



# **ANNUAL REPORT 2020**



**HEALTHNET TPO**





## Report of the Board of Directors

Acroynms and Abbreviations	04
Foreword	06
Vision, Mission and Strategy	07
Covid-19 Impact	09
Advocating for Mental Health and Psychosocial Support	10
Achievements in 2020	11
Programmes 2020	13
Where We Work	13
Healthcare	17
Wellbeing	31
Protection	35
Resilience	45
Mental Health Research and Programme Development	51
Programme Quality and Monitoring	53
Governance	55
Financial Policy and Results	57
Communications with our Stakeholders	59
Our Donors and Partners	60
Networks	61
Risk Management	62
Integrity	65
Corporate Social Responsibility	66
Outlook 2021	68

## Financial Statements

Statement of Income and Expenditure	69
Statement of Financial Position	70
Statement of Cash Flow	70
Notes to the Financial Statements	71

## Independent Auditor's Report 89



## Acronyms and abbreviations

<b>AADA</b>	Agency for Assistance and Development of Afghanistan
<b>ABS</b>	Alliance Burundaise contre le SIDA
<b>Buza</b>	Ministerie van Buitenlandse Zaken (Dutch Ministry of Foreign Affairs)
<b>CBF</b>	Central Bureau of Fundraising
<b>CCP</b>	Confidential Contact Person
<b>EC</b>	European Commission
<b>EPHS</b>	Essential Package of Hospital services
<b>FHF</b>	Fred Hollows Foundation
<b>FPC</b>	Family Protection Centre
<b>GBV</b>	Gender-Based Violence
<b>GF</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HADAAF</b>	Humanitarian Assistance & Development Association For Afghanistan
<b>HPF</b>	Health Pooled Fund
<b>IAM</b>	International Assistance Mission
<b>ICCO</b>	Interchurch Coordination Committee Development Aid
<b>IHO</b>	Impact Health Organisation
<b>LGBTQI</b>	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
<b>LIMPAL</b>	Liga Internacional de Mujeres por la Paz y la Libertad
<b>LLINs</b>	Long-Lasting Insecticidal mosquito Nets
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MoPH</b>	Ministry of Public Health
<b>NGO</b>	Non-Governmental Organisation
<b>ORCD</b>	Organization for Research and Community Development
<b>PFP</b>	Psychosocial Focal Point
<b>PPP</b>	Public Private Partnership
<b>PSI</b>	Population Services International
<b>SAM</b>	Severe Acute Malnutrition
<b>SGBV</b>	Sexual Gender-Based Violence
<b>SRHR</b>	Sexual and Reproductive Health Rights
<b>TPO</b>	Transcultural Psychosocial Organisation
<b>UNDP</b>	The United Nations Development Programme
<b>UNFPA</b>	The United Nations Population Fund
<b>UNICEF</b>	The United Nations International Children's Emergency Fund
<b>UNOCHA</b>	The United Nations Office for the Coordination of Humanitarian Affairs
<b>WHO</b>	The World Health Organisation
<b>WFP</b>	The World Food Programme





## Foreword

**The year 2020 presented a multitude of challenges for the world at large, for HealthNet TPO and for our beneficiaries in Afghanistan, South Sudan, Burundi and Colombia.**

It is well known that major global challenges such as infectious diseases and climate change hurt those with limited resources hardest. The suffering of those with least capacity to buffer the impact creates even more tension in their communities, more violence towards each other and in particular towards the most vulnerable, such as women and children. The increasing complexity and scale of problems affecting those people and communities is immense.

As an organisation and people we also have cause to derive satisfaction from our achievements. In 2020, we were able to support 7.7 million beneficiaries. We successfully implemented primary healthcare and hospital services and managed three emergency hospitals dedicated to coronavirus infected patients in Afghanistan. We implemented primary healthcare services and psychological emergency care in South Sudan, and we distributed one million insecticide-treated bed nets to protect against malaria to people living in the most remote and hard-to-reach communities.

In Burundi we implemented a resilience programme for the Burundian population focusing on SRHR, gender-based violence and response to epidemic disease, funded by the European Commission. In Colombia we strengthened women and communities' participation in peacebuilding through community mobilisation processes, and provided psychosocial support to survivors of gender-based violence.

We uniquely trained hundreds of local care providers in Afghanistan and South Sudan on mental health detection, referrals and first aid treatment. Thanks to the trainings, these healthcare providers can return to their communities to help those affected by anxiety, depression and trauma. Where we can, we integrate mental health services in our health programmes, as a significant number of our beneficiaries have suffered psychological and physical trauma. We are ardent advocates of integrating mental healthcare in healthcare systems in fragile settings.

Speaking on behalf of the Board of Directors, I am proud to serve this organisation and its people, who risk their wellbeing and occasionally their lives in order to reach those who need it most. As front-liners in the midst of a global pandemic we have demonstrated our resilience, as people and as an organisation.

Carin Beumer  
Chair of the Board of Directors





# Vision and Mission

## Restoring health, rebuilding communities

HealthNet TPO envisions a world in which people living in fragile and conflict settings actively rebuild their lives, health and wellbeing. Our mission is to support and strengthen communities affected by conflict or disaster to regain control of their own health and wellbeing. We are convinced that even the most vulnerable people have the inner strength to (re) build a better future for themselves and those around them.

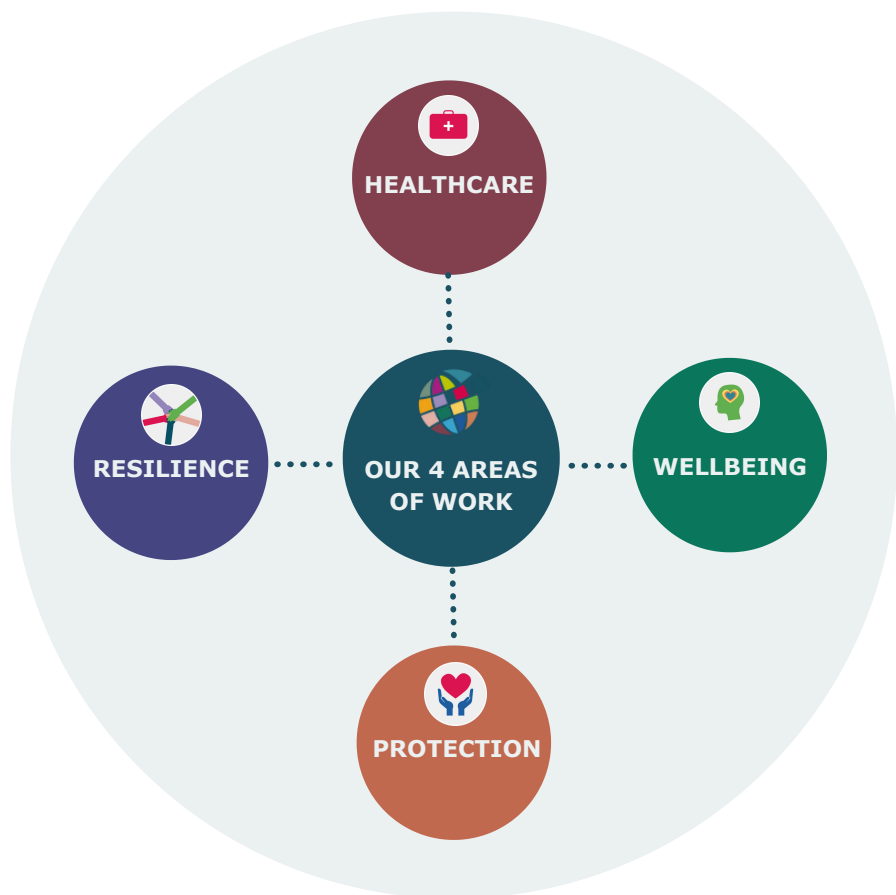
# Strategy

In 2019 we started with a new strategic plan for the period 2019-2023 to further realise our vision and mission.

We have formulated six priorities:

- Integrate mental health and psychosocial support into existing health systems;
- Utilise unique expertise and research and development skills;
- Create robust monitoring and evaluation capabilities;
- Activate the network of sponsors and donors;
- Explore long-term collaboration or merger partners;
- Strengthen the organisation and financial position.

Read our full strategy 2019-2023 on our [website](#).







# Covid-19 Impact

In 2020, HealthNet TPO responded to the Covid-19 pandemic in all its project countries worldwide. Through additional funding made available by our institutional donors, extra efforts to respond to the pandemic were made in Afghanistan, Burundi, and South Sudan.

The response focused on information sharing and awareness raising, activities aimed at direct prevention of transmission but also on care and treatment of Covid-19 patients in our hospitals in Afghanistan. The coronavirus pandemic influenced our activities; we suspended group activities and were forced to reshape some of our interventions, to provide safe support and assistance. Furthermore, the pandemic had a huge impact on our staff in Afghanistan. Between March and August 2020, no less than 557 staff members tested positively and three of our staff sadly succumbed to the virus.

Although the Covid-19 crisis is, in the first instance, a physical health crisis, it has the seeds of a major mental health crisis if action is not taken. Good mental health is critical to the functioning of society at the best of times. It must be front and center of every country’s response to and recovery from the Covid-19 pandemic.

The mental health and wellbeing of whole societies have been severely impacted by this crisis and are a priority to be addressed urgently. Because of the size of the problem, most mental health needs remain unaddressed. The response is hampered by the lack of investment in mental health promotion, prevention, and care before the pandemic.

This historic underinvestment in mental health needs to be redressed without delay to reduce immense suffering among hundreds of millions of people and mitigate long-term social and economic costs to society.



# Advocating for Mental Health and Psychosocial Support

Already more than one in five people living in settings affected by conflict have a mental health condition. At the same time there is a chronic underfunding of mental health; countries spend on average only 2% of their health budgets on mental health.

HealthNet TPO will continue to advocate for the urgent need for inclusion of mental health and psychosocial support as integral and cross-cutting components in public health responses. Affected communities need quality mental health services and this requires investments.

