuilding
communities

annual report 2022



HEALTHNET TPO

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On the cover: Women from the Kamëntsa Biya and Nasa indigenous communities share their experiences with health, gender-based violence and the impact of discrimination on mental health during a self-care session in Colombia. (Photo: Dahian Cifuentes).



acronyms and abbreviations

ADB	Asian Development Bank
ARC	Audit and Risk Committee
BHWs	Boma Health Workers
BUZA	Ministerie van Buitenlandse Zaken (Dutch Ministry of Foreign Affairs)
CBF	Central Bureau of Fundraising
CCP	Confidential Contact Person
CODACOP	Corporación de Apoyo a Comunidades Populares
COVID-19	Corona Virus Disease 2019
DFA	De Facto Authorities
EC	European Commission
EU	European Union
FHF	Fred Hollows Foundation
HPF	Health Pooled Fund
IASC	Inter-Agency Standing Committee
ICCO	Interchurch Coordination Committee Development Aid
IDP	Internally Displaced Person
IHO	Impact Health Organisation
(I)NGO	International Non-Governmental Organisation
LIMPAL	Liga Internacional de Mujeres por la Paz y la Libertad
MD	Medical Doctor
MHPSS	Mental Health and Psychosocial Support
MoFA	Dutch Ministry of Foreign Affairs
MoPH	Ministry of Public Health
MSF	Médecins Sans Frontières
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
PFP	Psychosocial Focal Point
PMEAL	Planning, Monitoring, Evaluation, Accountability and Learning
RMM	Resource Mapping and Mobilisation
RMNCAH	Reproductive Maternal, Newborn, Child and Adolescent Health Services
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender-Based Violence
SRHR	Sexual and Reproductive Health Rights
TB	Tuberculosis
TPO	Transcultural Psychosocial Organisation
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Fund
UNOCHA	The United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development

10

Thirty years of Healthnet TPO
An overview of accomplishments of thirty years of HealthNet TPO



14

How do we improve health?
Our Mobile Health Teams in Afghanistan are one of the ways we provide health services for people in hard-to-reach locations.

MHPSS & Peacebuilding
Our MHPSS interventions help individuals and communities cope with the effects of conflict, rebuild social networks and promote peaceful co-existence.

24



contents

Acronyms and abbreviations..... 2
Foreword..... 4

REPORT OF THE BOARD

Our mission..... 5
Our programmes 6

IN FOCUS

Thirty years of HNTPO..... 10
Keeping hospitals open in Afghanistan 12

OUR IMPACT

How do we improve health?..... 14
How do we improve mental health and psychosocial wellbeing? 24
How do we respond to emergencies?..... 32

OUR ORGANISATION, POLICIES AND FINANCIAL RESULTS

Our people 36
Governance..... 38
Risk management 40
Financial policy and results 42
Integrity and social responsibility 43

How we reach out 44
Outlook 2023..... 46
Our donors, partners and networks..... 48

FINANCIAL STATEMENTS

Statement of income and expenditure 51
Statement of financial position 51
Statement of cash flow 52
Notes to the financial statements..... 53

INDEPENDENT AUDITOR'S REPORT ... 68

foreword



“I have been continually humbled by the incredible work carried out by our staff in the most challenging and hostile environments.”

2022, a year of resilience and growth

2022 was a significant year for HealthNet TPO as we celebrated the organisation's 30th Anniversary. Since 1992, millions of people across 45 countries have been enabled to improve their health and wellbeing through our work. This milestone offered the opportunity to reflect on our achievements and impact over thirty years in the fields of public health, mental health and psychosocial support (MHPSS), and emergency health response. HealthNet TPO remains committed to these areas, more so than ever, as the need for these critical services are urgent and increasing.

Our ongoing dedication to MHPSS saw growth in this field in 2022, through new projects, speaking engagements at key conferences and increased presence of our MHPSS experts on the global stage.

2022 was also a year of resilience and growth for HealthNet TPO. The deteriorating situation in Afghanistan was felt across the organisation as we adapted to ensure the continuation of services to the most vulnerable people. It is a testament to the incredible 5,764 staff members, of which one third are women, in Afghanistan and worldwide, whose strength, dedication and expertise ensured that millions of people could continue to access life-saving health and mental healthcare, despite the difficulties faced through conflict and insecurity, natural disasters, the global COVID-19 pandemic and restrictions on rights to work.

As I enter my last year as Chair of the Board of HealthNet TPO, I also take a moment of personal reflection. It has been an immense privilege to serve and work alongside the dedicated and passionate team members of this organisation, both past and present. Over the years, we have made great strides in strengthening the organisation, successfully navigating significant challenges and setbacks to emerge as a more resilient and agile entity. We have developed a strong board and management team and, for the first time in 2019, a five-year strategic plan that provided direction for the organisation. I have been continually humbled by the incredible work carried out by our staff in the most challenging and hostile environments. It has been an honour to serve, and I extend my heartfelt thanks to all those who have been part of this journey.

On behalf of the HNTPO board, I express our gratitude to all our stakeholders, whose support and partnership make our work possible. Together, we continue to make a difference to the lives of vulnerable people across the world.

Carin Beumer
Chair of the Board



HEALTHNET TPO

In 2022:



96%
of funds spent directly
on projects

12.7
million
people received healthcare
through our health facilities

5,764
members of staff
across 5 countries

Our mission

Our mission is to support and strengthen communities affected by conflict or disaster so they may regain control of their own health and wellbeing. We envision a world in which even the most vulnerable people have the inner strength to (re)build a better future for themselves and those around them.

Our values

FROM RELIEF TO DEVELOPMENT

We give equal attention to addressing immediate needs and proactively fostering long-term growth, empowering individuals and communities to not only heal themselves but also address the root causes of poverty and inequality.

SYSTEMS STRENGTHENING

Our approach is grounded in strengthening systems at community and institutional levels, nurturing partnerships and implementing sustainable solutions that drive transformative change and create lasting impact.

FOSTERING RESILIENCE

We empower individuals and communities with the tools, resources, and skills necessary to adapt, transform, and flourish in the face of adversity.

COMMUNITY-DRIVEN APPROACH

We strongly believe that by working together with local people, utilising local knowledge and resources, and co-creating solutions that build resilience, we can create sustainable change. Our teams work directly with local communities to design and implement our programmes.

HOLISTIC PERSPECTIVE

By adopting a holistic and multi-sectoral approach to health and wellbeing, we gain a comprehensive understanding of complex issues, make use of diverse resources, foster collaboration and create sustainable solutions that empower individuals and communities.

RIGHTS-BASED QUALITY OF CARE

Our approach prioritises 'do no harm', is gender-inclusive and conflict-sensitive, ensuring equitable access to safe and dignified care for all individuals, especially the most vulnerable.



introducing: our programmes

HNTPO supported people through a total of 43 projects in Afghanistan, Burundi, Colombia and South Sudan.

Twiteho Amagara: 'Let's Take Care of Our Health'

Goal: To strengthen the Burundian health system to increase access to quality health services, with a focus on women and youth, including through SRHR and MHPSS services.
Location: Burundi - Cibitoke, Kayanza and Ngozi
Duration: 2019 - 2023
Donor: European Union
Partners: WeWorld-GVC, medica mondiale, Pathfinder International

Providing Essential Healthcare Services

Goal: To enhance and improve access to quality health services, including at community level, with a focus on maternal and child healthcare.
Location: South Sudan - Terekeka, Raja, Aweil North, Aweil West, Gogrial West, Gogrial East and Twic counties
Duration: 2019 - 2023
Donor: Health Pooled Fund
Partners: Impact Health Organisation, CCM-AMREF Foundation

Sustaining the Basic Package of Health Services and Essential Package of Hospital Services

Goal: To improve the health and wellbeing of the population through enhanced delivery and quality of health services under the Sehatmandi project, with a focus on maternal and child healthcare.
Location: Afghanistan - Kunar, Laghman, Nangarhar and Khost
Duration: Nov 2021 - Jan 2023
Donor: UN Organisations

Provision of Primary and Secondary Healthcare Services

Goal: To improve the health and wellbeing of the population through enhanced delivery and quality of health services within BPHS and EPHS. With a particular focus on reducing maternal, new-born, infant and child mortality, reducing incidence of communicable diseases and improving health child health and nutrition.
Location: Afghanistan - Kunar, Laghman, Nangarhar, Khost and Kabul
Duration: Jan 2022 - Jun 2022
Donor: UN Organisations

Primary Healthcare and COVID-19 Services

Goal: To provide essential primary health care and COVID-19 services within hospitals to people living in under-served and flood-affected areas of the three provinces. Mobile Health and Nutrition Teams provide health, nutrition, psychosocial support activities.
Location: Afghanistan - Khost, Kunar and Laghman
Duration: May 2022 - Nov 2022
Donor: UNOCHA

Essential Integrated health services

Goal: To improve the health and wellbeing of vulnerable people living in underserved and hard-to-reach areas by expanding access to emergency health, MHPSS and nutrition services in Kunduz; strengthening health response to health emergencies including infectious disease outbreaks like measles & dengue fever in Nangarhar; and enhancing COVID-19 infection prevention and control in urban health facilities in Kabul.
Location: Afghanistan - Nangarhar, Kabul and Kunduz
Duration: Mar 2022 - Sep 2022
Donor: UNOCHA

Provision of Trauma and Primary Healthcare Services

Goal: To increase access to essential trauma care and primary healthcare services to internally-displaced persons and conflict-affected people, including maternal, neonatal, child health, mental health & psychosocial services and COVID-19 prevention through trauma centres and mobile health teams.
Location: Afghanistan - Laghman, Kunar, Nangarhar and Kabul
Duration: Oct 2021 - Mar 2022
Donor: UNOCHA

Provision of Emergency Trauma Care Services

Goal: To provide emergency health services to patients who become injured from insecurity, conflict, natural disasters and road traffic accidents through the trauma centre in Nangarhar Regional Hospital, and two First Aid Trauma Posts (FATPs) in Surobi and Qarabagh districts.
Location: Afghanistan - Nangarhar and Kabul
Duration: Apr 2022 - Sep 2022
Donor: UNOCHA

Construction of Aweil Health Science Institute

Goal: To enhance the number of skilled healthcare professionals by establishing a permanent health science institute in Aweil State.
Location: South Sudan - Northern Bahr- El Ghazal, Aweil State
Duration: 2022
Donor: United Nations Mission in South Sudan

Scaling up the Boma Health Initiative

Goal: To improve access to community-based health services, particularly in the prevention and treatment of common childhood diseases, as part of the government Boma Health Initiative.
Location: South Sudan - Warrap State
Duration: Nov 2022 - Dec 2023
Donor: Crown Agents
Partner: Impact Health Organisation

Distribution of Micro-Nutrient Powder through Community Health Workers

Goal: To improve the health and nutrition of children under five years affected by malnutrition, through the distribution of Micronutrient Powder (MNP) by community health workers.
Location: Afghanistan - Laghman
Duration: Mar 2022 - May 2022
Donor: UNICEF

Targeted Supplementary Feeding Programme

Goal: To identify and treat moderate acute malnourished (MAM) girls and boys under five years and acute malnourished pregnant and lactating women through targeted supplementary feeding programme. To increase nutrition awareness in women, caregivers of MAM children and promote healthy behaviours in target areas.
Location: Afghanistan - Kunar, Laghman, Kabul and Nangarhar
Duration: Jan 2022 - Dec 2022 (Nangarhar: Jun 2022 - Dec 2022)
Donor: Fred Hollows Foundation
Donor: World Food Programme

Provision of Nutrition Services to IDPs and Vulnerable Communities

Goal: To providing essential nutrition services to internally-displaced persons and vulnerable people living in conditions of severe drought and conflict, through mobile health and nutrition teams.
Location: Afghanistan - Laghman and Kunar
Duration: Oct 2021 - Sep 2022
Donor: UNOCHA

Emergency Nutrition Services

Goal: To improve the health of children and women by expanding access to emergency life-saving nutrition and basic health services in underserved and hard-to-reach locations.
Location: Afghanistan - Nuristan, Parwan and Kabul
Duration: Mar 2022 - Sep 2022
Donor: UNOCHA

Integrated Emergency Nutrition Services for Women and Children through MHNTs

Goal: To improve access to lifesaving nutrition and health services for women and children living in disaster-affected and hard-to-reach areas of Khost and Nangarhar provinces.
Location: Afghanistan - Nangarhar and Khost
Duration: May 2022 - Mar 2023
Donor: UNOCHA

Eye-Care Integration Programme

Goal: To reduce the prevalence of avoidable blindness and visual impairment in Afghanistan.
Location: Afghanistan - Kabul and Eastern Provinces
Duration: Jan 2022 - Dec 2022
Donor: Fred Hollows Foundation

Building TB resilient systems

Goal: To improve access to and quality of services that detect, diagnose and treat TB.
Location: Afghanistan - Herat, Ghor, Nimroz, Farah, Badghis, Kandahar, Zabul, Uruzgan, Helmand
Duration: Jan 2022 - Jun 2023
Donor: UNDP

Treatment and prevention of TB interventions among Afghan refugees and returnees.

Goal: To reduce the prevalence of TB among Afghan refugees, returnees and mobile populations.
Location: Afghanistan - Herat, Ghor, Nimroz, Farah, Badghis, Kandahar, Zabul, Uruzgan, Helmand
Duration: Jan 2022 - Jun 2023
Donor: UNDP

Prevention of communicable diseases

Goal: To reduce the prevalence of communicable diseases including HIV/AIDS, TB and malaria by enhancing services offered from the public health system.
Location: Afghanistan - Herat, Ghor, Nimroz, Farah, Badghis, Kandahar, Zabul, Uruzgan, Helmand
Duration: Jan 2022 - Dec 2023
Donor: UNDP



Read more about our healthcare programmes on page 14



Read more about our mental health and psychosocial support programmes on page 24

Strengthening MHPSS in Afghanistan

Goal: To improve the mental health and psychosocial wellbeing of the population by addressing gaps in services within the public health system, communities and schools for mental health and psychosocial care.

Location: Afghanistan - all 34 provinces
Duration: 2022 - 2025
Donor: European Commission

Support to Kabul Mental Health Hospital

Goal: To support the continuity of essential mental health services through the tertiary Kabul Mental Health Hospital for people living with mental health illness.

Location: Afghanistan - Kabul
Duration: Dec 2022 - May 2023
Donor: UN Organisations

Health Sector Response to MHPSS and Gender-Based Violence

Goal: To strengthen and support the health sector to prevent and respond to SGBV and child marriage, and increase access to MHPSS and RMNCAH services, enabling people (with a focus on youth) to benefit from health and psychosocial assistance and to live in safety and dignity.

Location: Afghanistan - Farah, Kapisa, Parwan, Laghman, Ghor, Herat, Khost, Nangarhar, Nimroz, Kunar, Kandahar.
Duration: Jan 2022 - Dec 2022
Donor: UNFPA

Women Advocate for Peace

Goal: To create an environment whereby women and girls feel safer and enabled to exercise their rights and participate in peacebuilding practices.

Location: Colombia - Bolívar, La Guajira, Putamayo, Meta
Duration: 2021 - 2025
Donor: Dutch Ministry of Foreign Affairs
Partners: ICCO, CODACOP, LIMPAL, Ruta Pacifica De Las Mujeres

Leaders of Peace

Goal: To build sustainable peace and gender equality in South Sudan through community-based psychosocial services that strengthen the resilience of women, girls and communities affected by conflict.

Location: South Sudan - Terekeka, Juba, Torit, Panyijiar, Yambio, Aweil, Magwi counties
Duration: 2021 - 2025
Donor: Dutch Ministry of Foreign Affairs
Partners: Plan International, PAX, Assistance Mission for Africa, EVE

Minimum Service Package for Mental Health and Psychosocial Support (MHPSS)

Goal: To pilot the MSP for MHPSS services in South Sudan, with the aim to reduce suffering and improve mental health and psychosocial wellbeing of people who are affected by humanitarian crises.