HealthNet TPO will use the current momentum of interest in mental health and advocate for:

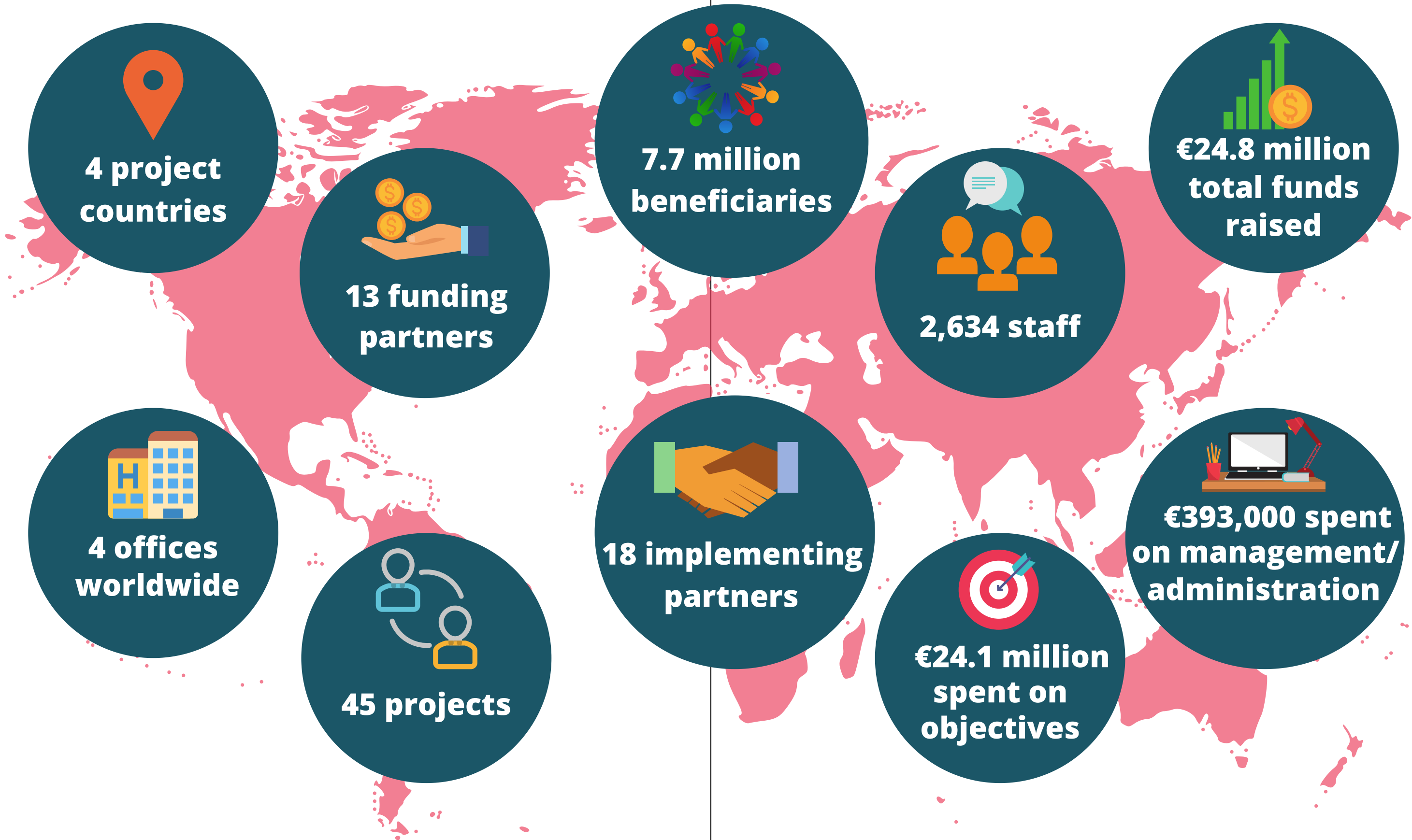
- Developing and funding the implementation of national services' re-organisation strategies that shift care away from institutions to community services;
- Ensuring that mental health is part of universal health coverage and building human resource capacity to deliver mental health and social care, for example among community workers so that they can provide support;
- Organising community-based services that protect and promote people’s human rights.







Achievements 2020

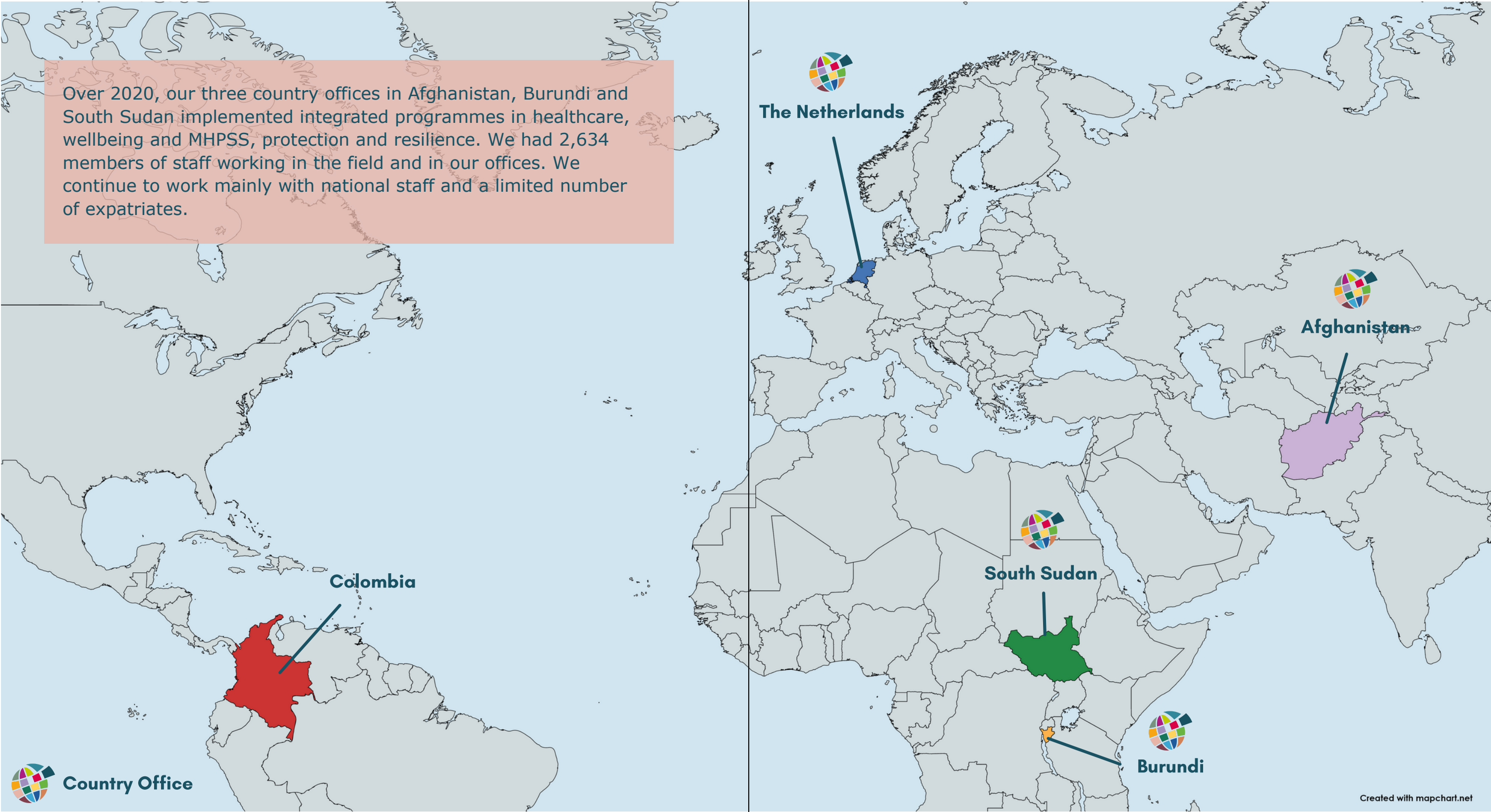






# Where we work

Over 2020, our three country offices in Afghanistan, Burundi and South Sudan implemented integrated programmes in healthcare, wellbeing and MHPSS, protection and resilience. We had 2,634 members of staff working in the field and in our offices. We continue to work mainly with national staff and a limited number of expatriates.







AFGHANISTAN

Population: 38.9 million (UNOCHA)


People in need: 18.4 million (UNOCHA)

Projects: 27

Beneficiaries: 6.6 million

Partners: 5 (AADA, ORCD, IMPACT, HADAAF, IAM)

Donors: 11 (MoPH, GAVI, World Bank, UNFPA, UNDP, GF, European Commission, WHO, WFP, UNOCHA, FHF)



**278,000 people**  
forcibly displaced in the first 10 months of 2020



**44% of civilian casualties**  
impacted women and children disproportionately

The year 2020 further intensified the already complex social and political situation in Afghanistan. Violent clashes between the government and armed opposition groups, attacks in urban areas and criminal activities by organised crime groups have all spiked.

There have been peace talks and negotiations between the government and the Taliban. The course of the peace process is unsteady so far without prospects of a long-lasting agreement between the parties. The Covid-19 pandemic has increased people’s vulnerability and needs, and has shaped the way projects and offices are operated.



BURUNDI

Population: 11.9 million (UNOCHA)


People in need: 2.3 million (UNOCHA)

Project: 1


Beneficiaries: 25,000

Partners: 4 (ABS, We World-GVC, medica mondiale, Pathfinder International)

Donors: 1 (European Commission)



**127,832 people**  
were internally displaced due to natural disasters



**90% of the population**  
rely on subsistence farming

Since its independence in 1962, Burundi has experienced violent conflicts, civil unrest and natural disasters, which have slowed its social and economic growth. 2020 was characterised by above-average rainfall in parts of the country leading to flooding, displacement of people and destruction of harvests.

The political crisis has contributed to damaging community and health structures and caused trauma on the population. Many people suffer with psychological and social disorders and experience sexual and gender-based violence. Due to a lack of social and financial protection mechanisms and insufficient investment in the health sector, Burundi is behind in many health-related indicators.



COLOMBIA

Population: 50.9 million (UNOCHA)


People in need: 6.7 million (UNOCHA)

Project: 1


Beneficiaries: 770

Partners: 3 (LIMPAL, ICCO, Mensen met een Missie)

Donors: 1 (Buza)



**242 attacks**  
against medical missions and health workers



**120 human rights defenders**  
were killed in 2020

The United Nations recorded 225 deaths in 66 massacres in 2020. A lack of state presence has allowed violent criminal groups to tighten their grip over certain territories, casting themselves as 'Covid crisis controllers', sowing terror, asserting their authority, imposing curfews, and carrying out attacks. Colombia has been one of the worst hit countries for Covid-19. Vulnerable populations in particular face deficient health and basic sanitation infrastructure. Obligatory isolation has had a profound affect on families living in precarious conditions, where most of the population earns a living from the informal economy. The pandemic has worsened gender stereotypes and increased violence against women. Rates of domestic violence have increased and attacks on women social leaders continued.



SOUTH SUDAN

Population: 11.2 million (UNOCHA)

People in need: 7.5 million (UNOCHA)

Projects: 4

Beneficiaries: 1.1 million

Partners: 6 (IHO, Malaria Consortium, Plan, PAX, Global Fund, PSI)

Donors: 5 (UNDP, PSI, Buza, GAVI, HPF)



**6,000 GBV incidents**  
were recorded during the first 9 months of 2020



**3.6 million health consultations**  
were conducted in 2020

The post-independence period has been marred by two major internal wars and communal conflicts. Thousands of people have been forced to flee their homes for safety, either internally or into neighbouring countries. There is limited access to social services including healthcare. The country has become dependent on international aid and support from non-governmental partners.

Throughout the year 2020, the implementation of the revitalised peace agreement did not have an impact on the reduction of humanitarian needs. The absence of durable peace and limited government investment on basic social services have been compounded by the impact of the Covid-19 pandemic plus a second consecutive year of major flooding across the country.



# HEALTHCARE



**Health is a fundamental human right. However, for many people who live in countries affected by conflict and disaster, access to basic healthcare is limited as services are disrupted, absent or out of reach. We strive to ensure that everyone, including the most vulnerable populations and those living in remote and conflict-affected regions, have access to healthcare. We support health facilities ranging from community health centres and mobile clinics, to district and provincial hospitals with over 600 beds and specialised treatments.**







## Featured project:

# FIGHTING COVID-19 IN AFGHANISTAN

The Covid-19 pandemic has hit Afghanistan hard, as the population simultaneously faces increasing insecurity, violence and poverty. HealthNet TPO continues to be on the frontline of the Covid-19 response across Afghanistan.

In 2020, HealthNet TPO provided Covid-19 emergency and preventive response services in Kabul, Nangarhar, Kunar, Laghman, Kunduz, Baghlan and Kapisa provinces to: protect vulnerable people from the spread of Covid-19; respond and mitigate the threat posed by Covid-19 in Afghanistan; and strengthen national health system preparedness and capacity to respond to public health emergencies.

We have cared for patients affected by Covid-19 in three dedicated Covid-19 hospitals and strengthened health facilities across the country, improving capacity to cope with the steep increase in the number of patients.

We have continued to respond at a community level, increasing public awareness and promoting good practice to prevent the spread of Covid-19 as well as conducting community surveillance and early detection of suspected cases with our specialist Rapid Response Teams.

Mental health and psychosocial support services have been at the heart of our response, with stress management and psychosocial counselling available for all frontline health workers. Our dedicated MHPSS Outreach Teams have also been working with communities providing mental health and psychosocial support.

Through our services we have successfully: increased public awareness and promoted healthy behaviour for the prevention and mitigation of Covid-19; improved community surveillance and early detection of Covid-19 suspected cases; ensured infection prevention and control measures at health facilities and amongst the community; and managed and isolated suspected and confirmed cases of Covid-19.



## 3 Covid-19 hospitals

provided isolation services in Nangarhar, Kunar and Laghman provinces.



## Covid-19 Rapid Response Teams & District Centers

provided contact tracing and referrals of eligible cases to Covid-19 hospitals



## 2 Covid-19 isolation centres

were set up in Kabul



## Equipment & medicines

supplied to Covid-19 hospitals



## 24 Covid-19/MHPSS outreach teams



## 188,061 individuals

received Covid-19 awareness info



## 43,842 individuals

received psychosocial support and counseling services



## 1,370 TV & radio spots

on Covid-19 prevention



## 598 frontline health workers

were trained on Covid-19 related stress management



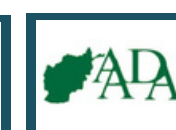
## 296 staff members

were trained on Covid-19 topics



## Information & education materials

printed and disseminated







**Ihsanullah is one of hundreds of Afghan health workers who has been dedicated to fighting Covid-19. He comes from Kunar province and works as a HealthNet TPO nurse at Nangarhar Regional Hospital in Jalalabad.**

After catching the virus himself, Ihsanullah quarantined at home for fifteen days. He returned to work to support his colleagues at this difficult time with renewed enthusiasm and dedication to his patients.

In order to carry on through the difficult times, Ihsanullah highlights the importance of coping with the additional stress and emotional impact of the crisis.

Ihsanullah received psychosocial counselling from HealthNet TPO through video calls. He kept in close contact with his family and friends by phone and found peace through praying and daily exercise.





Featured project:

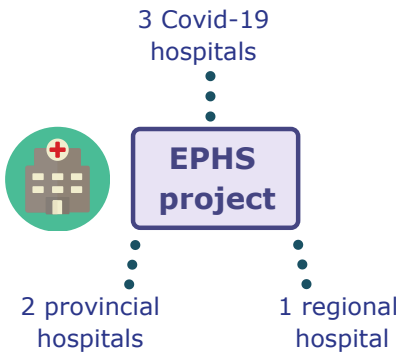
HEALTHCARE SERVICES IN AFGHANISTAN

Our primary healthcare projects provide a comprehensive package of health services that includes maternal and new-born care, child health and immunisation, public nutrition, prevention and control of communicable diseases, mental health and psychosocial support (MHPSS) services, disability services (awareness and prevention, case identification and referral), and regular provision of medicines and pharmaceuticals to clinics.

The Essential Package of Hospital services (EPHS) project supports three district, two provincial, one regional and three Covid-19 hospitals in eastern provinces of the country. They offer inpatient and outpatient services in different areas of internal medicine, obstetrics and gynaecology, paediatrics, infectious diseases, surgery (general, neurosurgery and vascular), orthopaedics, eye, skin, and all routine and advanced diagnostic tests.

Maternal and child health

Alongside primary healthcare and hospital services, we implement additional services for maternal and child health. The Targeted Supplementary Feeding Programme treats Moderate and Severe Acute Malnourished (SAM) children aged 6-59 months, whilst also supporting and treating malnourished pregnant and lactating women in Kunar and Laghman provinces. The Community Based Nutrition Programme funded by UNICEF was successfully implemented in 2020, which contributed to training 1,385 community health workers on community-based nutrition services, improving the awareness and knowledge for mothers and family members on key nutrition practices and behaviours.



 **1385 Community Health Workers**  
trained on key nutrition practices and behaviours



**"I was blessed to see my son recovered well. I had not thought that my baby would survive because he was so weak"**

At nine months old, Mohammad was diagnosed with Severe Acute Malnutrition (SAM). Weighing only 4.5kg, his body was weak and pale when he was brought to Fatimi Health Centre in Kunar province. He was put on a course of treatment, which included energy-dense and high nutrient-based foods used in therapeutic feeding. Mohammad's mother also received guidance and counselling from a nutrition counsellor on breastfeeding and maintaining good hygiene. Gradually Mohammad's condition improved and after 11 weeks, he returned home, weighing a healthy 9.3kg.



Immunising against Polio and Tuberculosis

The Immunisation Programme runs as vertical support to the Provision of Healthcare Services project in Kunar and Nangarhar, under the stewardship of the National-Expanded Programme of Immunisation, targeting unvaccinated children and women of reproductive age.

A Public Private Partnership (PPP) project successfully implemented in one of the southeastern provinces of the country providing basic health, reproductive health, child health and immunisation services through private clinics in remote underserved areas of the province.

We are also implementing tuberculosis and malaria control programmes across five western provinces and two eastern provinces respectively.

Eye care

With support from the Fred Hollows Foundation in Afghanistan, we have been helping people with vision impairment and blindness in Kabul and three eastern provinces. Cataracts are the leading cause of blindness in Afghanistan but more than 92% of those with cataracts are unable to access treatment.



**PPP project**  
provided basic health, reproductive health, child health and immunisation services



**92% of people**  
with cataracts are unable to access treatment



**"When the doctor checked my eyes and told me that my sight could be significantly improved by surgery, this was a true miracle!"**

After suffering from vision loss, Mr Hadi became anxious that he would be unable to continue working as a farmer and take care of his family.

He learned about the Medical University Eye Hospital in Kabul, and after meeting with a doctor there he was diagnosed with cataracts in both eyes, a cloudiness of the lens of the eye that restricts vision.

Just two days after his first visit, Mr Hadi had quick surgery to successfully remove the cataracts and restore his sight!



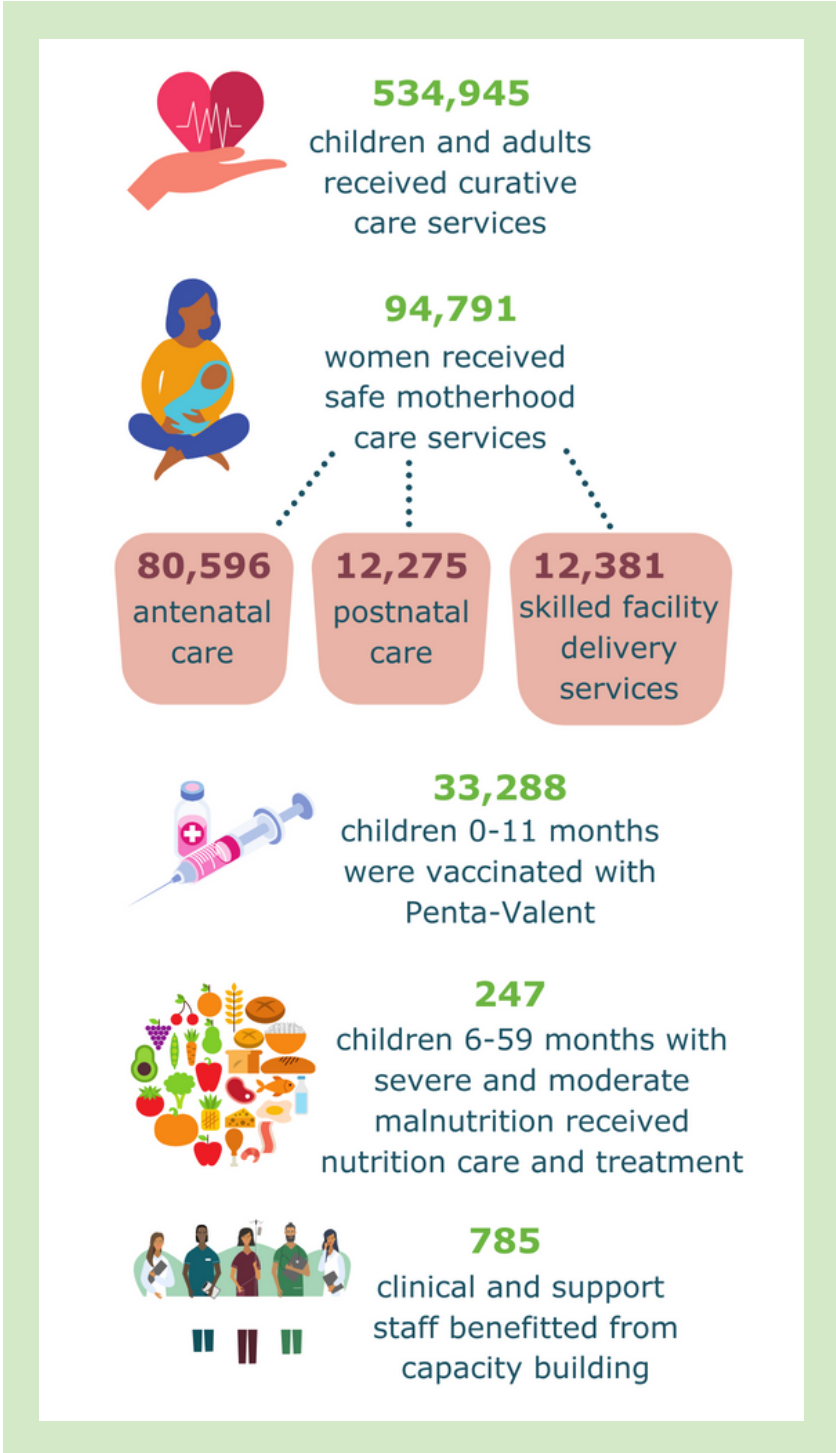




Featured project:

HEALTHCARE SERVICES IN SOUTH SUDAN

With funding from Health Pooled Fund (HPF), we have continued to support the Ministry of Health South Sudan in strengthening the health system. Throughout 2020, we delivered an integrated healthcare package, including primary and secondary care services, through a network of 91 health facilities across the country. We supported two hospitals, 22 Primary Healthcare Centres and 67 Primary Healthcare Units in five counties including Terekeka, Aweil Center, Aweil North, Aweil West and Raja in the three states of Central Equatoria, Northern Bahr-El Ghazal and Western-Bahr- El Ghazal States.



**"I am never afraid of the distances I must travel, seeing a child unimmunised is unbearable for me."**

The harsh scorching rays of the sun heated Richard Fodumula's face as he traversed the remote communities of Terekeka County in South Sudan. He travels on foot to the most remote areas with a single motivation propelling his drive – reaching all children in his home county with the polio vaccination.

Through the shrubs and mud with little shelter along the way and rising temperatures to 40 degrees, Richard's pursuit as a vaccinator is nothing less than that of a hero. The area is so vast that Richard travels for days between settlements to meet his targeted children below five years. Thorny routes cover the way toward scattered settlements, most of which are along the river Nile. These are communities which cannot be reached with any vehicle or motorcycle but that has never been a hindrance for the veteran vaccinator, even in tough weather conditions. He loads his equipment on his bicycle and with the help of a community volunteer, takes the lead through the long dusty paths to vaccinate children in the remotest areas.





## Featured project:

# MALARIA PREVENTION IN SOUTH SUDAN



In the fight against malaria in South Sudan, HealthNet TPO, with the support of The Global Fund to fight AIDS, Tuberculosis and Malaria, and Population Services International (PSI), carried out a door-to-door distribution of long-lasting insecticidal mosquito nets (LLINs) to people living in all 8 counties of Eastern Equatoria State (EES).