Location: South Sudan - Malakal and Bor
Duration: 2021 - 2022
Donor: UN Organisations
Partner: Caritas Malakal

Integration of Training of Psychosocial Counsellors into the Government Education

Goal: To expand and enhance the quality of mental health and psychosocial support services for the population by increasing the number of specialised mental health professional (Health Social Counsellors) within public health facilities and at the community level.

Location: Afghanistan - Participants from across Afghanistan, training centres in Kabul, Mazar-e-sharif and Herat.
Duration: Jun 2019 - Apr 2022
Donor: European Commission

Centre for Impact

Goal: To promote mental health and physical health in Afghanistan and Pakistan through the establishment of a new research in collaboration with UK and international universities.

Location: Afghanistan and Pakistan
Duration: Oct 2022 - Sep 2027
Donor: National Institute For Health and Care Research (NIHR)

Support to the Afghan Japan COVID-19 Hospital

Goal: To reduce mortality and prevalence of COVID-19 by providing life-saving care to patients of COVID-19 at the Afghan Japan COVID-19 Hospital in Kabul.

Location: Afghanistan - Kabul
Duration: Nov 2021 - Feb 2022
Donor: Jhpiego (Nov 2021 - Jan 2022), UNICEF (Jan 2022 - Feb 2022)

COVID-19 Preparedness and Response in Kunar

Goal: To protect citizens of Kunar province from the spread of COVID-19, to respond and mitigate the threat posed by COVID-19 and to strengthen health systems preparedness and capacity to respond to public health emergencies.

Location: Afghanistan - Kunar
Duration: Mar 2022 - Jun 2022
Donor: UN Organisations

COVID-19 Preparedness and Response in Kabul and Nangarhar

Goal: To prevent and treat COVID-19 through the operation of the Afghan Japan COVID-19 Hospital in Kabul and COVID-19 facility in Nangarhar.

Location: Afghanistan - Kabul and Nangarhar
Duration: Feb 2022 - Jun 2022 (Kabul), Feb 2022 - Mar 2023 (Nangarhar)
Donor: UN Organisations

National COVID-19 Vaccination Campaign

Goal: Mass vaccination campaign to improve protection against COVID-19, reduce sickness and death. The project involves the integration of routine vaccination within health facilities, community mobilisation and health education.

Location: South Sudan - Northern Bahr El Ghazal, Warrap and Western Bahr El Ghazal
Duration: Oct 2022 - Mar 2023
Donor: Crown Agents, UNICEF

Provision of Essential Emergency MHPSS Services to Earthquake-Affected People

Goal: To provide psychological first aid and mental healthcare to survivors of the June 2022 Earthquake in Khost province.

Location: Afghanistan - Khost
Duration: Oct 2022 - Mar 2023
Donor: UN Organisations

Integrated Health Services in Spera District, Khost Province

Goal: To save lives and support the health and wellbeing of survivors of the June 2022 earthquake in one of the worst affected regions of Spera district of Khost province. Establishing temporary fixed health facilities providing dignified health, nutrition, MHPSS and basic trauma care services.

Location: Afghanistan - Khost
Duration: Sep 2022 - Sep 2023
Donor: UNOCHA

MSF Support in Khost Province

Goal: To reduce morbidity and mortality in the province of Khost through the provision of quality Comprehensive Emergency Maternal Obstetric and Newborn Care.

Location: Afghanistan - Khost
Duration: Feb 2022 - Jun 2022
Donor: Médecins sans Frontières

Emergency Winterisation

Goal: To improve the health and wellbeing of the vulnerable people in the hard-to-reach areas during the winter in selected districts of four provinces.

Location: Afghanistan - Khost, Kunar, Laghman, Nangarhar
Duration: Nov 2022 - May 2023
Donor: UNOCHA

Prevention and Management of ongoing Acute Watery Diarrhoea (AWD) and Suspected Cholera

Goal: To reduce the occurrence, transmission and morbidity of Cholera and AWD in high-risk districts of Nangarhar and Laghman province affected severe food insecurity, malnutrition, poor hygiene and restricted access to sanitation and safe drinking water and in the high-risk province of Khost, following the June 2022 earthquake.

Location: Afghanistan - Nangarhar, Laghman, Khost
Duration: Nangarhar and Laghman: Jun 2022 - Sep 2022; Khost: Aug 2022 - Jan 2023
Donor: UNICEF

Read more about our emergency health response programmes on page 32



A man is treated for his injuries sustained during the June 2022 earthquake in Khost province, Afghanistan. (Photo: Mohammad Haroon, UNHCR.)

in focus: thirty years of HealthNet TPO

1992

HealthNet International (HNI) was founded

Founded by a group of doctors and humanitarians from Médecins Sans Frontières (MSF) Holland.



1995

Malaria Control Programme in Afghanistan

The Malaria Control Programme was a hugely successful collaboration with the London School of Hygiene and Tropical Medicine to eliminate malaria in Afghanistan. Through research and evidence-based interventions, HNI contributed to the reduction of malaria morbidity by 60% by 2005.



1998

Health Financing in Cambodia

Performance-based financing improved access to quality healthcare in Cambodia, that was later developed and implemented in Afghanistan (2006), Burundi (2003), the DR Congo (2007) and Rwanda (2007). HNI became internationally recognised as a major player by the WB, WHO, Asian Development Bank, EU and USAID



"People had confidence in the health system again and returned to the health centre. There was a ripple effect: with a healthier population came changes in own food production, small business development and financial independence."
Geert Leerink, Former Director of Operations

2005

HNI merged with Transcultural Psychosocial Organisation (TPO)

"A marriage built to last". HNI merged with TPO, an NGO working in the field of psychosocial support for survivors of war and violence.



"Whilst it was a challenge to integrate each other's goals, the biggest achievement of the merger was the integrated component of mental health into our programmes."
Willem van de Put, Former Director

2006

MHPSS for returning IDPs to Southern Sudan

HNTPO mobilised communities linking them to health services, providing psychological first aid and counselling services. The programme empowered community structures and transformed social networks to protect vulnerable returnees and improve mental health. Through this, HNTPO grew its work in community based MHPSS and the integration of MHPSS into the primary healthcare system.



2006

Child Thematic Research Programme

A multi-tiered psychosocial care package for children and youth affected by armed conflict in Burundi, Indonesia, Nepal, Sri Lanka, and Sudan. The tools and materials developed improved detection and screening of mental health concerns, making care accessible to over 96,000 children.



"Children often have the capacity to continue with their lives even when major distressing events have taken place."
Mark Jordans, Child Thematic Programme Coordinator of CTP



Improving Health in Uruzgan

Public Private Partnership was one innovative approach introduced for the first time to strengthen and increase the use of private health providers in Uruzgan. Training programmes for community midwifery, nursing, pharmacists and technicians transformed the availability of health services, particularly for women and children.



Mental Health Research: PRIME

PRIME (Programme for Improving Mental Healthcare) generated world-class evidence on the implementation and scaling-up of mental health treatment in primary healthcare in low resource settings. In Nepal, it led to the development of guidelines, treatment protocols, devised drug lists and information systems for mental health.



Women, Peace and Security

In South Sudan and Colombia, HNTPO implemented its first projects under the Dutch National Action Plan on Women, Peace and Security. Since 2016, we have worked to create a safe, protective environment for women and girls to realise their rights and engage in decision making activities promoting sustainable peace.



Boma Health Initiative

The Boma Health Initiative (BHI) began as a government initiative in 2017, that was rolled out by HNTPO in 2018 under the Health Pooled Fund programme. Boma Health Workers support people, particularly children, living in surrounding villages by identifying and treating common childhood illnesses including malaria and diarrhoea free of charge.



Navigating a global pandemic

Through lockdowns and isolations, our global teams worked around the clock to strengthen, equip and set up dedicated hospitals and health centres to cope with rising number of patients. Mobile health teams and community outreach groups reached thousands of people living in remote and hard-to-reach areas to prevent the spread of the virus and support their mental health and psychosocial wellbeing.



Celebrating thirty years of HNTPO

Our teams from around the world celebrated the momentous achievement of thirty years since the founding of HNI with colleagues, partners and the community members we work with. We reflected on the achievements and legacy of HNTPO on improving the health and wellbeing for people living in fragile and conflict-affected settings in more than 45 countries.

2009

"After only five years we had made a significant difference to the availability of health services in the region and on people's health. PPP was rolled out nationwide and became part of the national strategy."
Dr Majeed Siddiqi, Former Head of Mission, Afghanistan

2011

"Our interventions developed through PRIME are still being implemented today in Nepal, and TPO Nepal has taken a keen interest in turning those gains into new projects."
Dr. Nawaraj Upadhaya, HNTPO Research Coordinator for PRIME & EMERALD

2016

2018

"This system is so good in contributing to the management of childhood illnesses and saving lives. They also refer children for immunisations, educate mothers on nutrition and identify cases with psychosocial concerns for referral."
Boniface Duku, Programme Manager

2020

2022

Keeping hospitals open in Afghanistan

Over the course of 2022, the people of Afghanistan faced a multitude of crises stemming from the takeover of the de-facto authorities in August 2021. Dr Muhammad Naseem Naeem, HealthNet TPO Afghanistan Country Director, led a dedicated team to navigate the escalating situation and keep services operational for the health and wellbeing of the population.



Can you describe the escalating situation that the people of Afghanistan faced over the course of 2022?

After the political events in August 2021, Afghanistan plunged into a socioeconomic and worsening humanitarian crisis. The halting of international donor funding caused economic turmoil and pushed services like healthcare and education to the brink of collapse. Widespread unemployment and wage losses coincided with increase in prices of food, fuel and essential items. Over 90 percent of the population remain food insecure, causing severe malnutrition and long-term health problems particularly in children. This compounded with extreme natural events, including the earthquake in June, severe droughts and harsh winters.

The ban on education for women and children has critical consequences at an individual, family and country level. For HNTPO, the ban on female staff to work in offices caused limitation in many services that run for women and children.

Following the halting of international funding at the end of 2021, how did this dictate the organisation's operations during 2022?

HNTPO faced significant challenges in responding to the dire health situation in post-August 2021 Afghanistan. With the change in government and the subsequent halt in international funding, there was a high **risk of closing over 90% of health facilities** in the country. The decision by the World Bank to withhold funds related to projects implemented in mid-2021 further exacerbated the financial losses and liquidity constraints faced by non-governmental organisations like HNTPO. However, despite these obstacles, HNTPO worked tirelessly to keep health centres and hospitals operational, providing essential and emergency health services

to the Afghan population. HNTPO also actively engaged in national and international advocacy efforts, urging for the continuation of health services in Afghanistan. International donors and UN agencies, including the Global Fund, UNDP, World Bank, Asian Development Bank, and UNICEF, provided support through short-term projects to prevent the imminent collapse of the health system.

What was the biggest impact on the health system and the ability for people to access basic and essential healthcare?

The political transition and halting of international funds led to significant negative impact on the gains made within the health system over the last twenty years. It caused a rapidly deteriorating health system and worsened the humanitarian situation in Afghanistan.

The key priority was maintaining primary healthcare, particularly for women and children. The restriction on women's movements without a male guardian to act as mahram challenged women's and children's access to health services. The ban on women working for NGOs created a vacuum in timely access and support that is needed across all projects specifically for women clients.

Further, the events caused a 'brain drain' where key experts and technical male and female staff in different fields fled the country. According to one estimate, about 124,000 civilians have been evacuated from Afghanistan, including many healthcare providers and health management staff.

What was the impact for the organisation's female staff in Afghanistan following the edict banning women from working for NGOs?

The December 2022 ban on women from working in offices of all national and international NGOs severely affected the operations of NGOs across the country. Women constitute a third of HNTPO's staff, and their absence severely affected the ability to deliver services, particularly to other women and children. The ban pushed women out of jobs and completely side-lined them from playing a crucial role in society. It is a direct obstacle to their role in delivering vital services, denying many women and children access to care, which cannot be given by men.

At the time of writing, our female colleagues working in our offices have not yet returned and continue to work from home. Female staff working within health facilities and hospitals can work. We continue to be part of national level discussions and lobby at local levels to allow the return of all women, who are fundamental in the provision of life-saving care.

Can you describe our staff in Afghanistan who have navigated incredible difficulties to keep hospitals open, projects running and services available to the people of Afghanistan?

HNTPO employs over 5,000 men and women across 21 provinces in Afghanistan to support the health and wellbeing of marginalised people. The political changes, combined with the third wave of COVID-19, extreme weather events and pre-existing socioeconomic crises, created a tense environment that affected personal, social and economic wellbeing of frontline workers. Despite these challenges, healthcare workers and management staff remained committed to providing patient care with minimal resources.

They demonstrated harmony, tranquillity, and patience to keep the community a priority, kept the doors of clinics

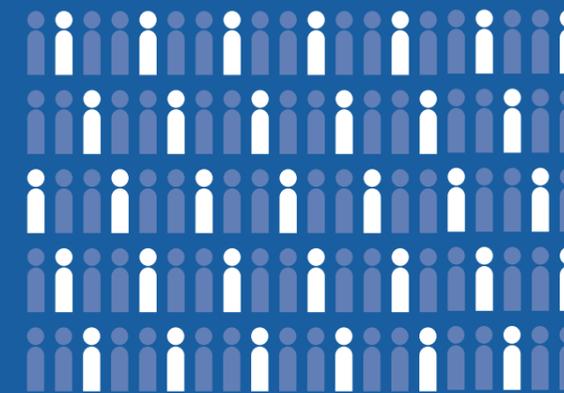
and hospitals open despite the absence of funding, and maintained the provision of drugs, supplies, fuel, and food to all health facilities. HealthNet TPO staff, both at the field and central levels, supported each other's mental and psychosocial wellbeing.

In your view, what is the wider implication of the events in Afghanistan on the organisation as a whole?

Two thirds of Afghanistan's population need urgent humanitarian assistance in 2023 (UNOCHA report). Building trust and improving coordination between NGOs and the authorities is crucial, with a need for greater understanding of roles and responsibilities and operating principles. The impact of sanctions and the banking crisis on NGOs dealing with cash flow issues is also concerning, with international NGOs and UN agencies using the services of financial providers with known flaws. With current donor support only for humanitarian and emergency projects and no willingness for development work, NGOs face challenges in implementing short-term projects, requiring significant adjustments.

HealthNet TPO is committed to continuing its lifesaving interventions in the country despite the challenges and boost its efforts to further expand its services, create more opportunities and channel more resources. In the meantime, we will maintain the true spirit and strong determination to reach to the needy and deprived people and the staff to demonstrate resilience, patience and sacrifices that will remain the guiding principles for our success and acceptance.

1 out of 3 of HNTPO's staff in Afghanistan are women



Their absence severely affected the ability to deliver services, particularly to other women and children

our impact: healthcare

How do we improve health?

Our package of health interventions focuses on improving maternal and child health, sexual and reproductive health, prevention and treatment of communicable and non-communicable diseases, and promotion of healthy behaviours. This section highlights some key achievements from our health interventions in Afghanistan, South Sudan and Burundi.

12,725,746

outpatient consultations

2022
Afghanistan: **11,830,040**
South Sudan: **895,706**

2021
Afghanistan: **2,045,55**
South Sudan: **758,623**

2,804,175

outpatient consultations

This dramatic increase is attributed to our health service coverage in four more provinces in Afghanistan. Moreover, the ongoing humanitarian crises in the country enhanced utilisation of public health facilities as most people could not afford to get services from the private sector. In South Sudan, the introduction of mobile clinics, effective demand creation, availability of essential drugs and advocacy also contributed to an increase in outpatient consultations.

401

health facilities supported



13%

of health facilities in Afghanistan is covered by us

Out of 2331 health facilities supported by the Sehatmandi programme, we supported 296 public health facilities (14 hospitals, 276 primary healthcare centres, 3 prison health facilities and 3 Mobile Health Teams).

18%

of health facilities in South Sudan is covered by us

Out of 577 health facilities supported by the HPF programme, we supported 105 public health facilities (3 hospitals and 102 primary healthcare centres/units)

In 2022 alone, we rehabilitated 209 health facilities in Afghanistan.



1. We strengthen health workforce

To ensure health for all, skilled health workers provide quality, people-centred care both in health facilities – including in hospitals – and communities. Health workers are trained on integrated management of childhood illnesses, immunisation, basic emergency obstetric care, safe motherhood and family planning, clinical management of rape and Health Management Information System, among others.