Key activities and results for 2020:

- 660,800 LLINs were distributed to 278,000 households.
- More than 73,500 LLINs were also distributed to health facilities across the region.
- Local teams with more than 3,100 volunteers travelled door-to-door, distributing nets and disseminated information on correct use.
- Covid-19 precautions minimised the risk of transmission.
- Even the most vulnerable and hard-to reach communities (including children under the age of 5 and pregnant women in rural and remote areas) received nets, across a mountainous and insecure region.



**660,800**  
mosquito nets  
distributed



**278,000**  
households  
received  
mosquito nets



**3,100**  
local people  
helped to distribute  
nets across EES



**"One of my daughters is now in hospital suffering with malaria. With these nets I can prevent any more of my family getting malaria."**

"I have learnt a lot from the HealthNet TPO team who told us about the dangers of malaria. Most of us in the community had normalised the sickness but more people continued to become ill. It was amazing to hear how to properly use the nets to prevent malaria at home. From today I will ensure my children sleep under the mosquito net and teach my neighbours how to properly use the nets."



“

**This is one of the first organisations that I have seen go deep in the villages, reaching those [people] that are hard to access, to make sure that everyone gets a mosquito net. That to me is impact from the ground up and a step in eliminating malaria in South Sudan.**

My name is Lomoyi Daniel, and I am a mosquito net distribution assistant in Ikotos county. I am grateful to HealthNet for giving me the opportunity to work with them during this distribution, as I have been denied many jobs in many places because of my disability.

The main challenge I faced with the distribution is that I can't work for too long because we move over large distances and the roads have not been favourable. The whole area is very mountainous, so it is hard for me to use my wheelchair. But the other distributors helped me. I am looking forward to working on more projects with HealthNet TPO whenever it is doing any implementation here in Ikotos county.

**I love that I can move from one house to another in the community that I grew up in. Everyone is proud of me because I am distributing the mosquito nets courtesy of HealthNet TPO. "**



# WELLBEING



**A healthy state of mind is essential for people to be able to cope with, recover from, and rebuild their lives after the atrocities of war, disaster, violence and crises. Yet in these fragile settings mental healthcare is often missing, scarce or disrupted. Achieving a good state of wellbeing is what we strive to achieve in all our projects, whether they focus on physical health, psychosocial support or disease prevention.**







Featured project:

# SUPPORTING MENTAL HEALTH IN AFGHANISTAN



Mental health disorders in Afghanistan are alarmingly high due to the ongoing trauma and sufferings from conflict, poverty and personal loss. Yet stigmas associated to mental health and a lack of adequate mental health services, particularly in areas most affected by conflict, are causing many to slip through the gaps.

Since 2015, we have been improving access to quality of mental health services for the population of Afghanistan. Our training programme for psychosocial counsellors has allowed 325 women and men to become specialised in delivering psychosocial support to community members and to patients within health facilities. We have trained more than 260 doctors, 265 midwives and nurses on basic mental health support, integrating these services into primary and secondary health care. Also 56 mental health focal points have also been established.

In 2020, 190 psychosocial counsellors received an additional one-year programme to become certified Health Social Counsellors. We provided technical assistance to the Ghazanfar Institute of Health Science and the mental health department of the Ministry of Public Health (MoPH) Afghanistan in the integration of this training into the government education programme. We strive to 'fill the gaps' in availability and deployment of trained mental health professionals at public health facilities and at the community level.



**325 women & men**  
trained to deliver psychosocial support



**260 doctors**  
trained on basic mental health support



**265 midwives & nurses**  
trained on basic mental health support



**56 mental health focal points**  
have been established



**"The psychosocial counselling training has enabled me to build skills and have financial opportunities. I no longer feel isolated and have grown in self-confidence. I can now support others to realise their potential."**

Azita, Psychosocial Counsellor Afghanistan





# PROTECTION



**Making people feel protected is an essential part of improving physical health, mental health and wellbeing. Countries that are affected by conflict, war and violence (inside the home and outside) are insecure. Citizens do not feel protected. We strive to provide this protection for all, particularly for the most vulnerable groups including women, children, the elderly, disabled, LGBTQI and people with psychosocial and mental disabilities.**







Featured project:

WOMEN, PEACE & SECURITY IN COLOMBIA

2020 marked the last year of our four-year involvement in the Women as Central Agents for Peace programme in Colombia under the Dutch National Action Plan 1325 and as part a consortium of national and international NGOs, including ICCO and Mensen met een Missie. Through our local implementing partner, LIMPAL, we continued providing much needed support to women and communities in Bolívar and Meta, strengthening their participation in peacebuilding through community mobilisation and providing psychosocial support to survivors of gender-based violence.

Most of our activities were moved online or followed distancing measures due to the pandemic, with demand for MHPSS services increasing. LIMPAL psychologists worked hard (mostly telephonically) to provide psychosocial support and, with close collaboration with community facilitators, to activate referral pathways to survivors of violence. These processes supported women in setting new goals for themselves and their communities while at the same activating available resources to fulfil their goals.

The creation of family networks through our Resource Mapping and Mobilisation approach has developed into a protective mechanism within the municipalities where LIMPAL operates. During confinement, networks have been a mechanism from which many people have been able to manage humanitarian aid which would have otherwise been difficult to access. Our community mobilisation process is recognised by local governments as a lasting and high-impact one.



**116 women**  
received psychosocial support services



**44 public officials**  
trained on GBV protocols and security measures



**72 women leaders**  
from the communities formed an advocacy platform and citizen oversight mechanism



"The women [whom we accompanied] went from being female victims to being defenders of human rights!"

- Luz Adriana Rodas

Alongside Pacifista!, an online platform for the generation of peace in Colombia, as a consortium we have collected four impactful testimonials from women across Colombia. These women are creating waves in their territories and communities for women's rights and for the active participation of women in peacebuilding processes. Luz Adriana Rodas is one of these women. She is 30 years old, a survivor of the armed conflict and lives in Vista Hermosa, south of Meta. She studies psychology and is a facilitator for LIMPAL working under the framework of the project. Luz is learning how to implement and materialise Resolution 1325 on Women, Peace and Security within her communities.

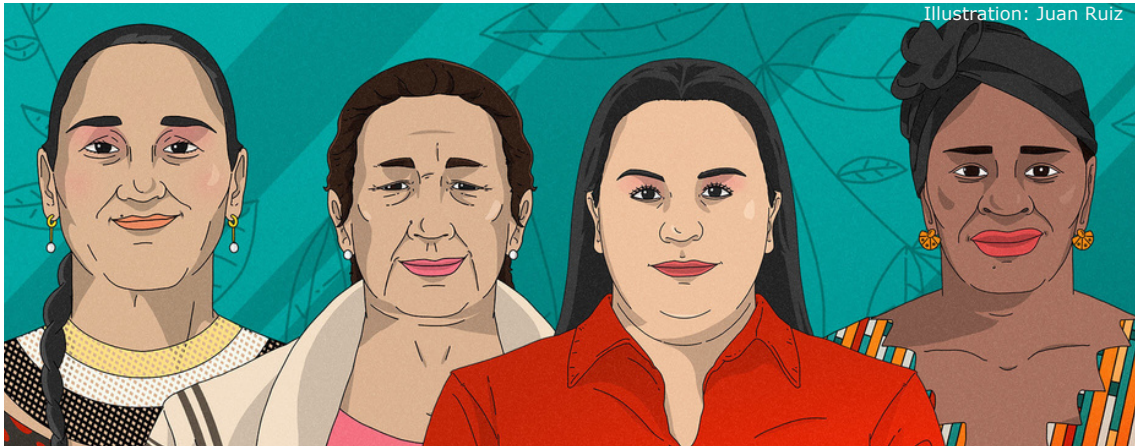




Illustration: Juan Ruiz

 [Listen here to Luz's testimonial \(in spanish with English subtitles\).](#)

 [Read here the reflections from all the inspiring and brave women](#)





“

**Since joining the programme I have changed. I started to meet more people and it helped me to understand my problems and find a solution. It has taught me to be resilient, to forgive the people who had hurt me and to let go."**

At age 31, Sonia has known violence her whole life. She grew up in an abusive household which she left at the age of five and survived domestic violence from her two previous partners before she met her husband. The violence she endured made her reserved, unable to talk about her feelings or her experiences, which eventually led to depression. Sonia found HealthNet TPO through LIMPAL as part of the programme Women as Central Agents for Peacebuilding which helped her to come to terms with her experiences.

Sonia has also become a part of the citizen oversight 'Brave Women'. Through Brave Women she raises awareness of gender-based violence in her municipality in the department of Meta.

**"I have created strong bonds with the other Brave Women; we provide each other with support and counsel. We fight for women's rights, for justice and to give other women the courage to escape abusive relationships".**







Featured project:

# WOMEN AND GIRLS FOR CHANGE IN SOUTH SUDAN

Women and girls in South Sudan are hampered to contribute fully to sustainable peace processes due to high levels of insecurity and harmful gender norms. The continuing militarisation of South Sudanese society, the lack of work opportunities and high rates of alcohol abuse have all had tremendous repercussions on the health and psychosocial wellbeing of women and girls.

We work toward a more inclusive environment in South Sudan, where women and girls feel safer, stronger and enabled to realise their rights so they can play an influential role in conflict prevention and sustainable peace.

The interventions are implemented through a consortium of national and international NGOs through a funding portfolio from the Dutch government through the ministry of Foreign Affairs under the Dutch National Action Plan 1325 for Women, Peace and Security.



### 41 psychosocial focal points

(PFPs) were trained on community based mental health and psychosocial care



### A training manual and a booklet

were developed to support provision of MHPSS



### 44 survivors of GBV

received care and treatment and psychosocial first aid



**“Personally, it makes me feel great when I am able to help someone whose fate has already been decided by other people. The training helped a lot, especially being able to understand the situation at hand and identify what this little girl might be going through”**

Lucy, a psychosocial focal point in Nimule, South Sudan was approached by a 17 year-old girl who was being forced into marriage with an older man by her parents. She had become scared, distressed and having lost her dream of completing her studies she started to think of suicide.

As the first point of contact for many young girls Lucy responded and over the next three months she dedicated herself to learning more about the arrangement and to help prevent it.

She conducted home visits with the girl's parents to understand the alleged forced marriage and assess reported GBV. She coordinated other NGOs including War Child Holland, the girl's school and local leadership to jointly advocate towards stopping the marriage. She visited her parents to educate them to end the marriage and used her acquired psychosocial support skills to address the girl's distress.

After the three months efforts by the PFP, the girl recovered from her distress and was able to access legal support that helped to stop the forced marriage. The girl is now not only living with her parents with improved relationships but also went back to school and will be graduating high school next year.





“

**What I enjoy most about my job is the feeling that I get when I see that we [the family protection centre (FPC)] have helped a woman or a girl. I feel proud when I see that her health, mental health and social wellbeing have improved when she revisits the FPC and gives thanks for the support and services with a happy and blooming face! Her self-esteem has been restored and she can continue to live a normal life, becoming an active member of her community."**

As the doctor in charge of the Family Protection Centre, Dr Aziza provides medical services to survivors of gender-based violence. She also raises awareness of gender-based violence in the community, builds the capacity of the staff who provide health and counselling services to survivors, as well as coordinates the family protection centre activities with various provincial stakeholders.

**"The response services that we provide to survivors supports them to overcome their problems, to improve their mental and social wellbeing, and to become an active member of their communities."**





# RESILIENCE



**We believe that everyone has the inner strength to rebuild a better future for themselves. Through community mobilisation and active participation, we strive to restore trust. We support community structures and strive to rebuild the damaged social fabric, because stronger communities are more resilient. Through all of our projects that make people feel better, feel healthier and feel protected, we are building resilience and the capacity of people to take back control of their lives and create a better present and future for themselves, their families and the people around them.**







## Featured project:

## BUILDING RESILIENT COMMUNITIES IN BURUNDI

This programme titled Twiteho Amagara, which means "Let's Take Care of our Health", is in its second year.

With our partners we strive to increase the accessibility and the quality of health services, and to respond to the specific health needs of the population in 3 provinces of Cibitoke, Kayanza and Ngozi in Burundi.

The programme is initiated by five consortia representing a total of 13 operators (NGOs and United Nations agencies and bilateral cooperation). The HealthNet TPO consortium is composed of four International NGOs including HealthNet TPO (the lead), GVC, medica mondiale and Pathfinder International, who work alongside four local NGOs (ABS, Mukenyezi Menya, Nturengaho and Dushirehamwe).

Key achievements:

- The adaptation of the Integrated Mental Health Module has been a great step for the integration of MHPSS services in primary healthcare. The availability of this training module will facilitate the education and early detection of mental health within health facilities. The Chronic Diseases Directorate finalised the module in Kirundi in October 2020 and it was validated by the Minister of Public Health in November 2020.
- Excellent reactivity to health emergencies, including measles, cholera, ebola and Covid-19, which have greatly disrupted the country.



### 40 monthly support

provided to the provincial supervision health teams to improve quality of health services



### 12,000 people

benefited from community sensitisation on Covid-19 and reproductive health



### 6 ambulances & 5 supervision vehicles

were donated in Nov 2020



### 20 hospitals & pharmacists

trained in management of drug stocks and reporting



### 20,000 liters of fuel

provided for the support of the ambulances transport in the 3 provinces



**"I now know how important prevention of mental illness is, and that it can be cured once treated. This has become one of our main community outreach topics."**

As a community health worker in Ngozi province, Jeanne's mission is to provide education for good health and disease prevention to her community. Mental health is an area that many people know very little about and where many superstitions persist. Through HealthNet TPO, Jeanne received training on mental health enabling her to identify the signs of different mental health conditions, early prevention techniques and to refer patients to the appropriate services.

Jeanne, community health worker in Burundi





“

**"We warmly thank the Twiteho Amagara project for its action in raising awareness about family planning. Not only to us women but also to our husbands. Today in Ruhororo, men are aware of the benefits of family planning and take the lead in mobilising the community. We now feel that the issue of family planning is not just an issue that concerns only women but also men."**

Alice, Ruhororo, Burundi

**"Today, along with the other men from my area, we are taking this initiative in hand and we are educating and encouraging other men to become part of the family planning process."**

As the head of my family and father to six children, family planning was never something that concerned me. My wife encouraged me to participate in a HealthNet TPO family-planning awareness session of the Twiteho Amagara project. The message I received about the benefits of family planning in the mothers' class interested me so much. My wife almost died during the delivery of our youngest child because the pregnancies were too close in time."

Philbert, Ruhororo, Burundi







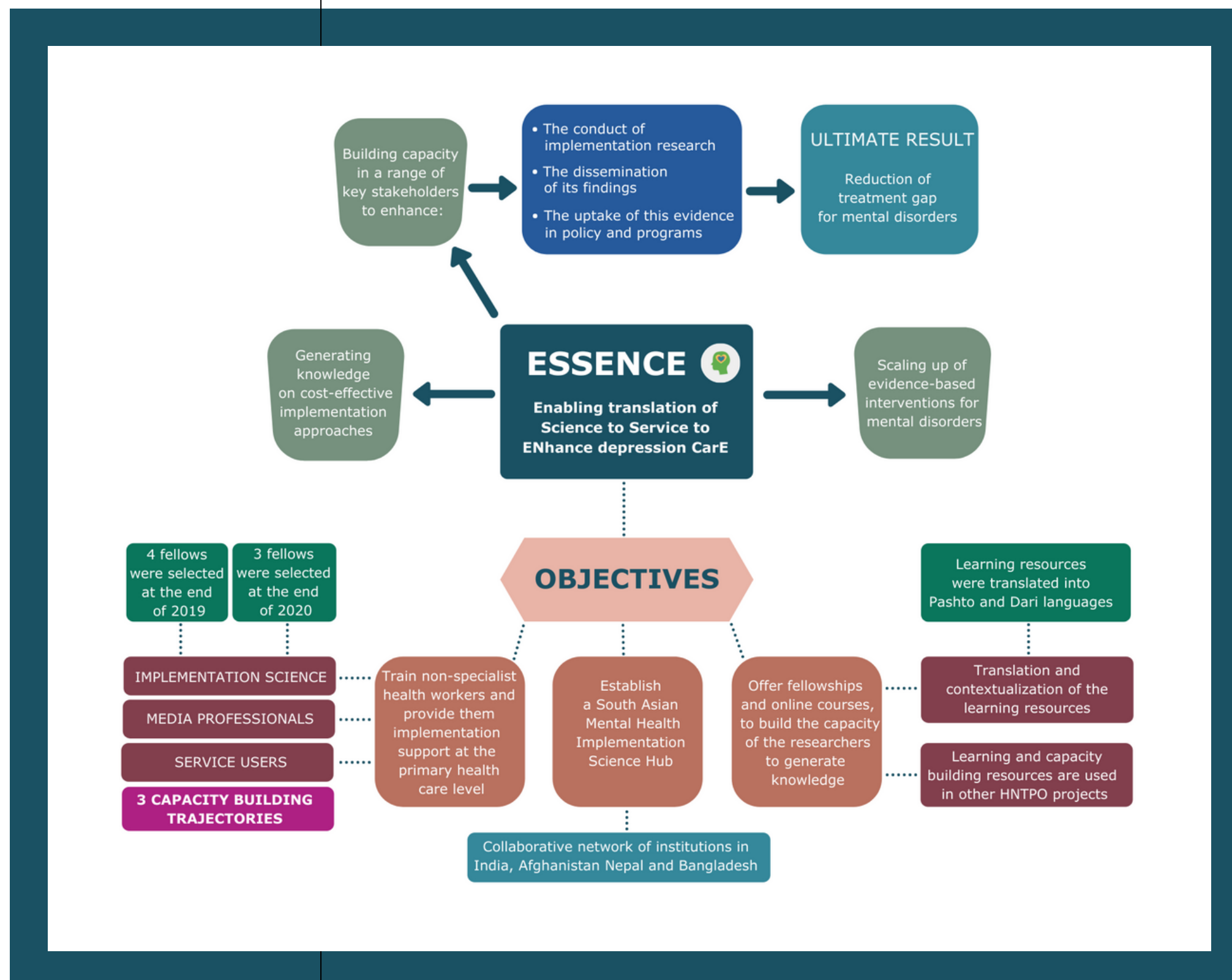
## Mental Health Research and Programme Development

ESSENCE is an implementation research project that aims to bridge the science-to-service gap by identifying the most effective and cost-effective strategies for scaling up evidence-based clinical treatments for depression.

This research activity is an example of a core contribution to HealthNet TPO's mission and MHPSS strategy.

The project runs from the 1st July 2017 until 31st May 2022. It is funded by the National Institute of Mental Health.

Existing and sustainable health systems providing basic and/or essential health services are the fundament to build and contribute to sustainable provision of mental health and psychosocial support services in the countries where we are active.



[Read our research publications for 2020 here](#)





## Programme Quality and Monitoring

HealthNet TPO's overall monitoring system pays attention to the different levels of scale for organisational development, capacity building and mobilisation for self-organisation and empowerment. The filling in of the monitoring and evaluation (M&E) framework produces differences per country, but as information is similarly and systematically gathered per programme, this allows comparison on performance of field teams and partner organisations. The data collection in the field is systematic, at least monthly, and controlled through regular field visits of managers and technical advisors, according to HealthNet TPO's M&E framework.

The required strategies, systems, procedures, and human resource capacities for developing and improving planning, monitoring, evaluation, accountability and learning (PMEAL) in HealthNet TPO calls for concerted and systematic collaborative work across the various country programmes. HealthNet TPO's country offices will contribute to the efforts of the headquarters for the development of PMEAL strategy which will guide the development of the other components such as the required systems, procedures, and human resource capacities. The specific plans for PMEAL in the Afghanistan country office in 2021 will consist of the launch of a fully functional online M&E system based on the District Health Information System (DHIS2) framework. To realise this target, the new projects will have in their design the arrangements for hardware and human resources to implement DHIS2 as the main system for data management.

In 2021, the existing organisational practice for project design and implementation planning will further be enhanced with focus on utilisation of systematic PCM and participatory processes and tools. The planning for new projects will be based on participatory need assessments, while the implementation planning will be a process of collaborative sessions by the various departments. The M&E system will undergo a careful revamp with the intent to improve timeliness and quality of data and bring all persons and departments into a single collaboration and reflection workspace through the DHIS2 platform. This will lead to programmatic accountability through the enforcement of well-defined roles and milestones. As an integrated process of learning, the quarterly reviews will have a dedicated session on lessons which will then be incorporated to planning and organisational learning.







## Governance

To ensure HealthNet TPO fulfils its duties from a management perspective, our operations are continuously monitored by the Board of Directors. The Board is responsible for approving our organisational strategy, policies, Annual Plans and Reports.

The Board of Directors appoints and appraises the Managing Director. The Board undertakes these responsibilities during five annual meetings. All of our Board members work on a voluntary basis and lend us significant expertise and experience. The Board has no managerial responsibility and is responsible for its assessment of the quality of its contribution. 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.

As per December 2020, HealthNet TPO’s Board of Directors is composed as follows:



**Carin Beumer**

Chair of the Board  
Co-founder and Chair of  
the Zaluvida Group



**Koos van der Velden**

Member of the Board  
Former Professor of Public Health at  
Radboud University Nijmegen  
Medical Centre



**Hans Moison**

Treasurer & Secretary  
Former Public Accountant and  
Advisor at KPMG and EY



**Hans-Georg van Liempd**

Member of the Board  
Managing Director at the School of  
Social and Behavioral Sciences of  
Tilburg University  
Chair of the Board of the Stichting  
Zanskar-Stongde in Amsterdam



**Guus Eskens**

Member of the Board  
Former CEO at Memisa and CARE  
Netherlands  
Chair of the VSO Supervisory Board  
Board member Neffkens Stichting

**Rotation and election procedure**

Board of Directors 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	2015 (October)	2019	2023
Hans-Georg van Liempd	2016 (October)	2020	2024
Koos van der Velden	2013 (July)	2017	2021
Guus Eskens	2017 (June)	2021	2025
Hans Moison	2018 (July)	2022	2026



**Recent developments**

Due to an increased workload in his professional career, Hans-Georg van Liempd decided to end his Board membership per 13.04.2021.

Koos van der Velden will leave the Board per 29.06.2021 at the end of his second term.

Guus Eskens's first term ended on 20.06.2021 and he has been reappointed for a second term.

On 29.06.2021, Mrs. Noelle Ahlberg Kleiterp and Mr. Lander van Ommen will join the HealthNet TPO's Board.

**Compensation**

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

**Board of Directors meetings in 2020**

The Board convened five times in 2020, all via Video conferencing (due to the Covid-19 crisis). The agenda items for the Board of Directors meetings are 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:

- The realisation of the strategy 2019-2023
- Strategic partnerships and alliances

**Self-evaluation of the Board of Directors**

In line with the Governance Code, the Board of Directors evaluated its performance over 2020.

**The Audit & Risk Committee (ARC)**

The audit and risk committee convened twice in 2020. 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 of (security) incidents and management thereof.