In 2022, we supported and trained 5,495 health facility workers

Afghanistan: **4,362**



• 430 MDs • 623 nurses • 322 midwives • 156 lab technicians
• 64 pharmacists • 49 surgeons • 2,718 management and support staff

South Sudan: **1,135**



• 22 MDs • 159 nurses • 89 midwives • 21 lab technicians,
• 74 clinical officers, • 139 Maternal/Neonatal community-health workers • 174 vaccinators • 455 support staff

HMIS data

We built a permanent training institute that also aims to promote women's and girls' education



BUILDING HEALTH WORKFORCE CAPACITY IN SOUTH SUDAN

In the State of Aweil in South Sudan, we built a permanent health science training institute. **500 students** can now train to become skilled health workers for the state's 1.1 million population. By admitting qualified girls, the institute also aims to promote women's and girls' education and reduce gender disparities in healthcare. The UN Mission for South Sudan will continue to support the institute's training programme.



Our mobile health and nutrition teams in Afghanistan prevent and treat malnutrition in children and pregnant and lactating mothers living in remote locations.



WHAT IS THE BOMA HEALTH INITIATIVE?

The Boma Health Initiative began as a government initiative in 2017, that was rolled out by HNTPO in 2018 as part of the Health Pooled Fund programme. Boma Health Workers work within communities, going from household to household identifying and treating common illnesses free of charge.

'Boma' refers to the lowest-level administrative division in South Sudan and typically contain many individual villages.

361,132

people identified at community level referred to health services

2022	Afghanistan: 351,219 South Sudan: 9,913
2021	Afghanistan: 321,977 South Sudan: 12,129

334,106

2. We expand health services at community level

In countries where people cannot access health services, community-based health workers bridge the gap in care. These health workers are the first point of contact for communities and play a critical role in promoting healthy behaviours. Reaching those most in need has also been made possible through mobile clinics.

3,682 community health workers supported and trained

Afghanistan: **3,004**
South Sudan: **678**



"I want a healthy community, healthy mothers and healthy children. That's why I walk long distances, even at night, to give the necessary support."

Grace Modong, Boma Health Worker, South Sudan

As a trained Boma Health Worker, Grace (34) saves the lives of thousands of children and pregnant mothers in Terekeka County by identifying and treating common childhood illnesses like malaria, diarrhoea and pneumonia. Grace expresses how difficult it is to work in Terekeka County during the rainy season, as roads are not easily accessible. Despite the difficulties, she finds a way to reach people who need it most.

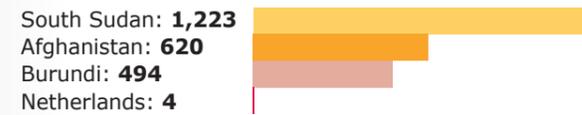


Our Mobile Health Teams in Afghanistan attend to the immediate health and nutrition needs of people in hard-to-reach locations.

3. We focus on quality maternal and child healthcare

To improve maternal and child health we provide antenatal and postnatal care, emergency obstetrics, and gynaecology services during labour and delivery. Additionally, we screen mothers and children for malnutrition, diseases, and vaccinations. Through the outreach efforts of mobile health teams, 230,347 children under five were immunised.¹

Maternal Mortality Ratio (per 100,000 live births)²



Under-five Mortality Rate (per 1000 live births)³



In areas affected by conflict and fragility, the mortality rates for women and children are significantly higher than average.



"There is a need for stakeholders and funding organisations to support the country's maternal and child health system. We lose too many [women] due to complications that could be easily managed."

Rose Eio Modi – HealthNet TPO Maternal and Child Health Advisor, South Sudan.

Rose has been training traditional birth attendants to offer antenatal care to pregnant mothers and to ensure deliveries are conducted at health facilities. Health promotion, community awareness and increased access to health services, are creating a paradigm shift in how people behave and perceive health.



REFLECTION

In 2022, we supported 223,735 people with family planning services.⁴ Despite continuous efforts, the use of contraceptive methods remains low. This can be attributed to lack of information and cultural or religious factors, among others. To overcome these obstacles, our teams will further engage community leaders and male champions to promote behaviour change and increase demand.

Despite continuous efforts, the use of contraceptive methods remains low.

162,848

women delivered safely within our supported health facilities

Afghanistan: **150,472**
South Sudan: **12,376**

¹ HMIS data (Afghanistan: 176,597 fully immunised; South Sudan: 53,750 first measles dose) ² Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division ³ Levels and trends in child mortality: United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), Report 2022 ⁴ HMIS data (Afghanistan: 222,225; South Sudan: 1510)



4. We improve nutritional status

We are committed to improving the nutritional status of people affected by conflict and disasters through the implementation of nutrition programmes. We work closely with local communities to ensure sustainability, enabling access to nutritious food, promoting breastfeeding, and addressing the underlying causes of malnutrition.

Percentage of children under 5 affected by stunting¹



In 2022, we treated **76,048 children** under 5 for severe malnutrition.²

5. We treat and prevent diseases

Globally, diseases like malaria, pneumonia and diarrhoea kill more than 1.1 million people and children every year³. We aim to reduce the burden of these and other preventable diseases through awareness-raising, prevention, diagnosis and timely treatment within health facilities and at community level. In Afghanistan, for example, we distributed **58,335 long-lasting insecticidal nets** to pregnant mothers to prevent malaria.



BRINGING BACK THE GIFT OF SIGHT IN AFGHANISTAN

Since 2016, with the support of the Fred Hollows Foundation, we have been working to reduce the prevalence of avoidable blindness and visual impairment in Afghanistan. Based on our research conducted in 72 districts in Afghanistan, trachoma remains a significant public health issue with an estimated 2.2 million people affected. The study discusses the success of our programme which found that antibiotic mass drug administration, promotion of facial cleanliness and environmental improvements are all needed for trachoma elimination⁴. In 2022, 47,009 individuals were screened for eye health problems and 3,438 cataract surgeries were performed in the provinces of Kabul, Nangarhar, Laghman, and Kunar.

“I had serious problems with my vision and could not see things clearly. It seriously affected my daily routine. My life became boring and sad”.

Khara Bibi, Patient at the Eye Outreach Camp in Pakitka Province.

3,178,335

people were treated for malaria, pneumonia and diarrhoea

HMIS Afghanistan and South Sudan: 364,008 malaria cases (Afghanistan: 257,481; South Sudan: 106,527), 1,033,076 pneumonia cases (Afghanistan: 891,724; South Sudan: 141,352), 1,781,251 diarrhoea cases (Afghanistan: 1,529,303; South Sudan: 251,948)



EXPLORING CONNECTIONS BETWEEN PHYSICAL AND MENTAL HEALTH THROUGH RESEARCH

In October 2022, we joined a research consortium to launch IMPACT: a new research centre with a mission to improve mental and physical health in Pakistan and Afghanistan. Our goal is to reduce deaths and disabilities caused by non-communicable diseases by assessing prevention and treatment strategies.



Watch the introductory video created by Centre for IMPACT for the launch of the programme in October 2022. <https://www.youtube.com/watch?v=B1QPYXkohkI>



FROM SKIN AND BONES TO HAPPY AND HEALTHY: FAWZIA'S STORY

When Fawzia, aged 14 months, was rushed to hospital by her mother, she was just skin and bones. Over the course of six weeks, she received specialised nutritious food intake and close medical attention to increase her weight. Now, a healthy weight she is a completely different child – happy, healthy and walking around and playing. Child malnutrition cases have risen by nearly 50% in Afghanistan over the past year, exacerbated by the collapse of the country's economy, rising unemployment, poverty and food prices.



Last year child malnutrition cases have risen almost 50% in Afghanistan



MAMANS LUMIÈRES

In Burundi, under the Twiteho Amagara project, 104 community health workers and 22 Mamans Lumières were trained on nutrition and monitoring the growth of children from 0-59 months.

Through their efforts, 9,500 children under five were treated for moderate chronic malnutrition.

“My name is Niyonzima Goreth, from Kayanza province. I am a widow and I live with my daughter and her little girl. Unfortunately, our means do not allow us to feed ourselves well. My granddaughter was diagnosed with acute malnutrition at 5 months of age during a mass screening. Now, my granddaughter has regained her health. Under the guidance of the ‘Mamans Lumières’, we learned to balance our diet based on the products we already had. I spent two hours twice a week with one of the Mamans Lumières and today in my house we regained a smile!”



WHO ARE MAMANS LUMIÈRES?

Mamans Lumières, or Light Mothers, are community volunteers in Burundi who act as role models to support other mothers in fighting child hunger and malnutrition and raising awareness on health and hygiene practices.

¹ UNICEF/WHO/World Bank Joint Child Malnutrition Estimates, 2021 Edition ² (Afghanistan: 64,917; South Sudan: 11,131) ³ WHO and the Maternal Child Epidemiology Estimation Group (MCEE) 2020; WHO World Malaria Report 2022; WHO (2017) Diarrhoeal disease factsheet ⁴ Ahmad Shah Salam, et al. (2022) Prevalence of Trachoma in 72 Districts of Afghanistan in 2018–2019: Results of 35 Population-based Prevalence Surveys, Ophthalmic Epidemiology.



School children take part in the Champions of Change initiative to improve their knowledge on health and gender equality in Terekeka, South Sudan



Members of the community participate and watch community theatres promoting health and behaviour messages in Cibitoke, Burundi.

6. We conduct health education and sensitisation

Through continuous health education, the community acquires the knowledge to change their attitude towards the use of health services, leading to a reduction in morbidity among the population. Health workers or other engaged community members play a crucial role in this regard.



REFLECTION

In South Sudan, Boma Health Workers successfully carried out health sessions to 958,323 people, an increase of approximately 50,000 people from 2021¹. This rise was attributed to the scale up of the Boma Health Initiative and the ability of BHWs to reach clustered individuals who had been displaced by floods. In addition, bicycles were repaired which made it easier for them to reach far-away locations after the floods subsided.

How do we engage youth?

By involving youth in health sensitisation, for instance through youth corners within health facilities or at community level, we ensure that young people have the knowledge, skills, and resources they need to make informed decisions about their health as well as promote healthy behaviours among their peers.



CHAMPIONS OF CHANGE IN SOUTH SUDAN

In collaboration with PLAN International, we strengthened the capacities of **82 boys and girls** as Champions of Change and increased their knowledge, confidence and skills on sexual health and reproductive health rights, mental health, positive coping skills and gender equality².



COMMUNITY THEATRES IN BURUNDI

In Burundi, community theatres have been used as an important tool to promote health messages and behaviour change. Through art, young people are provided a platform to creatively express themselves. Between 2019 and 2022, through the Twiteho Amagara programme, a total of **2,320 local agents of change**, particularly youth, were engaged to sensitive communities on issues related to sexual health and reproductive rights as well as topics related to gender equality and violence prevention³. Through their advocacy efforts, they were able to reach over **118,000 people** with health education messages.

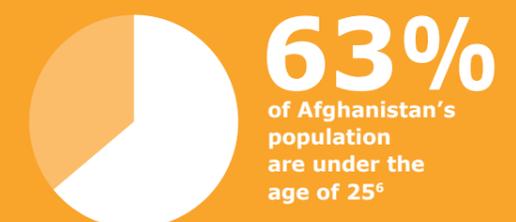
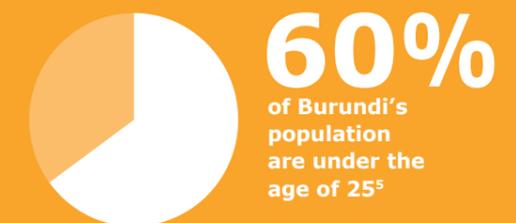
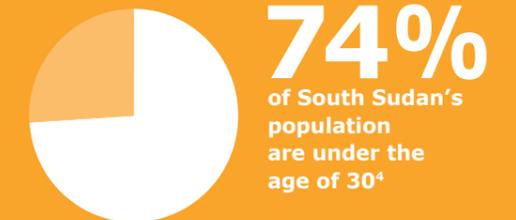


YOUTH HEALTH LINE IN AFGHANISTAN

The Youth Health Line (YHL), established in 2012 in Kabul, provides free, anonymous, telephonic counselling to adolescents and youth to address their health concerns on various areas, including reproductive health, mental health, substance use and referrals to health facilities. **Over 175,000 girls and boys received services from the YHL in 2022**. The YHL fills a critical gap in services covering adolescent and youth health problems, providing a trusted service that respects confidentiality and enables callers to ask difficult questions.

We ensure that young people have the knowledge, skills, and resources to make informed decisions about their health

Why do we engage youth?



⁴ UNDP (2020) Understanding Youth Subcultures in South Sudan: Implications for Peace and Development. ⁵ UNICEF (2020) Adolescent Investment Case Burundi: Estimating the Impacts of Social Sector Investments for Adolescents. ⁶ UNFPA (2020) Afghanistan flagship programme spotlight: Youth parliament, youth health line, youth health corners

spotlight: SGBV

Prevention and Response to Sexual and Gender-Based Violence

The prevalence of sexual and gender-based violence (SGBV) remains a devastating reality in conflict-affected settings. It is often used as a weapon of war causing great suffering particularly among women and girls.¹ We help communities prevent and recover from SGBV by providing support to survivors and raising awareness to change harmful behaviours.

17,722

SGBV survivors were treated and supported by qualified health providers

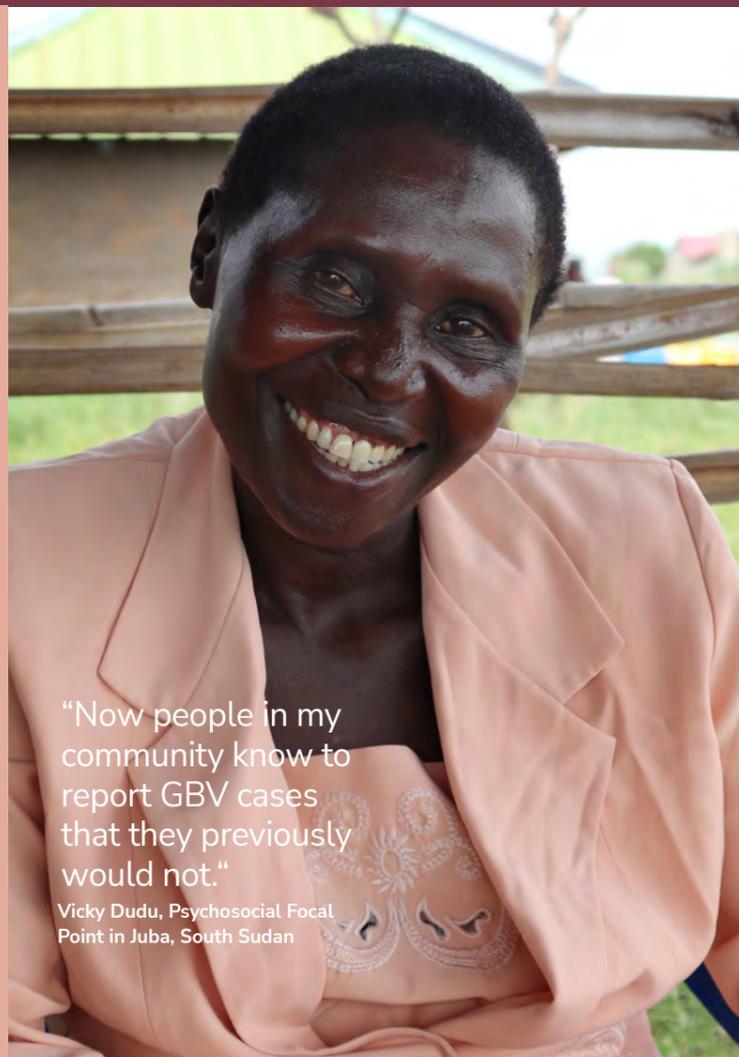
2022

2021

14,647

SGBV survivors were treated and supported by qualified health providers

¹ Although the majority of SGBV cases are presented by women and girls, further research is needed on prevention and response to SGBV among men and boys.



“Now people in my community know to report GBV cases that they previously would not.”