**The Remuneration Committee**

The remuneration committee convened twice in 2020.

**The Ethics Committee**

In 2020, the Board installed the Ethics Committee. This committee oversees and safeguards our organisation's 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).

**Evaluation and Remuneration of the Managing Director**

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

The Board of Directors determines the remuneration policy, the level of executive remuneration and other fixed remuneration components. HealthNet TPO follows the guidelines of Goede Doelen Nederland. The BSD-score is determined by the remuneration committee of the Board of Directors. The resulting BSD-score is 451-490 points, indicating a maximum full-time gross salary of €138,020 (excluding remuneration payable in future). In 2020, the Managing Director, JH Grootendorst, received a gross salary, including holiday allowance, of €92,543. 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 2020 employer’s contribution to the pension scheme of the director amounted to €21,065.





## Financial Policy and Results

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

Some project contracts in Afghanistan are linked to a bonus payment for employees, which depends on the level of performance. The bonus payment for 2019 took place in 2020 and was incorrectly not included as a liability and an expense in the 2019 financial statements. Unfortunately, this fact has been overlooked in the preparation of the financial statements. Therefore, correction of this error was necessary in the 2020 financial statements. The additional liability and expense for 2019 amount to approximately €290,000. The comparative figures for 2019 have been adjusted.

Although there was significant growth in income compared to the previous financial year, the result for 2020 is slightly negative. This is mainly due to lower coverage for head office costs, lower margins on fixed-fee contracts and exchange rate losses. Total income increased by 21.3% to €24,830,627 (2019: €20,474,340). The result for 2020 was €34,435 negative, a decrease of €1,277,588 (2019: €1,243,153 million positive). As a result of these developments, the reserves decreased by 2.2% to €1,522,030 (2019: €1,556,466).

Revenues mainly consist of contributions from governments €21,235,348 (85.5%) and contributions from NGOs €3,590,630 (14.5%). Virtually all income is project dependent and therefore one-off. Due to growth in the acquisition of projects, government contributions increased by 24.2% to €21,235,348 (2019: €17,095,364). There was an increase in projects for NGOs of 6.7% to €3,590,630 (2019: €3,363,869). HealthNet TPO generates a small amount of income from gifts and contributions from individuals and companies, namely €4,649 (2019: €15,107).

The development of the project costs is in line with that of income. These increased by 29.4% to €24,121,127 (2019: €18,633,599). An average lower coverage for general costs and margins in project budgets contributed to the decreased result. The direct costs of generating income increased by 8.6% to €105,808 (2019: €97,465). After the reorganisation at the Amsterdam office in 2019, the operational and organisational costs have more or less stabilised at €392,619 (2019: €382,809).



In 2020, HealthNet TPO spent 97.1% of its income on the organisation's direct objectives (budget: 96.7%, 2019: 91.0%). The increase compared to 2019 is explained by the decreased result deducted from the reserves.

Expenditures on income generation amounted 0.4% and expenditures on management and administration amounted to 1.6% of total expenditures. Expenditures on income generation amounted 0.4% of income raised.

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

HealthNet TPO closed the 2020 financial year with a negative result of €34,435. The strong capital position guarantees the continuity of the organisation. 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. (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 2020, the desired continuity reserve is at least €2 million. The continuity reserve at the end of 2020 amounts to €1.5 million.

If and insofar as positive results are not needed to maintain solvency at the required level, HealthNet TPO 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.





## Communicating with our Stakeholders

HealthNet TPO always aims to maintain optimal relations with its stakeholders through transparent and accessible output of information and a clear opportunity for stakeholders to contact us. 2020 was an important year for HealthNet TPO as we dedicated our efforts to re-establishing our online presence to improve our brand awareness and stay connected with stakeholders. During a period where all activities moved online, due to the Covid-19 regulations, it was important that our online presence remained active, and our content was informative and engaging. Our focus was towards creating quality, consistent communications about our projects, and advocate for the areas of work that HealthNet TPO performs.

### Development of a new website

We saw the HealthNet TPO website as an important tool which was not representing HealthNet TPO accurately and needed updating. Steps were taken to re-evaluate our communications around our identity and our brand. This resulted in a collaboration with Beyond Borders Media and Unc Inc for the development of the new HealthNet TPO website, which began in late 2020 and was completed in early 2021.

### Social media

Efforts were taken to improve our social media presence which resulted in a significant increase in followers, shares and likes. An internship programme was also introduced with a focus on social media marketing and engaging with a younger online audience.

### Newsletter

To reach our more than 2,500 staff across five countries, HealthNet TPO took efforts to improve communication among our country offices. To ensure that as an organisation we stay better connected, a monthly internal newsletter was implemented with updates on projects, announcements and staff achievements.

The quarterly newsletter (available to external parties) was also maintained which saw an increase in the number of subscribers over the year.

HealthNet TPO ensures the opportunity for stakeholders to reach us with questions, suggestions or complaints, through the website or at [info@healthnettpo.org](mailto:info@healthnettpo.org). Our complaints procedure, which is published on the website, explains how and within what time frame complaints from stakeholders should be handled. In 2020 no complaints were received.



## Donors



Ministry of Foreign Affairs of the Netherlands



CROWN AGENTS  
ACCELERATING SELF-SUFFICIENCY & PROSPERITY



Foreign, Commonwealth & Development Office



The Fred Hollows Foundation



The Global Fund  
To Fight AIDS, Tuberculosis and Malaria



Healthy lives. Measurable results.



SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY



UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT



## Partners







## Networks

### Academic Partners

- Department of Cultural Anthropology, Utrecht University, The Netherlands;
- ASSR, Faculty of Social and Behavioural Sciences, University of Amsterdam, The Netherlands;
- Department of Psychological Methods, Faculty of Social and Behavioural Sciences, University of Amsterdam, The Netherlands;
- Department of Clinical, Neuro- and Development Psychology, Vrije Universiteit, The Netherlands;
- School of Community, Primary Care and Social Sciences, Keele University, UK;
- Keele School of Medicine, Keele University, UK;
- Institute of Psychological Sciences, University of Leeds, UK;
- Department of Health Sciences, University of York, UK;
- Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK;
- Centre for Global Mental Health, London School of Hygiene and Tropical Medicine, UK;
- School of Nursing and Human Sciences, Dublin City University, Ireland;
- Office of Research, Innovation, and Commercialisation, Khyber Medical University, Peshawar, Pakistan;
- Department of Psychiatry, Postgraduate Medical Institute, Lady Reading Hospital, Peshawar, Pakistan;
- Department of Social Sciences, Peshawar University, Pakistan;
- Department of Chest Medicine, Khyber Medical College Peshawar, Pakistan;
- Pakistan Chest Society, Khyber Pakhtunkhwa, Pakistan;
- Department Environmental and Occupational Health, Public Health Preparedness and Disaster Response, Colorado School of Public Health, University of Colorado – Boulder, USA;
- Centre for Addiction and Mental Health, University of Toronto, Canada;
- Harvard Medical School, Boston, USA;
- Harvard T.H. Chan School of Public Health, Boston, USA;
- Department of Social and Behavioural Sciences, Harvard School of Public Health, USA;
- Helene F. Health Trust National Institute for EBP in Nursing & Healthcare, Ohio State University, USA;
- School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia.

### Scientific Research Partners

- Médecins Sans Frontières, Amsterdam, The Netherlands
- IMPACT, Stichting ARQ, Amsterdam, The Netherlands

### Platforms

- Mental Health and Psychosocial Support Dutch coalition;
- Inter-Agency Standing Committee (IASC), member of the Community-based Approaches and MHPSS, Peacebuilding and MHPSS Working Groups;
- Afghanistan Platform of Ministry of Foreign Affairs;
- Burundi Platform of Ministry of Foreign Affairs;
- Dutch Security Network (DSN);
- Mental Health forum WHO.



## Risk Management

### Risk management and security

HealthNet TPO's work is conducted in complex and unpredictable contexts which poses several serious safety and security threats and risks to our staff. These environments demand vigorous safety & security and risk management. The Covid-19 pandemic brought with it unprecedented security threats, adding to the already unsafe and insecure situation in our project countries. In all our project countries, we rate and mitigate potential risks to our projects and operations. Our country programmes report on their risks and mitigation measures. In the Amsterdam head office, we closely follow these risks and support the individual countries in analysing and mitigating the risks.

### Operational risks

HealthNet TPO records and monitors safety and security issues on a daily basis. Our field teams, supported by the team in Amsterdam, constantly work on managing our security risks and adapt our operational modalities if, when and where necessary. During 2020, we recorded a total of 41 security incidents.

In Afghanistan, 27 incidents were reported including damage to buildings and materials due to fighting in the area, harassment of staff and preventive closure of health facilities due to insecure situations. Regrettably two of our staff members of the Nangarhar regional hospital lost their lives: one person succumbed due to injuries of a road traffic accident; and the other person due to a heart attack. In Laghman province, one employee suffered injuries after an attack by an Armed Opposition Group (AOG) after working hours, but fortunately he recovered.

Eight incidents were reported in Burundi, related to break-ins into offices or attempted break-ins.

Six incidents were reported in South Sudan. Most incidents had to do with insecurity in areas around health centres due to communal violence.

The review of the Security Management Plans (SMP) for Burundi and South Sudan have been completed and the review of the SMP for Afghanistan took place early 2021. We endeavour to regularly update security and safety plans and preparations.

### Effects of Covid-19

Between March and the middle of August 2020, we had 557 staff members in Afghanistan who tested positive for Covid-19 and went into quarantine. Sadly, three of our staff members died due to Covid-19 infection but all other positive cases recovered.

At the beginning of the pandemic, all country offices have developed a contingency plan based on country information and Standard Operations Procedures issued by the head office in Amsterdam.

Contingency plans have been updated based on the development of the pandemic in every country and on new information and legal requirements in the different countries. Among our staff in Burundi and South Sudan, we did not have any infections.

### Financial Risks

HealthNet TPO potentially has exposure to several financial risks ranging from exchange rate losses, liquidity problems, non-compliance with institutional donor regulations, late or incorrect reporting, fraud and conflict of interest, theft and misappropriation of resources and assets. The potential impact of these financial risks is high. Throughout 2020, there were no significant cases of financial risk and internal control systems functioned adequately.





HealthNet TPO is dependent on the availability of financial contributions from institutional donors: bilateral (i.e. DFID); multilateral (i.e. World Bank); and intergovernmental (i.e. European Commission). As with comparable organisations that rely on competitive bids to institutional donors (foundations and governments) for project funding, growth and sustainability carries risks. Donor priorities may change, HealthNet TPO can be 'out-bid' in an application or fail to meet operational targets. The risk is a lack of financial sustainability.

To mitigate the financial risk, we limit the impact of possible economic developments, which may influence the availability of funds with these donors by maintaining a diverse and balanced institutional donor portfolio. This diversification refers to a widened and diversified funding base, so we are not dependent on a few or single donors.

### Cyber Risks

Cyber risk is a prevalent threat today. From a privacy point of view, cyber security is critical to our organisation. HealthNet TPO uses the Windows 365 cloud platform which provides flexibility and security. We continuously point out the importance of data security throughout the organisation.

### Reputational Risks

The current climate of accountability coupled with the immediacy of reputational damage (for example, through social media) carry risks for all organisations engaged on 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 HealthNet TPO 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. The guidelines provide the framework and cover all areas of conduct and fraudulent activity.

### Quality standards and codes

The Central Bureau for Fundraising 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 SBF Good Governance Code for Charities and extended our official recognition. In addition to HealthNet TPO's own Code of Conduct, HealthNet TPO has committed itself to: The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief; and the Humanitarian Principles: humanity, neutrality, impartiality and independence.