Vicky Dudu, Psychosocial Focal Point in Juba, South Sudan

We provide health and mental health services to survivors of gender-based violence

We provide safe spaces for women and girls and provide psycho-social care to survivors of SGBV. Within our health facilities, 116 health staff were trained on the clinical management of rape, confidential referral pathways and basic counselling.



“When I recognise that young girls, boys and women have been raped, I feel devastated. Still, I wake up every morning because someone needs my help and support.”

Lucy Medina, HNTPO Gender Equality and Social Inclusion (GESI) Officer, South Sudan

Lucy supports two projects delivering integrated health and mental health services to survivors of SGBV in Terekeka County of Central Equatoria State.

“My core work stands on community sensitisation against all inhuman acts committed against young women and girls. I would love to see these girls and young women exercising all their rights. Community members are still very sceptical when reporting rape cases due to shame and stigma, but with sensitisation, they are coming up.”

We raise awareness on prevention of SGBV

Preventing SGBV demands a community-based approach that emphasises gender equality, challenges harmful gender norms, and promotes awareness of SGBV and referral pathways for survivors, including mental health and psychosocial support.

We trained 913 local agents of change, including men and youth, to raise awareness of SGBV within their communities

In addition to awareness-raising, community-based actors provided direct support to **6,072 SGBV survivors** through basic counselling and ensuring safe referrals to appropriate services, including health, protection, legal, education and livelihoods services.

“I’ve learnt about the importance of community sensitisation. Now people in my community know to report cases that they previously would not - now I am called to cases of rape or GBV. I hold meetings every Monday and Thursday, engaging with Chiefs and with the community. I am connected on GBV cases and refer to relevant authorities.” Vicky Dudu, Psychosocial Focal Point in Juba, South Sudan.

ENGAGING MEN AND BOYS IS A PRIORITY TO EFFECTIVELY PREVENT AND RESPOND TO VIOLENCE AGAINST WOMEN

Through male engagement workshops in South Sudan, we trained 100 couples to act as role models and contribute to behaviour change for SGBV and positive masculinities.

“We have committed ourselves to share roles equally in the home” said one male participant. “We must show interest in changing the narrative by putting girls in school, which is not common in our County”.

Although men and boys are most often the perpetrators of violence, they can also be targets of SGBV themselves. It is crucial to break down the stigma through sustained awareness-raising efforts so that all survivors can receive the care and support they deserve.

“We must change the narrative by putting girls in school”



Men and their spouses take part in an engagement workshop in Terekeka County, 2022.



REFLECTION:

Women in leadership positions are crucial for gender equality in healthcare and upholding the rights of SGBV survivors. In South Sudan, all our supported health facilities have a female chair or co-chair in their facility management committees.

our impact: MHPSS

How do we improve mental health and psychosocial wellbeing?

Over the last three decades, we have been providing quality MHPSS services for people living in conflict-affected settings. We build national capacity to respond to mental health problems and create an enabling environment for better wellbeing.



WHAT IS MHPSS?

The World Health Organisation defines **mental health** as 'a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.' Mental health is not simply the absence of mental disorders, but an individual's ability to flourish in their environment.

The term **psychosocial** refers to the dynamic relationship between psychological aspects of our experience (our thoughts, emotions, and behaviours) and our social experience (our relationships, family, community and culture).

Mental Health and Psychosocial Support (MHPSS) refers to measures that aim to protect or promote psychosocial wellbeing and prevent or treat mental health conditions.

A TASK-SHIFTING APPROACH TO MENTAL HEALTH

Through task-shifting, we train non-specialist healthcare and community-based workers to prevent, identify and manage common mental health problems. This approach is used to address the lack of mental health professionals in low- and middle-income countries.



The 'MH' in MHPSS

We provide patient-focused and scalable mental health interventions designed to address the symptoms and prevent the onset of mental health disorders.

In 2022, we trained 506 primary healthcare workers on mental health

Afghanistan: **4,383**
South Sudan: **123** (60% of them are women)



"People don't seek mental health services because they don't see it as a need. Mental health doesn't kill. Yet people lose their functionality."

Dr. Atong, Head of the Department of Mental Health at the Ministry of Health, South Sudan.

In addition to being the Head of the Mental Health Department of South Sudan's Ministry of Health, Dr. Atong is the only practising psychiatrist in the country, seeing patients whilst also working as an Assistant Professor in Psychiatry at Juba University. She introduced a postgraduate 4-year psychiatry component in the medical school.

In close collaboration with the Ministry of Health, we supported the development of the National Strategic Plan for Mental Health and Psychosocial Support in South Sudan

In areas affected by conflict, 1 in 5 people live with some form of mental disorder. **1 in 10 people live with a moderate or severe mental disorder.**

248,758

people received mental health and psychosocial services

Afghanistan: **224,588**
South Sudan: **24,074**
Colombia: **96**

Afghanistan: HMIS data; South Sudan: Leaders of Peace and Minimum Service Package for MHPSS annual reports; Colombia: Women Advocate for Peace annual report

Psychiatrists per 100,000



<https://apps.who.int/gho/data/view.main.HWF11v>



Funded by the European Union

EXPANDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES IN AFGHANISTAN, WITH THE EU

With support from the EU, we are bridging the gap in mental health treatment and improving access to MHPSS services across Afghanistan. Through training of medical professionals and MHPSS personnel like Health Social Counsellors, we build a stronger mental health workforce and promote the integration of mental healthcare within the public health system. The use of community health workers and the establishment of a school-based mental health programme for children and adolescents are innovative approaches that hold promise for improving access to care and addressing the stigma associated with mental illness.

In 2022, we trained:

182 Health Social Counsellors through a carefully designed diploma programme, which is now part of the national curriculum

60 doctors on the mhGAP programme

40 midwives on basic counselling skills

102 management staff on stress management



A Health Social Counsellor delivers a group counselling session.

“After this training, I gained self-confidence and I have consultations with clients to help them solve their problems. **My goal is to continue to help people in the community.**”

Fahmida, Health Social Counsellor from Kunar Province



MINIMUM SERVICE PACKAGE FOR MHPSS PILOT PROJECT IN SOUTH SUDAN

In 2022, we successfully piloted the Minimum Service Package for MHPSS services in Bor and Malakal counties in South Sudan, with support from UN organisations, the Ministry of Health, national stakeholders and local partners. Non-specialised healthcare workers and community-based actors provide basic MHPSS services, initiate referral pathways and play a crucial role in raising awareness about mental health, reducing stigma and engaging their communities to rebuild their own health.

21 health workers and 30 community volunteers trained

1,139 people received psychological and psychosocial care

23,499 people reached with key messages on mental health

Availability of psychotropic drugs in 20 health facilities.

We conducted a qualitative assessment and highlighted recommendations for further action.

34% of our supported health facilities in South Sudan now have **at least one staff trained** to identify and manage mental health conditions



FROM 'HOPELESS CASE' TO RECOVERY: ONE MAN'S JOURNEY WITH MENTAL ILLNESS IN SOUTH SUDAN

In 2019, a 32-year-old man named Arau Malek began showing signs of mental illness. He started hearing voices, seeing things that others could not see and talking to himself. After several months of unsuccessful doctor visits, he returned to Bor as a hopeless case and was thrown into prison.

Three years later, Arau's family heard about the availability of treatment for people living with mental illness through the MSP project. They requested his release from prison and brought him straight to the clinic where he was prescribed psychotropic medication for schizophrenia.

Within one week, his health condition improved significantly and after a month, he was able to support his family with household chores and the community at large.

Arau couldn't recall much of what happened to him, only the confusion of being chained up and not knowing why. He expressed gratitude for receiving the treatment that changed his life.

The 'PSS' in MHPSS

Our psychosocial interventions seek to promote an environment where individuals and communities can thrive and have the tools to support themselves and each other. By building the capacity of local agents of change within the health sector and more broadly at community level, we foster resilience, promote recovery and create the necessary conditions for good mental health and wellbeing.

939 community members were trained to support people with mental health problems and conduct mental health education within their communities

In Afghanistan, 818 community health workers (married couples) provide mental health services at community level. In South Sudan, 91 community members known as Psychosocial Focal Points were trained on basic counselling and conduct mental health education within communities.

Participants from Putumayo draw a community map. Community maps are important MHPSS tools to help identify existing assets and resources within communities. (Photo: Dahian Cifuentes)



WHO ARE PSYCHOSOCIAL FOCAL POINTS?

Psychosocial Focal Points are selected trusted community volunteers who are trained to identify common reactions to stress, provide basic counselling, teach positive coping skills, foster social cohesion and create initiatives to support those who need help. They organise activities such as peer support, awareness sessions on the root causes of distress, community-based activities and referrals to services.

In South Sudan, a total of 1,139 people with mental health problems, including depression and suicidal ideation, were referred by Psychosocial Focal Points to health facilities for specialised care. In 2022 alone, they carried almost 1,000 awareness-raising sessions targeting key stakeholders, such as traditional chiefs, women groups and other key influencers within their communities.

“The PFPs are very important for our people, particularly for helping with stress in difficult areas. I want to extend the work into schools, through teacher-student-parent interactions and encouraging parents to keep children in school.”

Modi, PFP in Juba, South Sudan.

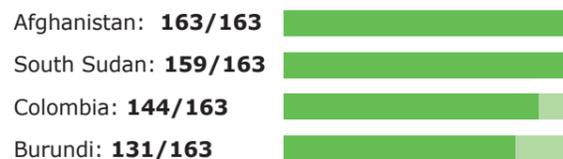


spotlight

MHPSS and Peacebuilding

Addressing the underlying psychological and social factors that contribute to conflict are essential to achieving sustainable peace and development. Our MHPSS interventions help individuals and communities cope with the effects of conflict, rebuild social networks and promote peaceful co-existence.

Global Peace Index Ranking (2022)



Strengthening women's livelihoods

The link between poor economic conditions and poor mental health outcomes is well-established. To increase the wellbeing of individuals, families and communities, it is essential to support their economic empowerment – and vice versa.

In Afghanistan, we supported 1500 women and girls through Vocational Skills Training, where they were provided with relevant tools to support their livelihoods.

“Thanks to the training, my anxiety, mental anguish and panic attacks were reduced. It also linked me to places where I can have work. In the long run, it will help my family to be in a stable state and improve our economic situation.”

Participant of the Vocational Skills Training in Laghman province, Afghanistan



REFLECTION

Based on our assessment in Colombia, the success of economic initiatives is linked to strengthening the mental health and socio-emotional skills of its members. However, it is not enough to build capacities related to conflict resolution, trauma management and leadership skills. To promote women's economic empowerment, it is important to address the root causes that hinder their economic autonomy, which includes addressing patriarchal practices and violations of women's rights.



“I channel all the energy (especially if I am angry) into doing something productive, like going to the garden to dig and weed the plants. By the time I am done my anger has reduced and I feel tired and ready to sleep. The next day I feel better equipped to address the issue.”
Participant of a self-care session aimed at building stress management skills in South Sudan

SELF-CARE IS NOT A LUXURY, IT IS A NECESSITY

Amidst the challenging and complex environments where we operate, our staff, caregivers and other professionals may overlook their own self-care needs while providing essential services to others.

By prioritising self-care, we can promote the resilience and sustainability of our workforce and the interventions we deliver.

“I need to take care of myself to take care of others”

Women rights leader during a self-care session held in Putumayo, Colombia

Our MHPSS team in Colombia led self-care sessions for 96 human rights leaders from various locations across the country (Photo: Dahian Cifuentes). See video [here](#).



The MHPSS & Peacebuilding Conference in Colombia (Photo: Dahian Cifuentes)



WOMEN, PEACE AND SECURITY PROGRAMMES

Women and girls, who are disproportionately affected by conflict and violence, are recognised as crucial actors for building peace. Our programmes in South Sudan and Colombia aim to create a supportive environment for women and girls to thrive. We do this by strengthening women groups and local agents of change so they can actively support those who need it most and create change in their communities.

“We can't talk about women's participation in decision making when they are emotionally, physically, sexually and economically violated, and without mental health we can't address women's issues.”
Boniface Duku, Programme Manager South Sudan

MHPSS & Peacebuilding Conference in Colombia

In November 2022, HealthNet TPO and the Pontificia Universidad Javeriana organised a two-day conference on MHPSS and Peacebuilding in Bogotá, Colombia. Over 100 women leaders, academics and government institutions engaged in a meaningful dialogue to explore innovative, culturally informed and gender-sensitive approaches for delivering MHPSS services in contexts of insecurity.



Watch the video by Buen Ayre Visual about the conference here

“There is no health without mental health, there is no mental health without social health, and there is no social health without the conditions to live a life in dignity and in peace.”

Tamara van der Putten, WPS Programme Lead



HOW DO AID WORKERS STAY HEALTHY IN THE FACE OF ADVERSITY?

Humanitarian aid workers who travel abroad to help communities affected by war, famine, disaster and disease expose themselves to dangers and hardships. Despite working under such challenging circumstances, most workers remain healthy. In 2022, we collaborated on a study with MSF, which sought to unravel the mechanism that enables workers to remain healthy under difficult circumstances.

spotlight: Twiteho Amagara

“Let’s Take Care of Our Health”

2023 will see the final year of our EU-funded project ‘Twiteho Amagara’, meaning Let’s Take Care of Our Health. After three years, we are proud to celebrate our consortium’s accomplishments improving the health and wellbeing of people in Burundi.

Over 3,200 SGBV survivors received psychosocial support and 1,783 received medical assistance in our supported health facilities.



Integrated services for women and youth

To improve the delivery and quality of health services, with a focus on women and youth, together with our partners we trained health professionals including health managers, community health workers, medical doctors and nurses.

More than 2,400 health professionals and 2,730 community health workers were trained

Our services focused on sexual and reproductive health, mental health and psychosocial support, nutrition and prevention and response to gender-based violence.



Improving access to mental health services

By integrating mental health services within the public health system we improved the detection, diagnosis and treatment of mental health illness.

1,491 health workers trained on identification and management of common mental health conditions.

We trained 425 medical doctors, and 1,066 community health workers to better identify and manage common mental health conditions. “Together with the Ministry of Health, we organised an entire training cycle so that all district hospitals have the capacity to diagnose and treat mental illness.” Karine Coudert, Consortium Lead.

“The training taught me that people with mental health problems are still people. Mental illness is not witchcraft and if there is a mental illness the first thing to do is to take them to the health facility instead of going to the witch doctors.”

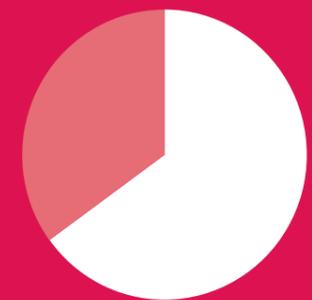
Habarugira Egide, Community Health Worker who received MHPSS training in Kremba-Ngozi.

Final evaluation of the programme

Over **1.6 million** people benefitted from the project

164 health facilities supported

65% of the population live in poverty



HEALTHNET TPO IN BURUNDI

With 65% of the population living in poverty and facing instability, natural disasters, and civil unrest, the country’s health indicators are poor due to a lack of social and financial protection mechanisms. Harmful cultural practices and gender-based violence have also increased inequality. Since 2000, we have been providing mental health and psychosocial support services in Burundi and strengthening the country’s health system to meet the dire needs of the population.

our impact:
emergency health response

How do we respond to emergencies?

In 2022, our teams were ready and equipped to provide life-saving support to people affected in the June earthquake and cholera outbreak in Afghanistan, the flooding in South Sudan and the ongoing COVID-19 crisis.

Afghanistan Earthquake First Response

The 6.1 magnitude earthquake that hit Afghanistan's south-eastern provinces in June 2022 destroyed entire villages, killing more than 1,000 people and injuring thousands more.

HNTPO set up a temporary clinic using a UNHCR tent to treat survivors of the earthquake. The nearest health centre was a four-hour journey across a treacherous and partly destroyed road.

The health centre became a safe space for people to meet and reconnect with loved ones, and to provide psychological first aid and counselling.