## Integrity

Whereas 2019 was a year to re-assess our policies on integrity, a new set of policies have been approved in 2020 by the Board and the process of implementation started.

The country office in South Sudan developed an implementation plan including a reporting system with integrity focal points in the states in which they work.

In Burundi, an implementation plan was nearly finalised at the end of 2020. Whereas in Afghanistan, an implementation plan has been finalised and an extensive work-plan is under way.

Some delay occurred due to the Covid-19 restrictions but also due to translations into French (for Burundi) and Persian (for Afghanistan). Implementation in Afghanistan in 34 insecure provinces with more than 2,500 staff does need some time.

In The Netherlands, a new Confidential Contact Person (CCP) has been contracted and within the project countries we continue to seek for a comparable solution so that national staff can approach a CCP that speaks the local language and understands the culture better. The latter is not an easy process.

### Integrity issues in 2020

One complaint with regards to the potential misuse of power and position in Afghanistan was received in the Amsterdam Office. It was handled according to the set out procedure: the plaintiff informed that he/she was satisfied with the final result.

Another complaint was received and handled at country level in South Sudan, which was related to the misuse of power and position. The staff involved was dismissed instantly.

The external confidential contact person for the whistle-blower policy did not receive any reports or requests in 2020.

By publishing its integrity policy on its website, HealthNet TPO endeavours to be fully transparent. External clients also have access and are able to file external complaints if they feel improperly treated.



## Corporate Social Responsibility

Sustainability is an important aspect of the day-to-day management at the Amsterdam Support Office. Over the course of 2020, we have taken steps to ensure our sustainability within the office:

- Our office is fully insulated and has double-glazed windows;
- We decrease our use of printed paper, only printing when necessary and printing double-sided;
- We recycle all of our waste paper and plastic;
- We use our energy efficiently. When we leave the office, we switch off all lights, computers and any heating or air conditioning;
- Many of our staff live in Amsterdam and cycle to work, whilst those further afield take public transport, limiting the use of cars;
- We limit travel to our project countries to only essential travel. This means our staff from the Amsterdam office visits our project countries only once or twice a year. We keep in good contact with our staff through video conferencing. This year, due to the Covid-19 pandemic, we were only able to travel to our project countries until March 2020;
- Happy Greener is our cleaning company. They use only ecological cleaning products that are environmentally friendly and 100% natural.

**HappyGreener.com**





## Outlook 2021

Due to the Covid-19 pandemic, 2020 was an extraordinary year and 2021 so far has not been a 'normal' year either. At the time of writing this report, there are still various restrictions; at the Amsterdam office working from home is the norm and our regular support visits to the project countries are still not possible. Although we are in daily contact with our colleagues in the project countries via video conferences, we dearly miss the possibility to travel and work with our colleagues on the ground.

In 2021, we will continue our efforts and activities following the direction as set out in our Strategic Plan 2019-2023. The specific focus in 2021 will be to:

- Integrate mental health and psychosocial support (MHPSS) into existing health systems. The MHPSS strategy of HealthNet TPO will be the guiding principle in implementation of the MHPSS services in our project countries. In line with the national health strategies, HealthNet TPO will continue the approach of integrated MHPSS projects in humanitarian and development contexts. As such, projects and interventions regarding integrated mental health services will be continued in 2021.
- Utilise unique expertise and research and development skills. Participation on several platforms and collaboration with several organisations, including universities around the globe, to reflect the recognition of HealthNet TPO as an important 'player' regarding MHPSS. The revitalisation of research activities calls for strategic focus in 2021 and beyond. The required efforts to acquire full functionality at fundraising and implementation aspects will need capacity building through medium level and diploma level courses for the designated research and development staff and academic affiliation with renown international institutions. The role of headquarters will be vital in reaching out to academia and international experts.
- Create robust monitoring and evaluation capabilities. The required strategies, systems, procedures, and human resource capacities for developing and improving PMEAL in HealthNet TPO calls for concerted and systematic collaborative work across the various country programmes. The HealthNet TPO country offices will contribute to the efforts of headquarters for the development of PMEAL strategy. The IASC has produced "The Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings". This document was reviewed and includes the Means of Verification. It is expected to be published at the beginning of 2021. HealthNet TPO plans to absorb this framework and include it in its programme development wherever it is deemed appropriate.
- Activate the network of sponsors and donors. Efforts have been undertaken in the 2020 but still a lot needs to be done to increase the organisation's professional network. In 2021, HealthNet TPO will have to continue to put great emphasis on the collaboration with local authorities, international institutions, and other local and international NGOs. In addition, efforts will be undertaken to deepen the relationship with the Ministry of Foreign Affairs in the Netherlands, its relevant embassies, and other stakeholders such as NPL, foundations, and national and international NGOs.
- Explore long-term collaboration or merger partners. As a critical part of the organisational viability, relevance, and effectiveness, HealthNet TPO project countries will work side by side with headquarters for identification of opportunities to expand collaboration and strategic partnerships.
- Strengthen the organisation and financial position by: developing proposals for private foundations, developing proposals for institutional tenders, seeking the interest and involvement of sponsors, obtain Framework Partnership Agreement (FPA) with ECHO.

### Financial outlook 2021

The budgeted turnover for 2021 of €24.7 million is €863K higher compared to the 2020 forecasted turnover. At the time of the annual planning 2021, 79% of the budgeted turnover for 2021 was signed and related to projects with 100% probability: including the extension of the Sehatmandi projects in Afghanistan. The IC (akv) and exploitation margin in 2021 is 4.7% (€1.1 million) which is lower compared to the forecasted margin of 5.2 % in 2020 (€1.2 million). The overall result for 2021 is budgeted at €47k.





## FINANCIAL STATEMENTS

### Statement of income and expenditure

(In euros)	Actual 2020	Budget 2020	Actual 2019
<b>Income</b>			
Income from individuals	4,649	15,000	9,691
Income from companies	-	11,592	5,416
Subsidies from government grants	21,235,348	17,000,000	17,095,364
Income from non-profit organisations	3,590,630	4,465,000	3,363,869
<b>Total income</b>	<b>24,830,627</b>	<b>21,491,592</b>	<b>20,474,340</b>
<b>Expenditure on objectives</b>			
Reconstruction and development	24,038,779	20,736,540	18,595,551
Awareness raising and public information	82,348	45,000	38,048
<b>Total expenditure on objectives</b>	<b>24,121,127</b>	<b>20,781,540</b>	<b>18,633,599</b>
<b>Expenditure income generation</b>			
Own fundraising efforts	53,734	45,000	47,348
Securing government subsidies	52,074	50,000	50,117
<b>Total expenditure income generation</b>	<b>105,808</b>	<b>95,000</b>	<b>97,465</b>
<b>Expenditure management &amp; administration</b>	<b>392,619</b>	<b>420,000</b>	<b>382,809</b>
<b>Total expenditures</b>	<b>24,619,554</b>	<b>21,296,540</b>	<b>19,113,873</b>
<b>Financial income and expenditures</b>	<b>(245,509)</b>	<b>-</b>	<b>(117,315)</b>
<b>Result</b>	<b>(34,435)</b>	<b>195,052</b>	<b>1,243,153</b>
<b>Allocation of the result</b>			
Continuity reserve	(34,435)	195,052	1,243,153
	<b>(34,435)</b>	<b>195,052</b>	<b>1,243,153</b>
<i>Percentage expenditure on objectives vs total income</i>	97.1%	96.7%	91.0%
<i>Percentage expenditure on objectives vs total expenditure</i>	98.0%	97.6%	97.5%



### Statement of financial position

(In euros)	December 31, 2020	December 31, 2019
<b>Tangible fixed assets</b>	<b>3,474</b>	<b>6,983</b>
<b>Receivables and accrued income</b>		
Work In progress	3,881,232	3,142,045
Receivables	1,036,794	1,344,840
Cash and banks	5,325,974	4,117,891
<b>Total assets</b>	<b>10,247,474</b>	<b>8,611,758</b>
<b>Reserves</b>	<b>1,522,030</b>	<b>1,556,466</b>
<b>Provisions</b>	<b>438,790</b>	<b>288,570</b>
<b>Short-term liabilities</b>		
Project balances	6,071,756	4,996,045
Other short-term liabilities	2,214,898	1,770,678
<b>Total reserves and liabilities</b>	<b>10,247,474</b>	<b>8,611,758</b>

### Statement of cash flow

(in euros)	2020			2019		
	Project countries	Netherlands	Total	Project countries	Netherlands	Total
<b>Balance on 1 January</b>	<b>2,988,471</b>	<b>1,129,419</b>	<b>4,117,891</b>	<b>2,438,941</b>	<b>1,077,444</b>	<b>3,516,385</b>
Donor instalments current projects	15,027,229	10,355,173	25,382,403	13,929,774	8,535,127	22,464,901
Repaid unspent subsidies to donor	(203,725)	-	(203,725)	(154,972)	-	(154,972)
Donations	-	4,649	4,649	-	9,691	9,691
Other income	20,212	-	20,212	31,442	12,334	43,676
	<b>14,843,716</b>	<b>10,359,822</b>	<b>25,203,539</b>	<b>13,806,244</b>	<b>8,557,052</b>	<b>22,363,296</b>
<b>Transfers to the project countries</b>	<b>5,296,770</b>	<b>(5,296,770)</b>	<b>-</b>	<b>4,179,733</b>	<b>(4,179,733)</b>	<b>0</b>
Expenditures on objectives in the field offices	(20,591,080)	-	(20,591,080)	(17,436,447)	-	(17,436,447)
Project expenses paid from the Netherlands	-	(2,156,722)	(2,156,722)	0	(3,093,052)	(3,093,052)
Expenditure on overhead in the Netherlands	-	(1,247,654)	(1,247,654)	-	(1,232,292)	(1,232,292)
<b>Balance on 31 December</b>	<b>2,537,878</b>	<b>2,788,096</b>	<b>5,325,974</b>	<b>2,988,471</b>	<b>1,129,419</b>	<b>4,117,891</b>





# Notes to the financial statements

## Accounting principles

### General

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

### Going concern basis

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

### Foreign currencies

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

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

### Tangible fixed assets

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

Office furniture 14.3% per annum

Office equipment 20.0% per annum

Computer hardware 33.3% per annum



### Receivables

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

### Provisions

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

### Work in progress and project balance

The project balance is presented according to the work in progress method. The balance for each project is determined based on project expenditures and received or to be received instalments and reimbursements up to balance sheet 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 in proportion to the services rendered. This considers the verification of the services provided by the donor and any issues under discussion. On this basis, also the expected contributions not yet verified are recognised in the result. HealthNet TPO has concluded some multi-year performance contracts, partially at a fixed fee (lump sum) with a positive margin. A positive result on these projects can be 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.

### Statement of cash flow

The cash flow statement is prepared using the direct method.

### Correction of error

Some project contracts in Afghanistan are linked to a bonus payment for employees, which depends on the level of performance. The bonus payment for 2019 took place in 2020 and was incorrectly not included as a liability and an expense in the 2019 financial statements. Unfortunately, this fact has been overlooked in the preparation of the financial statements, so correction of this error was necessary in the 2020 financial statements. The additional liability and expense for 2019 amount to approximately €290,000. The comparative figures for 2019 have been adjusted.





## Notes to the statement of income and expenditure

### Income

(In euros)	Actual 2020	Budget 2020	Actual 2019
<b>Income from individuals</b>			
Private donations	4,649	15,000	9,691
	<b>4,649</b>	<b>15,000</b>	<b>9,691</b>
<b>Income from companies</b>			
Google AdWords	-	11,592	5,416
Local project income	-	-	-
	<b>-</b>	<b>11,592</b>	<b>5,416</b>

The income of HealthNet TPO 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 took place. In this context, the expenditures by alliance partners, where HealthNet TPO is lead agency, is equal to the amounts paid to these partners. Differences in allocated and actual income from subsidies are accounted for in the statement of income and expenditure in the year in which these differences can be reliably estimated.