"In the past people only believed that medicine could improve their health. But when people found out that counselling can also lead to positive change, since then more people are coming for psychosocial counselling." Dr. Meenudin, MHPSS team leader for earthquake-affected population in Khost



"Within 24 hours we set up temporary health facilities and within weeks we established two fixed health facilities to treat people in the worst affected Spera district."

Dr. Mohammad Jamal Saqeb – Technical Manager, Khost Province.

Temporary Clinic Spera District, June 2022. (Photo by Mohammad Haroon, UNHCR.)



People in need of humanitarian assistance as % of total population

South Sudan: 8,400,000 =

77%

Afghanistan: 24,400,000 =

59%

Colombia: 7,700,000 =

15%

Burundi: 1,800,000 =

14%



Top: Amongst destroyed buildings, HNTPO staff coordinate a response to treat survivors of the earthquake in Spera District. Bottom: A young boy is treated for a wrist injury sustained in the earthquake by a HNTPO doctor within the constructed temporary health clinic. Spera District.

Over
40,000
children under five
treated against cholera

Community outreach on safe practices for the prevention of cholera in Laghman province.



667,017
people vaccinated
against COVID-19

Anthony Sabasio, Programme Manager, delivers a speech during the launch of COVAX campaign in Raja County.



Responding to cholera outbreak in Afghanistan

With support from UNICEF, we responded to a suspected cholera outbreak in Laghman and Nangarhar provinces.

Since September 2021,

4,700 Acute Watery Disease cases were reported.

Over 210,000 people received access to safe water, sanitation, and hygiene.

91,000 people received awareness information on prevention and home treatment.

“Our timely response to the outbreak decreased the mortality rate of cholera in the communities. We increased awareness of hand washing systems through health education sessions.”

Dr. Siddiqullah Tarakhai – Project focal point, Laghman Province.

COVID-19

Since the start of the COVID-19 pandemic, our priority has been to increase public awareness of the disease by promoting healthy behaviours and preventive measures.

We vaccinated 469,174 people against COVID-19 in South Sudan by integrating vaccination activities into health facilities, mobile clinics and mobile outreach teams. This represents a remarkable increase of 1753% since 2021. In addition, 53,661 people received COVID-19 awareness messages at the community level.

In Afghanistan, we established two COVID-19 hospitals and a rapid response team to provide COVID-19 response services, including community surveillance, treatment and psychosocial counselling. We also improved clinical staff capacity and led to 197,843 COVID-19 vaccinations and 56,142 people reached through our interventions.

In South Sudan we integrated vaccination activities into health facilities which resulted in a remarkable increase of 1753%

Climate emergency

Global Climate Risk

Countries like South Sudan and Afghanistan are particularly vulnerable to environmental issues. In 2022, worsening natural disasters including earthquakes, severe drought and extreme weather affected thousands of people and exacerbated displacements, food insecurity and poverty.

Mitigating the floods in South Sudan

In 2022, heavy rains destroyed fields and crops creating significant food insecurity and malnutrition and increased the risk of water-borne diseases including diarrhoea, cholera and malaria. The consequences of the flooding compounded with sustained inter-communal violence caused displacement, fatalities and destruction of homes and livelihoods.



“Every year from June to December, seasonal rain intensifies, and water remains stagnant and unable to drain. This blocks access to our health facilities and makes it difficult for medical supplies to be delivered, and for people to access services.”

Julius Opio – Programme Manager, HealthNet TPO South Sudan



REFLECTION

The response to emergencies from our dedicated teams is commendable. In Afghanistan, we established Emergency Preparedness and Response committees and provided resources for timely responses to health needs. In South Sudan, we monitor weather and flood-risk and even used boats and horses to reach those in need and allow everyone to access vital health services. To improve our responses in the future, we plan to strengthen early warning systems and establish a contingency fund for emergencies.

Global Climate Risk Index (2019)



the organisation

Since our founding in 1992, we have worked in over 45 countries. Today, we prioritise working in places where we can use our experience and expertise the most. We are proud to work with our own dedicated staff in Afghanistan, Burundi, Colombia and South Sudan. We also partner with different organisations with complementary expertise and experience towards a common goal.

5,764
staff



70/30
m/f ratio

Our people

With more than 5,700 staff, our colleagues comprise health professionals, community health workers, management and support staff, who carry out life-saving operations to people in their communities and maintain the running of the organisation in our country offices and in the head office in the Netherlands. We work collaboratively with national staff members and a limited number of expatriates to achieve our mission.



REFLECTION

Ensuring equal representation of women across all levels of our organisation is an ongoing goal. However, we acknowledge that we have a considerable distance to travel. Despite several prominent women holding 19% of leadership & management positions in their communities and in areas such as programme coordination, finance, human resources, communications and our board, most of our female colleagues occupy positions in care and administrative support. In our forthcoming strategy, HNTPO will prioritise equal representation of women in all leadership positions, particularly given the tightening restrictions experienced by women worldwide.

Opportunities: Interns

Interns make up an important part of our small team at the Amsterdam Head Office. In 2022, two interns supported the Communications and Fundraising team bringing fresh ideas and developing their skills for their future employment. Our interns are highly valued members of the team helping us achieve our mission whilst receiving a competitive reimbursement.



“The stories we collected from our colleagues are proof of the impact HNTPO has in the lives of thousands of people”

Giorgia Casanova, Healthnet TPO Communications and Fundraising Officer

Giorgia started working for HNTPO in September 2022, filling the intern position as a Communications Assistant, right after finishing her master's degree in Political Communications. In January 2023, she joined the team full-time as our new Communications and Fundraising Officer. “To better convey the incredible results that HNTPO is achieving through its projects, the need to increase the team's communication skills became evident. The stories and testimonials we collected from our colleagues are proof of the impact HNTPO has in the lives of millions of people. We could spend more time sharing these incredible stories and creating a global network with all the countries where we operate. I am excited to be part of this great growth phase!”



Governance

COMPOSITION OF THE BOARD:

Carin Beumer
Chair of the Board
 Member of the Remuneration/Nomination Committee.
 Term 2, 2019-2023
 Co-founder and Chair of the Zaluvida Group, and joint Mercy Corps Netherlands

Guus Eskens
Member, member of the Audit & Risk Committee.
 Term 2, 2021-2023
 Former CEO at Memisa and CARE Netherlands, Chair of the VSO Supervisory Board, Trustee VSO International London

Hans Moison
Treasurer, Secretary and Chair of the Audit & Risk Committee.
 Term 2, 2022-2026
 Former chartered accountant with 35 years' experience with EY and KPMG as a public accountant and advisor. Treasurer of an association of owners.

Noelle Ahlberg Kleiterp
Member, Chair of the Ethics Committee and Remuneration/Nomination Committee.
 Term 1, 2021-2025
 Non-executive Director of the Swiss School in Singapore and member of the Board of Trustees, Zürich International School.

Lander van Ommen
Member
 Term 1, 2021-2025
 Health advisor for the Dutch Development Cooperation. Current chair of the Board of Health Action International.

Peter Engelen
Member
 Term 1, 2023-2027
 Hospital Crisis Intervention Consultant in Tigray for Médecins Sans Frontières (MSF). Former CEO of Zanob, CEO of Atlant and Managing Director of Scheldezoom. Former MSF Hospital Coordinator in DRC and South Sudan.

Charles Gerhardt
Member
 Term 1, 2023 - 2027
 Programme advisor for Netherlands Africa Business Council. Former Country Coordinator for PUM Netherlands Senior Expert Programme, Country Representative in Burundi for Cordaid, Project Manager and Senior Management Consultant for Hera.

To ensure HealthNet TPO fulfils its duties from a management perspective, our operations are continuously monitored by the board, who are responsible for approving the organisational strategy, policies, annual plans and reports.

The board undertakes these responsibilities during five annual meetings. All board members work on a voluntary basis and lend their expertise and experience. The board appoints and appraises the Managing Director.

Board members are appointed for four years and can be reappointed for an additional four-year term. The Board Rules stipulate principles of governance and are available on HealthNet TPO's [website](#).

Recent developments

Hans Moison was reappointed for a second term in April 2022. Guus Eskens stepped down from the board in February 2023. Charles Gerhardt joined the board as a new member in June 2023. Peter Engelen joined the board as a new member in June 2023.

Rotation and election procedure

Board members are appointed for a maximum of two four-year terms. The board's rotation schedule is as follows:

Board of Directors Members	Appointed as of	End of first term	End of second term
Carin Beumer	Oct 2015	2019	2023
Guus Eskens	June 2017	2021	-
Hans Moison	July 2018	2022	2026
Noelle Ahlberg Kleiterp	June 2021	2025	2029
Lander van Ommen	June 2021	2025	2029
Peter Engelen	June 2023	2027	2031
Charles Gerhardt	June 2023	2027	2031

Compensation

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

Board meetings in 2022

The board convened seven times in 2022. The agenda items for the board meetings were as follows:

- The annual plan and budget;
- The annual report;
- Programme implementation;
- Formal audits, evaluations and risk assessments;
- Self-evaluation;
- Risk management and fraud prevention;
- Progress on professionalising the organisation;
- The evaluation of the Managing Director;
- Approval of organisational policies.

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

- Strategic partnerships and alliances.
- Governance and the transition towards a supervisory board.

Self-evaluation of the board

In line with the Governance Code, the board evaluated its performance over 2022.

Evaluation of the Managing Director

Each year the board, through the remuneration committee, reviews the Managing Director's performance and key performance indicators for the coming year. The board expressed its confidence and is satisfied with the Managing Director. The board determines the remuneration policy, the level of executive remuneration and other fixed remuneration components. HNTPO follows the guidelines of Goede Doelen Nederland. The BSD-score is determined by the remuneration committee of the board. The resulting BSD score is 450 points, indicating a maximum fulltime gross salary of €130,699 (excluding remuneration payable in future). In 2022, the Managing Director, Johannes H. Groot-endorst, received a gross salary, including holiday allowance, of €103,840. 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 2022 employer's contribution to the pension scheme of the director amounted to €23,295.86.

The Audit and Risk Committee

The audit and risk committee (ARC) convened three times in 2022. The agenda of the ARC consists of the auditors (interim) report, internal and external evaluations and risk management. During the course of the year the members of the ARC are constantly kept informed on (security) incidents and management thereof.

The Remuneration Committee

The remuneration and nomination Committee convened four times in 2022. The committee prepared the mid-year and end-year performance evaluation of the Managing Director; prepared the board self-assessment approach and led the assessment; defined the chair succession process and started execution of the process; and executed the salary evaluation of the Managing Director.

The Ethics Committee

This committee oversees and safeguards our organisations integrity and complaints policies and procedures and consists of one member of the board and an independent external person. See our [website](#) for more details.



Risk management

Risk and security management are continuous processes where the identification of risk leads to improved and updated procedures. The countries where HNTPO is operational are volatile and presented many potential risks for the organisation. As part of the preparedness on operational risks, daily issues are monitored and recorded.

HealthNet TPO manages its risks in a structured way, to optimise the chances of realising the strategy and organisational objectives. Adequate risk management forms the core of our countries' programme and project plans. All operational procedures are influenced by it and derived from it. While it is impossible to eliminate all risks and guarantee absolute security, vulnerabilities and risks can be reduced. In June 2022, the board approved the Risk Management Policy which provides a logical and standardised methodology to ensure all facets of threat and risk in a particular context are identified, appropriate risk responses and mitigation measures are set in place, and all staff members are enabled to make informed decisions regarding their willingness to expose themselves to the residual risks. Thus, line managers must ensure the risk analysis is a thorough and inclusive process, allowing input from all staff.

Operational risks

In 2022, a total of 36 security incidents were reported, a sharp decrease compared to 2021 (61). This is due to the fact that the De Facto Authorities (DFA) in Afghanistan were the Armed Opposition until August 2021.

In **Afghanistan**, the number of violent attacks drastically reduced as IS-K (IS-Khorasan) was not able to stage a large-scale armed opposition to the DFA. Information around other opposition groups is very restricted. Whilst armed violence reduced across the country, street violence, particularly in Kabul, increased. Street robberies are a daily occurrence and commuting staff have been victim to such robberies on multiple occasions. Next to the natural death of several national staff members, one incident in Kunar province resulted in the death of a staff member outside of office hours due to a fire. During 2022, the DFA stopped girls from attending school and in early December young women were also restricted from attending universities. On Christmas Eve a ban on women working for (I)NGOs was announced. This ban did not extend to women working in healthcare which would have deprived women in general access to healthcare. Our female staff could therefore continue working within hospitals and health facilities. However, HNTPO female office staff were not able to resume working in the office in 2022.

Burundi has remained a very stable country where security improved and no armed opposition attacks were reported. In several periods, there was a severe shortage in essential commodities including diesel/petrol and sugar. This did not lead to unrest or big protests. Only one security incident was reported within our HNTPO office in Bujumbura where devices were stolen from the office.

Colombia has recorded the murder of 216 social leaders during 2022, the highest annual number registered by the "Defensoría del Pueblo" after the signing of the peace agreement. The electoral context was marked by high levels of violence, accusations of fraud and harassment of the civilian population due to the presence of paramilitary and armed groups throughout the country, with 769 violations against the life and integrity of political, social and community leaders. In 131 municipalities, in 23 of the 32 departments of the country, there were the highest risks in terms of electoral fraud and violence. The president-elect belongs to the left wing of politics and participated as a militant in the former M19 guerrilla, he and the Afro-Colombian first vice-president, Francia Marquez, have suffered several attempts on their lives in recent years. As a result, some of the activities programmed in the departments of Bolivar, Meta and Putumayo had to be postponed or held in territories distant from the living areas of the participants due to the death threats that some of them have received.

South Sudan remains an instable country. Various factions and tribes continue to use armed violence and inter-communal violence and cattle raiding remain a constant factor of insecurity. Cattle herds (young boys) are armed, and this often results in casualties.

In 2022, two security incidents were reported, a road traffic accident and a break-in within one of our provincial offices. The peace process is not making any progress and national elections proposed at the end of 2022 have been postponed for two years.

Financial Risks

Following the regime change in Afghanistan on the 15th of August 2021, the World Bank paused funding arrangements and ceased communication with the government. Subsequently, the World Bank only partially fulfilled its financial obligations and did not reimburse part of the authorised and contractually agreed expenses related to work performed and delivered in mid-2021. Consequently, a receivable of AFN 164,538,107 has been outstanding since 2021. Per year end 2022 the provision stands at €829,407. An additional provision of €919,063 may be required if this matter is not resolved with the World Bank. We are currently in direct communication with senior management at the World Bank to resolve this matter.

Quality Standards and Codes

The Central Bureau for Fundraising (CBF) conducted its regular annual review and concluded that we comply with the regulations and appendices for CBF recognition for charitable organisations, which also covers the CBF Good Governance Code for Charities and extended our official recognition. In addition to HNTPO's own Code of Conduct, HNTPO 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.

Cyber Risk

Cyber risk is a prevalent threat and cyber security is critical to our organisation. HNTPO uses the Windows 365 cloud platform which provides flexibility and security. We continuously point out the importance of data security throughout the organisation.

Reputational Risk

The current climate of accountability coupled with the immediacy of reputational damage, carry risks for all organisations engaged in projects by institutional or government donors. This can include internal and external ethical and legal breaches, moral inconsistencies, fraud and corruption. The risk is loss of faith in HNTPO as an effective organisation and concomitant loss of donor support. To mitigate reputational risk, transparent guidelines were developed and implemented. These policies and guidelines provide a benchmark for our staff, contractors, sub-grantees and partners.



Financial policy & results

HNTPO strives to perform programmes and projects cost-effectively and to maintain sufficient reserves to absorb potential financial setbacks. Projects are mainly carried out based on 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 incomes although the projects can have a duration of several years. Some project contracts in Afghanistan are linked to a bonus payment for employees, which depends on the level of performance. HNTPO 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.

In August 2021, the Taliban took over power in Afghanistan. This has had important consequences for the financial position of HealthNet TPO. In the second half of 2021, instalments for Afghanistan were (temporarily) suspended, including payments for the projects in which HealthNet TPO was not the leading partner. Subsequently, the World Bank committed to take care of these payments. Instalments resumed in 2022.

On balance, a claim of €1.748 million remains, for which a provision of €829K is taken per the end of 2022. We are in close contact with the World Bank and confident that, partly in view of the efforts and diplomacy by the donors and authorities involved, that these claims will be collected in full. Unfortunately, these efforts are not reflected in formalised documents and the results will have to be awaited.

There was a significant growth in income in 2022 compared to the previous financial year and the result is positive

There was a significant growth in income in 2022 compared to the previous financial year and the result for 2022 is positive. This is mainly due to the stable percentage margin for non-project related costs, included in the larger project volume. Total income increased by 79.5% to €48,227,569 (2021: €26,864,254). The result for 2022 was €782,196 positive, an increase of €2,004,502 (2021: €1,222,306 negative). As a result of these developments, the reserves increased by 261.0% to €1,081,920 (2021: €299,724).

Revenues almost entirely consist of contributions from governments, €48,222,344. Virtually all income is project dependent and therefore one-off. Due to growth in the acquisition of projects, government contributions increased by 79.7% to €48,222,344 (2021: €26,814,177). HNTPO generates a small amount of income from gifts and contributions from individuals, namely €5,225 (2021: €10,220).

The development of the project costs is in line with that of income. These increased by 75.3% to €46,389,868 (2021: €26,459,166). The direct costs of generating income increased by 17.4% to €164,981 (2021: €140,506). The operational and organisational costs of the Amsterdam head office have increased with 30.6% to €546,474 (2021: €418,533).

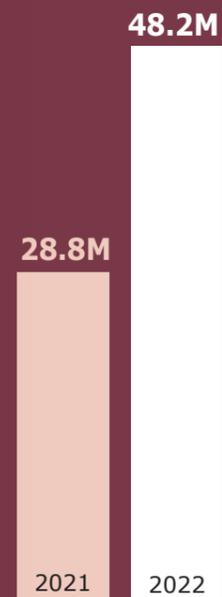
In 2022, HNTPO spent 96.2% of its income on the organisation's direct objectives (budget: 98.6%, 2021: 98.5%). Expenditures on income generation amounted 0.4% and expenditures on management and administration amounted to 1.2% of total expenditures. Expenditures on income generation amounted 0.3% of income raised. The funds received from sponsors and donors that do not need to be used immediately are placed in bank accounts. HNTPO has no (other) investments and does not use financial instruments other than currency swaps to reduce the currency risk.

HNTPO closed the 2022 financial year with a positive result of €782,196. The reserve at the end of 2022 and the expected positive result for 2023 guarantee the continuity of the organisation. The board determines the desired size of the continuity reserve based on three stress scenarios: (i) 50% loss of income and loss of 5% head office expenses coverage for one year; (ii) upon verification, 5% of the contracted income for a year will be rejected; and (iii) 20% of the average balance sheet total must be pre-financed. The desired continuity reserve is at least the higher of (i + ii) and iii.

Based on the figures for 2022, the desired continuity reserve should be at least €3.6 million. The continuity reserve at the end of 2022 amounts to €1.1 million. The continuity reserve is not near the required level, particularly due to developments in Afghanistan. Furthermore, the result has lagged behind the growth in income and balance sheet total in recent years. This means that in the coming years, HNTPO will use the profit that we are aiming for to increase the continuity reserve to the required level. The Board expects a positive result for 2023 of approximately €600,000.

If and insofar as positive results are not needed to maintain solvency at the required level, HNTPO will use the funds to further strengthen the organisation to realise its strategy: restoring and strengthening healthcare systems in areas disrupted by war or disaster.

80%
increase in government contribution



We have restricted travel to our project countries only to essential trips, recognising the importance of minimising our impact on the environment.

Integrity & social responsibility

Integrity

During 2022, a review on several policies took place and new policies including the Gender & Equality Policy were developed and subsequently disseminated in our project countries. An Ethics Investigation policy was drafted along with other key documents required during an investigation process.

Due to insecurity and the addition of many new staff members in Afghanistan, the dissemination process is still ongoing and in some newly acquired provinces needs to be initiated in 2023.

In 2022, one allegation of misconduct was reported involving two employees. This was followed up by HNTPO's management team and Ethics Committee in line with our internal procedures. However, the complainant did not want to start an official complaint process, so an agreement was found making the complainant's safety a priority.

The Ethics Committee of the board held four meetings in 2022 in coordination with the management staff of the head office. The Confidential Contact Person received one request for support in 2022.

All integrity policies are published on the HNTPO website and accessible for employees and external contact. No reports were received regarding integrity issues in 2022.

Corporate social responsibility

HealthNet TPO is careful to work with partners that share in our values of equality, diversity and inclusion, financial management and sustainability.

Ensuring sustainable practices is a crucial element in the daily operations of our Amsterdam Head Office and in our country head offices in Kabul, Juba and Bujumbura. Throughout 2022, we implemented measures to minimise our ecological footprint across various areas such as energy consumption, water usage, paper consumption, office supplies and transportation. We continue to partner with Happy Greener, an eco-friendly company that employs 100% natural and ecological cleaning solutions, to take care of our cleaning needs.

We have restricted travel to our project countries only to essential trips, recognising the importance of minimising our impact on the environment. We use the services of HumanitAir, a travel agency who advise us on the best and sustainable travel options. The use of HumanitAir makes it easier to combine destinations and opt for a direct flight where it is possible to significantly reduce the Co2 footprint. In addition, we will also integrate Social Sustainability, which provides insight into how an airline or hotel also takes social responsibility.

How we reach out

In 2022, HealthNet TPO dedicated more time and effort into reaching out to our stakeholders. Globally, we participated in more events, online and offline, to connect with people in need, supporters, donors and partners.

We made real strides in increasing our online following through dedicated campaigns for health, mental health and psychosocial support, and violence against women. Our actions brought real growth in the number of supporters engaging through our social media, website and on our mailing list.

So what did we do differently? This year, we collaborated more with our global communications teams to create content that people want to see through audio-visual multi-media, including a video for World Health Day featuring our staff in South Sudan, Burundi and the Netherlands expressing the importance of mental health within health, and footage from our self-care event and MHPSS conference in Bogotá, Colombia. In addition, social media was integral to the celebration of HNTPO's 30th anniversary, as we shared a virtual timeline of key moments over thirty years through our Instagram, Facebook and Twitter pages.

Media appearances

In March 2022, our contribution to an opinion piece was published in the Financieel Dagblad: "Practical Assistance to Ukrainian Refugees is Now a Priority". With contributions from Ivan Komproe, HNTPO Director of Research, the article summarises the importance of providing practical assistance for people fleeing the war in Ukraine to aid in psychosocial recovery.

How to reach us

We took more efforts to make it easier for people to reach us. A new contact form on the website and clearer navigation ensures people can contact us with questions, suggestions or complaints.



"There is no health without mental health": Our video for World Health Day achieved through global collaboration with all our teams on the importance of integrated MHPSS into healthcare.

Events

This year, we held more events globally than ever before.

Afghanistan

Colleagues from across Afghanistan gathered to celebrate the organisation's thirtieth anniversary. Dr. Naseem Naem, Country Director, reminded everyone that without the tireless efforts of the staff, and their commitment and dedication to the provision of quality health care to the needy people, the milestones reached in the past decades would have remained just a dream.

Amsterdam

Current and former colleagues from the Amsterdam head office reunited during an evening of celebrations, speeches and live music to celebrate the organisation's thirtieth anniversary, in Amsterdam.

Although HNTPO is a well-known name in the communities we serve, our public visibility and recognition in Amsterdam is limited. We aim to improve this and in 2022 we took steps to engage more with our local community by participating in the Czaar Peter Festival, a local street market.

Burundi

Jacqueline Nsabiaremye (left) shares her experiences as a community health worker in Burundi during an open day that celebrated the achievements of HealthNet TPO in Burundi over 22 years, with national media, government representatives (right) and partner organisations present.

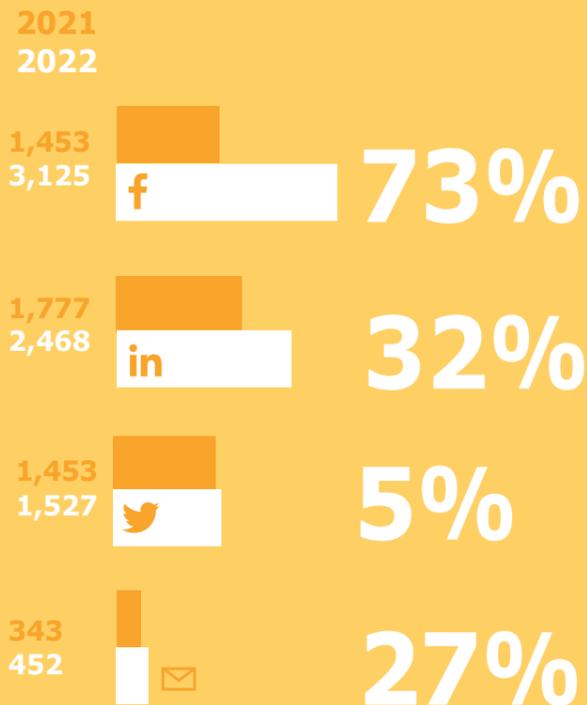
Colombia

We held the first annual forum "Let's Talk About Mental Health and Psychosocial Support: Peacebuilding Practices" in Bogotá on the 28th and 29th November 2022. The event celebrated the organisation's thirtieth anniversary and connected the new team in Colombia with key stakeholders including community leaders and allowed the exchange of knowledge and experiences on MHPSS and peacebuilding.



1 Celebrating the thirtieth anniversary in Afghanistan. 2 Celebrating the thirtieth anniversary in Amsterdam. 3 Local market at Czaar Peter Festival 4 Participants of 30 anniversary event in Burundi. 5 Jacqueline Nsabiaremye at the open day celebrating 22 years of HealthNet TPO in Burundi. 6 Annual Forum in Bogotá

Online reach increase



Increase in followers on Facebook, Twitter, LinkedIn and subscribers to our email newsletter

healthnettpo.org [/HealthNet_tpo](https://twitter.com/HealthNet_tpo)

info@hntpo.org [@healthnet_tpo](https://www.linkedin.com/company/healthnet_tpo)

[@HealthNetTPO](https://www.youtube.com/@HealthNetTPO) [/HealthNetTPO](https://www.facebook.com/HealthNetTPO)

Outlook 2023

"The first territory is our own body. We need to balance three environments: mind, spirit and body."
Participant from an MHPSS session in La Guajira, Colombia, November 2022.
(Photo: Dahian Cifuentes Lopez)

Looking Ahead

The environments in which HealthNet TPO operates remains complex, politically sensitive and dangerous. All our countries of operation are affected by several humanitarian crises, both protracted and new, with devastating consequences.

Afghanistan has been confronted with an uncertain period since the fall of the Islamic Republic on the 15th of August 2021. Overall, the Taliban de facto authorities (DFA) have become more conservative, restricting rights for women and girls and insisting on increased control over aid related activities. Sociocultural factors also restrict women's access to education, work, and social services, such as health and justice. This challenging and increasingly hostile environment affects our field staff and can disrupt our programmes for shorter and longer periods of time. We will continue our close cooperation with our field teams in Afghanistan in order support and continuously monitor the developments and mitigate the risks during the implementation of our programmes.

In **Burundi** the humanitarian situation remains alarming. Recurring climate-change natural disasters lead to massive internal displacements and impact the livelihood of the rural population, highly dependent on subsistence farming for their food security. Burundi hosts a high number of refugees fleeing violence from the Democratic Republic of Congo (55,000 in 5 camps) and since 2017, more than 200,500 Burundians have repatriated, adding strain on resource-scare vulnerable host communities. Burundi has seen the resumption of fiscal and foreign aid after financial sanctions were lifted in June 2021. However, acquisition of new programmes in Burundi remained challenging also in 2022. This leaves the organisation with no new programme portfolio as of February 2023, which means that the closure of the Burundi operation may become a sad reality in the coming year. With the closure of the operations in Burundi, the organisation will however seek new opportunities in the Great Lakes Area.

Colombia's presidential elections in June 2022 resulted in a victory for Gustavo Petro of the leftist coalition Pacto Histórico. The Petro administration's main priorities are consolidating peace, social justice, environmental justice, and change for women. Colombia continues to face important structural challenges. The signing of the peace accords with the Revolutionary Armed Forces of Colombia (FARC) in 2016 led to a dramatic fall in violence. However, to date, rising levels of violence perpetrated by non-state armed groups and criminal organisations in rural areas of Colombia are having a devastating impact, particularly on women and children, indigenous peoples, Afro-descendants, community leaders and human rights defenders. HNTPO will seek official registration in the country to be able to widen the project portfolio in the years to come.

In **South Sudan**, HNTPO and other NGOs have attempted to support the Government in offering health services, but also face continuous funding constraints. The health sector of South Sudan continues to be heavily dependent on humanitarian aid since independence, which will eventually endanger the sustainability of essential health services in country. In 2022, 220 Primary Health Care Units (PHCUs) had to close down due to the cuts in The Health Pooled Fund in 2022. In addition to funding cuts, the country remains weakened by conflict and violence, with clashes currently taking place in several states. HNTPO will seek to diversify the donor base in South Sudan in order to meet identified health and protection needs. Donors have been requested to increase funding of the Humanitarian Response Plan for South Sudan, ensuring sufficient funding is available to meet identified health and protection needs and provide needed and joined up quality care. A programme development officer has been put in place to support the country team in their acquisition efforts.

Continued commitment to integrate MHPSS

Armed conflict not only causes immense physical harm and suffering but it also takes a toll on people's mental health and psychosocial wellbeing, and the COVID-19 pandemic has only worsened these problems. In Afghanistan, for instance, prolonged conflict and insecurity have resulted in exceptionally high levels of mental health disorders registered for both adults and children, including depression, anxiety and post-traumatic stress disorder, self-harm and suicide. Mental health is an integral part of general health and wellbeing and a basic human right. As such HNTPO will remain committed to integrate MHPSS as much as possible within its current and future programmes. This commitment will also be portrayed in the organisational strategy which will be developed in 2023.

The development of the new organisational Strategy 2024-2028

In 2023 the present organisational strategy 2019 -2023 will be evaluated and a new five-year organisational strategy for 2024-2028 will be developed.

Economic position of the organisation

The result for 2022 was €782,196 positive, the actual continuity reserve at the end of 2022 amounts to €1.1 million. The intended continuity reserve is based on the risk of loss of turnover and loss of coverage for the costs of the Amsterdam head office, the risk of rejected projects and pre-financing of projects. Based on these criteria, the continuity reserve should amount to approximately €3.6 million at the end of 2022. Actions will be initiated in 2023 to structurally improve the profitability and financial position of HNTPO for the long term.

The following options towards improving the (cost) efficiency, effectiveness and financial sustainability of the organisation will be explored and further operationalised in 2023, including:

- Possible reduction of administrative management and administration costs;
- Higher donor coverage for the costs of management and administration;
- Additional fundraising to cover costs related to innovation, research and development, and knowledge management;
- Partnership development with like-minded organisations with a view to further capitalise and expand on previous achievements made.

Financial outlook 2023

The total turnover in 2023 is expected to be around €34 million, a decrease of approximately €14 million compared to the realised expenditures in 2022. This decrease is partly to be found in the ending of the EC supported project in Burundi and the fact that in 2022 the Sehatmandi projects in Afghanistan in four provinces, next to numerous other new projects in Afghanistan, have resulted in the highest project turnover, €47 million, in the existence of HNTPO.

The expected indirect costs coverage is 6.7% and the expected project result is €1.86 million. The total result for 2023 is budgeted at approximately €0.6 million.



our donors

- Ministry of Foreign Affairs of the Netherlands (Buza)
- Crown Agents
- European Union
- Foreign, Commonwealth and Development Office (FCDO)
- Fred Hollows Foundation
- Global Fund fighting Aids Tuberculosis and Malaria
- Health Pooled Fund (HPF)
- JHPIEGO
- United Nations Development Programme (UNDP)
- United Nations Fund for Population Activities (UNFPA)
- United Nations International Children's Fund (UNICEF)
- World Food Programme

our partners

- Alliance Burundaise contre le Sida (ABS)
- Assistance Mission for Africa (AMA)
- Corporacion de Apoyo a Comunidades Populares (CODACOP)
- EVE Organisation for Women's Development
- Interchurch Coordination Committee Development Aid (ICCO)
- Impact Health Organisation (IHO)
- Lígua Internacional de Mujeres por la Paz y la Libertad (LIMPAL)
- medica mondiale
- Mensen met een missie
- Ruta Pacifica de las mujeres
- Pathfinder International
- PAX
- Plan International
- We World-GVC

our network

PLATFORMS

- ACBAR Afghanistan Development Forum (AADF)
- ACBAR Afghanistan Humanitarian Forum (AAHF)
- Afghanistan Platform of Ministry of Foreign Affairs
- Alliance of Health Organisations
- Burundi Platform of Ministry of Foreign Affairs
- Colombia Platform
- Dutch Security Network
- IASC Reference Group on MHPSS
- Member of the IASC Community-Based Approaches and MHPSS Technical Working Group
- Member of IASC In-Country Technical Working Groups
- Member of the IASC Minimum Service Package Technical Working Group
- Member of the IASC Peacebuilding and -MHPSS Technical Working Group
- Mental Health Forum WHO
- Mental Health and Psychosocial Support Dutch Coalition
- NAP 1325 Colombia Working Group and
- NAP 1325 South Sudan Working Group

ACADEMIC AND SCIENTIFIC RESEARCH PARTNERS

- Aga Khan University, Karachi, Pakistan
- ASSR, Faculty of Social and Behavioural Sciences, UvA, The Netherlands
- Centre for Addiction and Mental Health, University of Toronto, Canada
- Centre for Global Mental Health, London School of Hygiene and Tropical Medicine, UK School of Nursing and Human Sciences, Dublin City University, Ireland
- Colorado School of Public Health, University of Colorado – Boulder, USA
- Community based socio therapy, Rwanda
- Department Clinical, Neuro- and Development Psychology, Vrije Universiteit, The Netherlands
- Department Cultural Anthropology, Utrecht University, The Netherlands
- Department Environmental and Occupational Health, Public Health Preparedness and Disaster Response
- Department of Social and Behavioural Sciences, Harvard School of Public Health, USA
- Department Psychological Methods, Faculty of Social and Behavioural Sciences, UvA, The Netherlands
- Harvard Medical School, Boston, USA
- Harvard T.H. Chan School of Public Health, Boston, USA
- Health Trust National Institute for EBP in Nursing and Healthcare, Ohio State University, USA
- IMPACT, Stichting ARQ, Amsterdam, The Netherlands
- Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK
- Institute of Psychological Sciences, University of Leeds, UK
- Keele School of Medicine, Keele University, UK
- Khyber Medical University, Peshawar, Pakistan
- Médecins Sans Frontières, Amsterdam, The Netherlands
- Institute of Psychiatry, Rawalpindi Medical University, Punjab, Pakistan
- School of Community, Primary Care and Social Sciences, Keele University, UK
- School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia
- Tranzo, Tilburg University, the Netherlands
- University of York, York, UK



Dr. Naseem Naeem, Country Director for HNTPO in Afghanistan and Raffaella Iodice, the EU Head of Delegation launch the new EU-funded mental health project in Kabul, Dec 2022. Photo credit: WHO/Zakarya Safari



Statement of income and expenditure

(in euros)	Actual 2022	Budget 2022	Actual 2021
Income			
Income from individuals	5,225	10,000	10,220
Subsidies from government grants	48,222,344	20,781,729	26,814,177
Income from non-profit organisations	-	-	39,857
Total	48,227,569	20,791,729	26,864,254
Expenditure on objectives			
Reconstruction and development	46,276,040	20,450,000	26,390,910
Awareness raising and public information	113,827	59,921	68,256
Total	46,389,868	20,509,921	26,459,166
Expenditure income generation			
Own fundraising efforts	41,225	30,000	43,306
Securing government subsidies	123,756	90,000	97,200
Total	164,981	120,000	140,506
Expenditure management and administration	546,474	460,000	418,533
Provision for doubtful debtors	229,408	-	600,000
Total expenditures	47,330,731	21,089,921	27,618,205
Financial income and expenditures	(114,642)	-	(468,355)
Result	782,196	(298,192)	(1,222,306)
Allocation of the result			
Continuity reserve	782,196	(298,192)	(1,222,306)
Total	782,196	(298,192)	(1,222,306)
<i>Percentage expenditure on objectives vs total income</i>	96.2%	98.6%	98.5%
<i>Percentage expenditure on objectives vs total expenditure</i>	98.0%	97.2%	95.8%

Statement of financial position

(in euros)	December 31, 2022	December 31, 2021
Tangible fixed assets	30,790	5,854
Receivables and accrued income		
Work in progress	9,330,570	6,467,453
Receivables	1,795,736	2,149,498
Cash and banks	9,539,534	2,226,715
Total assets	20,696,629	10,849,520
Reserves	1,081,920	299,724
Provision	350,169	468,575
Short-term liabilities		
Project balances	9,610,116	3,094,974
Other short-term liabilities	9,654,423	6,986,247
Total reserves and liabilities	20,696,629	10,849,520

Statement of cash flow

(in euros)	2022	2021
Cash flow from operating activities		
Income resources	48,227,569	26,864,254
Resources expended	47,330,731	27,618,205
Operating result	896,838	(753,951)
Adjustments for:		
➤ Depreciation tangible fixed assets	5,964	2,345
➤ Interest	1,824	2,086
➤ Movement in provisions	(118,406)	29,785
Total	(110,618)	34,216
Movement in working capital:		
➤ Work in progress	(2,863,117)	(2,586,221)
➤ Receivables	353,762	(1,112,704)
➤ Project balances	6,515,143	(2,976,783)
➤ Other current liabilities	2,668,176	4,771,349
Total	6,673,964	(1,904,359)
Cash generated from operations		
➤ Received interest	-	-
	-	-
Cash flow from operating activities	7,460,184	(2,624,094)
Cash flow from investing activities		
Investments in tangible fixed assets	(30,899)	(4,725)
Receipts from divestments	-	-
Cashflow from investing activities	(30,899)	(4,725)
Cashflow from financing activities	(1,824)	(2,086)
Net cash flow	7,427,461	(2,630,905)
Realised exchanged gains and losses	(114,642)	(468,354)
Change in cash and cash equivalents	7,312,818	3,099,259

(in euros)	2022	2021
Cash and cash equivalents	2,226,714	5,325,973
Change in cash and cash equivalents	7,312,818	(3,099,259)
Exchange rate differences	-	-
Cash and cash equivalents as of 31st Dec	9,539,532	(2,226,714)

Notes to the Financial Statements

Accounting Principles

General

The activities of HNTPO consist mainly of health, protection, resilience and wellbeing. With these four areas, HNTPO supports people who are affected by conflict and disaster to regain control over their own lives. HNTPO is a foundation. The Dutch Chamber of Commerce: 41211943. The annual report is prepared in accordance with 'Guideline 650 for Fundraising Institutions' of the Dutch Accounting Standard Board (RJ650). 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 statement of financial position 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 programme countries for projects are recognised on an accrual basis.

Assets and liabilities are generally measured at historical cost, production cost or at fair value at the time of acquisition. The result is the difference between the realisable value of the goods/services provided and the costs and other charges during the year. The results on transactions are recognised in the year in which they are realised.

Going concern basis

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

Functional and presentation currency

The financial statements are presented in euros, which is HNTPO's functional and presentation currency.

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 dates. 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 reporting date. The resulting exchange rate gains and losses are included in the statement of income and expenditure.

Tangible fixed assets

The tangible fixed assets are stated at cost less accumulated depreciation and impairment losses. 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

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 reimbursements up to reporting date. In determining the realised project income, losses due to budget overruns, ineligible costs or unsecured co-funding obligations are considered. The fee for the project is, where

applicable, allocated to the result in proportion to time or the services rendered. This considers the verification of the services provided by the donor and any issues under discussion. On this basis, the expected contributions not yet verified are recognised in the result. HNTPO 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 realised if the realised 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.

Receivables

Receivables are initially recognised at fair value and are subsequently recognised at amortised cost using the effective interest rate method. If necessary, a provision for bad and doubtful debts is recognised.

Cash and banks

Cash at banks and in hand represent cash in hand, bank balances and deposits with terms of less than twelve months. Overdrafts at banks are recognised as part of debts to lending institutions under current liabilities. Cash at banks and in hand is carried at nominal value.

Provisions

Provisions are recognised when there is a present (legal or constructive) obligation as a result of a past event, it is probable HNTPO will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the reporting date, taking into account the risks and uncertainties surrounding the obligation.

Other short-term liabilities

On initial recognition other short-term liabilities are recognised at fair value. After initial recognition other short-term liabilities are recognised at the amortised cost price, being the amount received, taking into account premiums or discounts, less transaction costs. This usually is the nominal value.

Allocation of organisational 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 organisation. These costs are calculated in accordance with RJ650. Included are the direct costs of the human resources and administration departments and 50% of the director's office. 20% of the operational department costs are considered to be administrative expenses. Other costs are allocated on a pro rata basis based on the allocation of direct costs.

Financial income and expenses

Interest income and interest expenses

Interest income and expenses are recognised on a pro rata basis, taking into account of the effective interest rate of the assets and liabilities to which they relate. In accounting for interest expenses, the recognised transaction expenses for loans received are taken into consideration. If a provision is measured at present value, any changes in the provision due to accrued interest are presented as interest expense.

Currency translation differences

Currency translation differences arising upon the settlement or conversion of monetary items are recognised in the income statement in the period that they are realised, unless hedge accounting is applied.

Statement of cash flow

The cash flow statement has been prepared using the indirect method. The cash items disclosed in the cash flow statement comprise cash at banks and in hand. Cash flows denominated in foreign currencies have been translated at average estimated exchange rates. Interest paid and received are included in cash from operating activities.

Notes to the statement of income and expenditure

Income fundraising

(in euros)	Actual 2022	Budget 2022	Actual 2021
Income from individuals			
Private donations	5,225	10,000	10,220
Total	5,225	10,000	10,220

The income of HNTPO consist of subsidies from governments and non-governmental organisations. 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 subsidised expenditure was incurred. In this context, the expenditures by alliance partners, where HNTPO 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.

Income institutional donors

(in euros)	Actual 2022	Budget 2022	Actual 2021
Subsidies from government grants			
Afghan Ministry of Health	(270,742)	-	10,184,693
Dutch Ministry of Foreign Affairs	333,213	350,000	192,730
European Commission	3,146,321	2,300,000	3,119,010
Health Pooled Fund	6,454,433	4,400,000	5,408,855
Global Fund	77,259	75,000	1,241,621
United Nations Organisations	31,604,399	11,986,386	5,235,811
USAID	-	-	1,785
Other governments	4,636,722	925,000	166,638
Coverage for organisational costs	2,240,739	745,343	1,263,034
Total	48,222,344	20,781,729	26,814,177
Income from non-governmental organisations			
World Bank	-	-	39,857
Coverage for organisational costs	-	-	-
Total	-	-	39,857

Expenditure on objectives

(in euros)	Reconstruction and development	Awareness raising and public information	Total expenditure on objectives	Own fundraising efforts	Securing government subsidies	Management and administration	Actual 2022	Budget 2022	Actual 2021
Average number FTEs	3.4	0.8	4.3	0.3	0.9	4.1	9.5	10.3	8.2
Personnel costs	371,736	40,308	412,045	17,352	92,197	384,590	906,183	780,000	724,710
Accommodation costs	13,799	3,299	17,098	1,046	3,460	16,615	38,220	38,000	35,504
Office and general costs	175,209	41,887	217,096	13,281	43,930	210,966	485,273	180,000	174,227
Depreciation	2,153	515	2,668	163	540	2,593	5,964	4,500	4,431
Total	562,898	86,009	648,907	31,842	140,127	614,764	1,435,640	1,002,500	938,872
Recovered organisational costs	(66,007)	(7,157)	(73,164)	(3,081)	(16,371)	(68,289)	(160,906)	(90,000)	(85,844)
Total	496,891	78,852	575,743	28,761	123,756	546,474	1,274,734	912,500	853,028
Subsidies and contribution	45,784,867	34,976	45,819,843	12,464	-	-	45,832,307	19,537,500	26,170,961
Local income	(5,718)	-	(5,718)	-	-	-	(5,718)		(5,784)
Total allocation	46,276,040	113,827	46,389,868	41,225	123,756	546,474	47,101,323	20,450,000	27,018,205
Percentage of expenditure on objectives				0.09%	0.27%	1.18%			
Note: Coverage of indirect costs							2,240,739	745,343	1,263,034
In % of total organisational cost (incl. subsidies and contribution for Management and Administration)							138%	82%	94%

The expenditures on objectives are divided into expenditure on reconstruction and development, and awareness raising and public information. The policy of HNTPO is to spend at least 90% of the total expenditures directly on the objectives. In 2022, 98.5% (€46.3 million) of total expenditures (€47.1 million) was directly spent on the objectives. The majority (98.2%) of these expenditures related to reconstruction and development. Furthermore, it is the policy of HNTPO to work with their 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

	Actual 2022	Budget 2022	Actual 2021
Asia	78%	64%	68%
Africa	21%	35%	29%
Other	1%	1%	3%
Total	100%	100%	100%

Expenditure reconstruction and development per country

(in euros)	Afghanistan	Burundi	South Sudan	Other Countries	Total 2022	Budget 2022	Actual 2021
Expat staff	- 0%	67,542 2%	397,731 6%	14,818 10%	480,092 1%	211,061	508,110 2%
Head office staff	136,845 0%	7,245 0%	- 0%	16,816 12%	160,906 0%	70,738	85,844 0%
Local staff	16,319,503 45%	204,784 7%	4,199,924 62%	29,157 21%	20,753,368 45%	9,123,714	12,215,665 47%
Field office costs	5,974,467 17%	32,502 1%	236,013 3%	29,201 21%	6,272,182 14%	2,757,413	2,541,464 10%
Transportation	1,464,323 4%	72,133 3%	662,733 10%	4,256 3%	2,203,445 5%	968,691	1,400,348 5%
Training and education	457,299 1%	446,801 16%	279,623 4%	30,766 22%	1,214,489 3%	533,921	1,014,249 4%
Medical and other goods	11,548,397 32%	- 0%	604,922 9%	(0) 0%	12,153,318 27%	5,342,911	6,185,987 24%
Consultancy	34,985 0%	22,881 1%	10,827 0%	7,912 6%	76,606 0%	33,678	33,594 0%
Local partners	- 0%	2,005,129 70%	392,409 6%	8,767 6%	2,406,305 5%	1,057,874	2,114,395 8%
	35,935,820	2,859,018	6,784,181	141,693	45,720,712	20,100,000	26,099,656
Local income	-	(5,718)	-	-	(5,718)		(5,784)
Total expenditures	35,935,820	2,853,300	6,784,181	141,693	45,714,995	20,100,000	26,093,872
			Allocated organisational costs		496,891	350,00	279,893
			Post project results		64,155		17,146
					46,276,040	20,450,000	26,390,911

Cost awareness raising and public information

(in euros)	Actual 2022	Budget 2022	Actual 2021
Website	23,741	31,000	30,579
Seminar	25	9,000	-
Other activities	11,210	19,921	-
Total	34,976	59,921	30,579
Allocated organisational costs	78,852	-	37,677
Total	113,827	59,921	68,256

Expenditure income generation Own fundraising efforts

(in euros)	Actual 2022	Budget 2022	Actual 2021
Advertisement	14	10,000	-
Other fundraising cost	12,450	15,000	23,581
Total	12,464	25,000	23,581
Allocated organisational costs	28,761	5,000	19,725
Total	41,225	30,000	43,306

The costs for securing government subsidies consist entirely of allocated organisational cost. Within HNTPO, 0.3 FTE was engaged in securing government subsidies.

Organisational cost head office

The expenditures for management and administration consist entirely of allocated organisational cost. Staff of the departments finance, operational support and technical support, as well as the managing director spend a percentage of their time on management and administration. The average number of 4.1 FTE's was assigned for management and administration.

The total of the Amsterdam head office cost (€1,435,640) is split up into the categories personnel cost, accommodation cost, office and general costs, and depreciation and interest. The table shows further details.

Organisational cost head office

(in euros)	Actual 2022	Budget 2022	Actual 2021
Salary cost			
Gross salaries	577,867	550,000	542,852
Social security	106,644	82,000	81,042
Pension	109,001	115,000	94,722
Other personnel cost	112,671	27,000	6,095
Total	906,183	774,000	724,710
Average number of FTEs	9.7	9.3	8.2
Accommodation cost			
Rent	30,047	30,000	26,718
Service charges and move	2,345	3,000	2,111
Office maintenance	5,828	7,000	6,675
Total	38,220	40,000	35,504
Office and general cost			
Automation and telecom	28,686	42,000	27,323
Office cost	624	6,000	6,271
Insurance	3,414	22,000	21,171
Bank charges	4,516	5,000	4,655
Consultancy	144,356	33,000	31,220
Audit fees	264,607	82,000	82,243
Other general costs	14,676	2,000	1,344
Total	460,878	192,000	174,227
Depreciation and interest			
Depreciation	5,964	2,400	2,345
Cash differences	22,571	-	-
Interest expense	1,848	3,483	2,086
Total	30,359	5,883	4,431
Total organisation cost head office	1,435,640	1,011,883	938,872

Most of the 2022 head office costs are in line with the budget and with 2021. The other personnel cost have increased compared to the budget as a result of the hiring fee for the new CFO and under budgeting in 2022.

The audit fees are significantly higher than budgeted, due to a much longer audit process.

The consultancy costs are significantly higher than budgeted because of the hiring of an external controlling specialist.

The cash difference relates to the robbery of AFN 2,000,000.

Board and Director remuneration

(in euros)	2022	2021
Name	Hans Grootendorst	Hans Grootendorst
Function	Managing Director	Managing Director
Contract	Indefinite	Indefinite
Hours per week	40	40
Part-time percentage	100%	100%
Period	01/01 – 31/12	01/01 – 31/12
Gross salary	87,849	85,073
Holiday allowance	7,580	6,861
Holidays	8,412	12,394
Total	103,841	104,328
Pension	23,297	21,386
Total	127,138	125,714

Board and Director remuneration

The Board members are not employed by the organisation. Board members and former Board members do not 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. HNTPO has no bonuses, year-end bonuses, or gratuities. Expenses are refunded on a claim basis.

Staff overview

	Actual 2022	Budget 2022	Actual 2021
Staff Head Office			
1 st January	8.2	8.7	7.9
31 st December	9.5	9.5	8.7
Number volunteers	-	-	-
Average number staff	9.7	8.5	8.2
Personnel cost per FTE (in euros)	93,421	91,765	88,379
Other cost per FTE (in euros)	54,583	26,176	26,117
Hourly rate staff (budget only, in euros)	90	90	90
Field staff per 31st December			
Afghanistan – Local staff	5,736.0	2,520.0	2,806.0
Afghanistan – Expat staff	2.0	3.0	2.3
Burundi – Local staff	20.0	29.0	30.0
Burundi – Expat staff	1.0	2.0	1.3
South Sudan – Local staff	88.0	71.0	71.0
South Sudan – Expat staff	5.0	5.0	5.0
Total	5,852.0	2,630.0	2,915.5

Financial income and expenditure

(in euros)	Actual 2022	Budget 2022	Actual 2021
Exchange rate gains/losses Head Office	129,600	-	5,492
Exchange rate results project countries	(313,278)	-	(473,846)
Change in provision	69,036	-	-
Total financial income and expenditure	(114,642)	-	(468,354)
Provision debtors			
Change during year	(229,408)		(600,000)

Budget 2023

(in euros)	Budget 2023	Actual 2022
Income		
Income from individuals	5,000	5,225
Subsidies from government grants	34,250,068	48,222,344
Income from non-profit organisation	20,000	-
Total	34,275,068	48,227,569
Expenditure on objectives		
Reconstruction and development	32,841,812	46,276,040
Awareness raising and public information	100,000	113,827
Total	32,941,812	46,389,868
Expenditure income generation		
Own fundraising efforts	45,000	41,225
Securing government subsidies	125,000	123,756
Total	170,000	164,981
Expenditure management and administration	560,000	546,474
Provision for doubtful debtors	-	229,408
Total expenditure	33,671,812	47,330,731
Financial income and expenditure	-	(114,642)
Result	603,256	782,196
Percentage expenditure on objectives vs total income		
	96.1%	96.2%
Percentage expenditure on objectives vs total expenditure		
	97.8%	98.0%

Notes to the statement of financial position

Tangible fixed assets

(in euros)	Furniture	Office machines	Computers	Total
Purchase value				
Balance on 1 st January	18,771	2,977	42,445	64,193
Investments 2022	-	5,444	29,216	34,660
Divestments 2022	-	-	-	-
Total	18,771	8,421	71,661	98,853
Depreciation				
Balance on 1 st January	18,771	148	37,074	55,993
Depreciation 2022	-	1,616	10,454	12,070
Divestments 2022	-	-	-	-
Total	18,771	1,764	47,528	68,063
Balance 31st December	-	6,657	24,133	30,790

Receivables

(in euros)	Actual 2022	Actual 2021
Debtors	29,574	5,411
Donor receivables	-	382,706
Prepaid expenses	20,789	47,435
Prepayments to subcontractors	1,745,399	1,690,801
Accrued assets	-	23,144
Total receivables	1,795,736	2,149,497

Prepayments to sub-contractors

For a number of projects HNTPO cooperates with sub-contractors. Some of the sub-contractors are pre-financed by HNTPO. 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 HNTPO is not pre-financing the sub-contractors, the sub-contractors are reimbursed afterwards. The commitment is presented as a short-term liability.

Accrued assets

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

Cash and bank

(in euros)	Actual 2022	Actual 2021
Cash at bank and in hand in Head Office	1,632,820	29
Cash at bank and in hand in project countries	7,906,713	2,226,686
Total	9,539,534	2,226,715

Cash in bank per country

(in euros)	Actual 2022	Actual 2021
Afghanistan	7,678,895	1,974,507
Burundi	19,292	180,112
South Sudan	208,527	72,067
Total	7,906,713	2,226,686

The cash position at the end of 2022 has increased as a result of the situation in Afghanistan.

In 2020, HNTPO obtained a current account credit facility from the Rabobank up to an amount of €500,000 for short-term

liquidity needs. The credit limit will be reduced to €250,000 on the 15th December, 2022. HNTPO has pledged the business assets, inventories, rights and claims, including rights under insurance contracts, to the bank as security. In 2022 this facility was not used.

Reserves

(in euros)	Actual 2022	Actual 2021
Continuity reserve		
Balance 1 st January	299,724	1,522,030
Result current year	782,196	(1,222,306)
Total	1,081,920	299,724

(in euros)	Actual 2022	Actual 2021
Total reserves		
Balance 1 st January	299,724	1,522,030
Result current year	782,196	(1,222,306)
Total	1,081,920	299,724

Reserves

The reserves will be used for its objectives. The Board determines the desired size of the continuity reserve on the basis of three stress scenarios: (i) 50% loss of income and loss of 5% head office expenses coverage for one year; (ii) upon verification, 5% of the contracted income for a year will be rejected; and (iii) 20% of the average balance sheet must be pre-financed. The desired continuity reserve is at least the higher of (i+ ii) and iii. Based on the figures of 2022, the desired

continuity reserve is at least €3.6 million. The continuity reserve at the end of 2022 amounts to €1.1 million. The continuity reserve is not yet at the desired level. This is due to the fact that the result has lagged behind the growth in income and balance sheet total in recent years. This means that in the coming years, HNTPO will use the profit that we are aiming for to increase the continuity reserve to the required level.

Provisions

(in euros)	Actual 2022	Actual 2021
Balance 1 st January	468,575	438,790
Allocation	368,858	254,127
Withdrawal	(420,339)	-
Release	(66,925)	(224,342)
Total	350,169	468,575
Post project provision	28,236	139,824
Social securities	301,511	308,751
Court cases Burundi	20,422	20,000
Total	350,169	468,575

(in euros)	Post project provision	Social securities	Court cases
Balance 1 st January 2022	139,824	308,751	20,000
Correction opening balance	(22,425)	22,425	-
Allocation	-	368,436	422
Withdrawal	(89,163)	(331,176)	-
Release	-	(66,925)	-
Balance 31st December 2022	28,236	301,511	20,422

HNTPO'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. Provisions are allocated based on expected outcome of the audits.

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.

The provision "court cases Burundi" relates to a long overdue labor dispute which has been in and out of the Court since 2017.

Work in progress and project balances

(in euros)	Actual 2022	Actual 2021
Balance 1 st January	3,372,479	(2,190,525)
Received subsidies	(49,372,738)	(20,092,384)
Subsidies spent	45,720,712	25,655,388
Total project balance	(279,546)	3,372,479

(in euros)	2022		2021	
	To be received from donor	Unspent project subsidies	To be received from donor	Unspent project subsidies
Achmea	-	-	-	(3,366)
Afghan Ministry of Health	-	-	4,552,839	-
Dutch Ministry of Foreign Affairs	-	(87,859)	19,370	(135,857)
European Commission	-	(630,089)	85,508	(1,030,957)
GAVI	7,479	-	6,586	-
Global Fund	11,260	-	639,356	(57,658)
United Nations Organisations	4,021,308	(6,166,791)	76,401	(1,834,330)
USAID	-	-	1,963	-
World Bank	2,488,953	(1,190,782)	39,403	-
Health Pooled Fund	2,553,635	-	1,041,089	(2,211)
Other donors	247,934	(1,534,595)	4,937	(30,593)
Total	9,330,570	(9,610,116)	6,467,453	(3,094,974)
Total project balance	(279,546)		3,372,479	

The situation in Afghanistan in 2021 has had important consequences for the financial position of HNTPO. In the second half of 2021, instalments for Afghanistan were (temporarily) suspended. Subsequently, the World Bank committed to take care of these payments. Instalments resumed in 2022.

After the takeover of power in Afghanistan by the Taliban, the financing of programmes and projects by the World Bank through the government was discontinued or postponed. After intensive lobbying and negotiating, part of the arrears were subsequently received directly. Because it is insufficiently certain whether the remaining amount of €829,408 will be received, this has been provided for in full. We will make every effort to receive this amount and are confident that this will still be collected.

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 reporting date and realised income, based on the progress of projects. In determining the realised project income, losses due to budget overruns, ineligible costs or unsecured co-funding obligations are considered.

Based on the progress of the project and instalments received, HNTPO 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.

Short-term liabilities

(in euros)	Actual 2022	Actual 2021
Creditors	158,736	14,477
Payable to project partners	-	50,620
Invoices to be received	182,184	11,262
Provision holiday allowance and holiday hours	105,943	95,147
Accrued personnel costs Head Office	(585)	14,785
Accrued tax and social security Head Office	20,340	18,861
Accrued personnel costs in project countries	1,159,606	1,611,237
Accrued social security in project countries	546,910	286,261
Accrued liabilities	604,213	-
Accrued subcontractors	2,542,973	1,769,318
Accrued other cost in project countries	4,334,103	3,114,279
Total	9,654,423	6,986,247

Accrued personnel costs head office includes the salary and insurance commitments for staff at head office per the 31st December, 2022. Accrued tax and social security head office includes the tax and social security payables per the 31st December, 2022, for the staff at head office. Accrued personnel cost in project countries includes the salary and tax commitments for staff at field offices per the 31st December, 2022, 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 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. The accrued other cost in project countries is mostly caused by the situation in Afghanistan. Since no instalments were received, the liabilities increased accordingly.

Off-balance sheet rights and obligations

In October 2019, the head office moved to the Czaar Peterstraat in Amsterdam. The rental agreement for this office runs from the 15th October 2019, until the 14th October, 2024. The yearly rental cost amounts to €26,800.

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

This report is approved by the Board on the 4th October 2023.

Carin Beumer, *Chair of the Board*
Hans Moison, *Treasurer*
Noelle Ahlberg Kleiterp, *Member*
Peter Engelen, *Member*
Charles Gerhardt, *Member*
Lander van Ommen, *Member*

INDEPENDENT AUDITOR'S REPORT

To: the Board of Stichting HealthNet Transcultural Psychosocial Organization

Report on the financial statements 2022 included in the annual report

Our opinion

In our opinion, the financial statements of Stichting HealthNet Transcultural Psychosocial Organization (hereafter: 'the organization') give a true and fair view of the financial position of the organization as at 31 December 2022, and of its result for 2022 in accordance with the Guideline for annual reporting 650 'Charity Organizations' of the Dutch Accounting Standards Board.

What we have audited

We have audited the accompanying financial statements 2022 of Stichting HealthNet Transcultural Psychosocial Organization, based in Amsterdam.

The financial statements comprise:

- The statement of income and expenditure for the year 2022;
- The statement of financial position as at 31 December 2022;
- The statement of cash flow for the year 2022;
- The notes to the financial statements, comprising the accounting policies and other explanatory information.

The basis for our opinion

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

We are independent of Stichting HealthNet Transcultural Psychosocial Organization in accordance with the 'Verordening inzake de onafhankelijkheid van accountants bij assuranceopdrachten' (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence requirements in the Netherlands. Furthermore, we have complied with the 'Verordening gedrags- en beroepsregels accountants' (VGBA, Dutch Code of Ethics).

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

Emphasis of matter – uncertain environments

We draw attention to the 'Looking ahead' section on page 47 which describes the complex, politically sensitive and dangerous environments in which the organization is operating and emphasize the general risks this poses to its activities. Our opinion is not modified in respect of this matter.

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 consist of:

- The report of the Board.

Based on the other procedures performed as set out below, we conclude that the other information:

- Is consistent with the financial statements and does not contain material misstatements;
- Contains the information that is required by the Guideline for annual reporting 650 'Charity organizations' of the Dutch Accounting Standards Board.

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

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

The Board is responsible for the preparation of the other information, including the report of the Board pursuant to the Guideline for annual reporting 650 'Charity organizations' of the Dutch Accounting Standards Board.

Responsibilities for the financial statements and the audit

Responsibilities of the Board for the financial statements

The Board is responsible for:

- The preparation and fair presentation of the financial statements in accordance with the Guideline for annual reporting 650 'Charity organizations' of the Dutch Accounting Standards Board; and for
- Such internal control as the Board 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 financial statements, the Board is responsible for assessing the organization's ability to continue as a going concern. Based on the financial reporting framework mentioned, the Board should prepare the financial statements using the going-concern basis of accounting unless the Board either intends to liquidate the organization or to cease operations or has no realistic alternative but to do so. The Board 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.

The Board is responsible for overseeing the organization's financial reporting process.

Our responsibilities for the audit of the financial statements

Our responsibility is to plan and perform an audit engagement in a manner that allows us to obtain sufficient and appropriate audit evidence to provide a basis for our opinion. Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditor's report that includes our opinion. Reasonable assurance is a high but not absolute level of assurance, which makes it possible that we may not detect all material misstatements. Misstatements may arise due to fraud or error. They are considered to be material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

A more detailed description of our responsibilities is set out in the appendix to our report.

The Hague, 4 October 2023

For and on behalf of
SCHIPPER & PAUL ACCOUNTANTS

signed

J.G.M. Schipper MSc RA

Appendix to our auditor's report on the financial statements 2022 of Stichting HealthNet Transcultural Psychosocial Organization

In addition to what is included in our auditor's report, we have further set out in this appendix our responsibilities for the audit of the financial statements and explained what an audit involves.

The auditor's responsibilities for the audit of the financial statements

We have exercised professional judgement and have maintained professional skepticism throughout the audit in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements. Our audit consisted, among other things of the following:

- 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 and audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement may involve collusion, forgery, intentional omissions, misrepresentations or the intentional 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 the Board.
- Concluding on the appropriateness of the Board's use of the going-concern basis of accounting, and based on the audit evidence obtained, concluding whether a material uncertainty exists related to events and/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 and are made in the context of our opinion on the financial statements as a whole. However, future events or conditions may cause the 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 the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



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restoring **health**
rebuilding communities