(In euros)	Actual 2020	Budget 2020	Actual 2019
<b>Subsidies from government grants</b>			
Ministry of Public Health Afghanistan	11,351,953	10,000,000	9,600,821
Dutch Ministry of Foreign Affairs	288,061	200,000	376,357
European Commission	2,513,994	2,500,000	898,587
Health Pooled Fund	6,110,920	3,300,000	3,586,761
USAID	-	35,000	-
Other governments	72,724	65,000	328,501
Coverage for organisational cost	897,696	900,000	2,304,337
<b>Total</b>	<b>21,235,348</b>	<b>17,000,000</b>	<b>17,095,364</b>
<b>Income from non-profit organisations</b>			
GAVI	441,044	750,000	890,843
Global Fund to fight AIDS, Tuberculosis and Malaria	704,254	600,000	204,471
United Nations Organisations	2,012,754	2,200,000	1,761,074
WHO	-	250,000	-
World Bank	-	350,000	288,210
Coverage for organisational cost	432,578	315,000	219,271
<b>Total</b>	<b>3,590,630</b>	<b>4,465,000</b>	<b>3,363,869</b>



### Expenditure on objectives

Expenditures	Reconstruction and development	Awareness raising and public information	Total expenditure on objectives	Own fundraising efforts	Securing government subsidies	Management and administration	Actual 2020	Budget 2020	Actual 2019
Average number FTEs	3.4	0.1	3.5	0.2	0.5	3.6	7.8	7.4	9.0
Personnel costs	248,518	20,021	268,538	27,949	48,704	373,895	719,086	735,373	772,818
Accommodation costs	16,285	599	16,884	836	2,391	17,331	37,442	37,727	15,279
Office and general costs	48,665	1,451	50,116	2,025	10,305	93,691	156,136	135,395	133,389
Depreciation and interest	1,751	64	1,815	90	257	1,864	4,026	12,750	2,938
<b>Total</b>	<b>315,219</b>	<b>22,135</b>	<b>337,353</b>	<b>30,900</b>	<b>61,656</b>	<b>486,781</b>	<b>916,691</b>	<b>921,245</b>	<b>924,423</b>
Recovered organisational cost	(43,391)	-	(43,391)	-	(9,583)	(94,162)	(147,136)	(191,364)	(199,683)
<b>Total</b>	<b>271,827</b>	<b>22,135</b>	<b>293,962</b>	<b>30,900</b>	<b>52,074</b>	<b>392,619</b>	<b>769,554</b>	<b>729,881</b>	<b>724,740</b>
Subsidies and contribution	24,787,164	60,213	23,847,377	22,834	-		23,870,211	20,569,659	18,167,813
Local income	(20,212)		(20,212)				(20,212)		(69,168)
<b>Total allocation</b>	<b>24,038,779</b>	<b>82,348</b>	<b>24,121,127</b>	<b>53,734</b>	<b>52,074</b>	<b>392,619</b>	<b>24,619,553</b>	<b>21,299,540</b>	<b>18,823,385</b>
Percentage of expenditures on objectives				0.2%	0.2%	1.6%			
Note: Coverage of indirect cost In % of total organisational cost (incl. Subsidies and contributions for Management and Administration)							134%	153%	267%

The comparative figures for 2019 have been restated for the correction of an error, as explained on page 72.

The expenditures on objectives are divided into expenditure on reconstruction and development, and awareness raising and public information. The policy of HealthNet TPO is to spend at least 90% of the total expenditures directly on the objectives. In 2020, 97.9% (€24.1 million) of total expenditures (€24.6 million) was directly spent on the objectives. Almost all (97.7%) was for reconstruction and development. It is the policy of HealthNet TPO to work with its own staff in the field as often as possible. Therefore, salary costs are the main part of the reconstruction and development costs. Medical goods form another large part of the expenditures.





## Expenditure on objectives per region

	Budget 2020	Actual 2020	Actual 2019
Asia	63%	62%	71%
Africa	36%	37%	28%
Other	1%	1%	1%

The comparative figures for 2019 have been restated for the correction of an error, as explained on page 72.

## Expenditure reconstruction and development per country

(In euros)	Afghanistan		Burundi		South Sudan		Other Countries		Total 2020		Budget 2020		Actuals 2019	
Actuals 2020														
Expat staff	24,170	0%	116,773	5%	363,583	6%	4,903	4%	509,429	2%	518,091	3%	456,656	3%
HQ staff	74,700	1%	20,025	1%	16,200	0%	36,211	28%	147,136	1%	191,364	1%	199,683	1%
Local staff	8,780,838	60%	177,875	7%	3,231,771	51%	-	0%	12,190,483	51%	12,157,824	59%	10,442,710	57%
Field office cost	2,014,796	14%	32,233	1%	290,629	5%	2,201	2%	2,339,859	10%	1,697,395	8%	1,520,473	8%
Transportation	746,616	5%	473,476	18%	694,054	11%	1,144	1%	1,915,290	8%	1,156,046	6%	1,035,549	6%
Training and education	285,208	2%	364,132	14%	322,481	5%	-	0%	971,821	4%	875,506	4%	784,251	4%
Medical and other goods	2,678,201	18%	-	0%	758,622	12%	-	0%	3,436,823	14%	2,408,381	12%	2,605,236	14%
Consultancy	17,864	0%	21,975	1%	41,203	1%	9,580	7%	90,621	0%	67,518	0%	60,480	0%
Local partners	(223)	0%	1,387,667	53%	655,859	10%	76,595	59%	2,119,898	9%	1,372,167	7%	1,229,144	7%
	14,622,169		2,594,156		6,374,402		130,634		23,721,361		20,435,993		18,334,182	
Local income	288		(18,713)		(1,787)		-		(20,212)		-		(69,168)	
Total expenditures	14,622,458		2,575,443		6,372,615		130,634		23,701,150		20,435,993		18,265,014	
Allocated organisational costs									271,827		250,000		233,164	
Post project results									65,802		50,547		97,373	
									24,038,779		20,736,540		18,595,551	

The comparative figures for 2019 have been restated for the correction of an error, as explained on page 72.



## Cost awareness raising and public information

(In euro)	Actuals 2020	Budget 2020	Actuals 2019
Website	60,213	9,000	7,712
Seminar			713
Other activities		4,000	5,145
	<b>60,213</b>	<b>13,000</b>	<b>13,570</b>
Allocated organisational costs	22,135	35,000	24,478
	<b>82,348</b>	<b>48,000</b>	<b>38,048</b>

## Expenditure income generation

### Own fundraising efforts

(In euro)	Actuals 2020	Budget 2020	Actuals 2019
Advertisement	7,479	8,500	4,176
Other fundraising cost	15,355	10,000	9,002
<b>Total</b>	<b>22,834</b>	<b>18,500</b>	<b>13,177</b>
Allocated organisational costs	30,900	26,500	34,171
<b>Total</b>	<b>53,734</b>	<b>45,000</b>	<b>47,348</b>

The costs for securing government subsidies consist entirely of allocated organisational cost. Within HealthNet TPO 0.5 FTE was engaged in securing government subsidies.





## Expenditures management and administration

The expenditures for management and administration consist as well entirely of allocated organisational cost. Staff of the departments finance, operational support, technical support, and the director spend a percentage of their time on management and administration. The average number of FTE's assigned for management and administration slightly decreased in 2020 to 3.6 FTE.

The total of the Amsterdam head office cost (€917,041) is split up into the categories personnel cost, accommodation cost, office and general cost, and depreciation and interest. The below table shows more details of these cost.

(In euro)	Actuals 2020	Budget 2020	Actuals 2019
<b>Salary cost</b>			
Gross salaries	522,003	530,389	556,463
Social security	92,293	78,688	88,745
Pension	93,744	93,886	102,816
Other personnel costs	11,046	32,410	24,794
<b>Total salary cost</b>	<b>719,086</b>	<b>735,373</b>	<b>772,818</b>
<b>Average number of FTE's</b>	<b>7,8</b>	<b>7,4</b>	<b>9,0</b>
<b>Accommodation cost</b>			
Rent	28,627	27,606	21,298
Service charges and move	3,359	1,800	-10,172
Office maintenance	5,456	8,321	4,153
<b>Total accommodation cost</b>	<b>37,442</b>	<b>37,727</b>	<b>15,279</b>
<b>Office and general cost</b>			
Automation and telecom	19,385	21,740	18,569
Office cost	8,056	6,900	6,825
Insurance	1,737	7,155	4,592
Bank charges	4,448	1,250	1,702
Consultancy	2,704	10,500	18,627
Audit fees	89,476	70,760	69,993
Other general cost	30,332	17,090	13,082
<b>Total office and general cost</b>	<b>156,136</b>	<b>135,395</b>	<b>133,389</b>
<b>Depreciation and interest</b>			
Depreciation	3,508	12,750	3,050
Interest expense	518	0	-112
<b>Total depreciation and interest</b>	<b>4,026</b>	<b>12,750</b>	<b>2,938</b>
<b>Total organisation cost head office</b>	<b>916,691</b>	<b>921,245</b>	<b>924,423</b>



Most of the 2020 head office cost are in line with budget and last year. Consultancy cost are less and audit fees are more than budget and last year.

## Board and director remuneration

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

HealthNet TPO has no bonuses, year-end bonuses or gratuities. Expenses are refunded on a claim basis.

(In euro)	2020	2019	2019
<b>Name</b>	Hans Grootendorst	Hans Grootendorst	Marc Tijhuis
<b>Function</b>	Director	Director	Director
<b>Contract</b>	indefinite	indefinite	Indefinite
<b>Hours per week</b>	40	40	40
<b>Part-time percentage</b>	100%	100%	100%
<b>Period</b>	01/01-31/12	01/02-31/12	01/01-30/04
<b>Gross wage/salary</b>	85,764	78,758	30,400
<b>Holiday allowance</b>	6,779	7,285	7,095
<b>Holidays</b>	13,194		5,087
	<b>105,737</b>	<b>86,043</b>	<b>42,582</b>
<b>Pension</b>	21,065	18,366	5,675
<b>Payment for termination of employment</b>		-	30,400
<b>Total</b>	<b>126,8022</b>	<b>104,409</b>	<b>78,657</b>





## Staff overview

	Budget 2020	Actual 2020	Actual 2019
<b>Staff at Amsterdam office</b>			
1 January	7.2	7.2	12.3
31 December	7.2	7.9	7.2
<b>Number of volunteers during the year</b>			
Number of volunteers during the year	1	2	-
<b>Average number of staff at headquarters</b>			
Average number of staff at headquarters	7.4	7.8	9.0
<b>Personnel cost per FTE at headquarters (euro)</b>			
Personnel cost per FTE at headquarters (euro)	99,375	92,043	86,108
<b>Other cost per FTE at headquarters (euro)</b>			
Other cost per FTE at headquarters (euro)	25,118	25,293	16,892
<b>Hourly rate staff Amsterdam office (budget only, euro)</b>			
Hourly rate staff Amsterdam office (budget only, euro)	90	90	90
<b>Field staff per 31 December</b>			
Afghanistan - Local staff	2,450.0	2,518.0	2,244.0
Afghanistan - Expat staff	3.0	3.0	4.0
Burundi - Local staff	25.0	27.0	15.3
Burundi - Expat staff	2	2.0	1
South Sudan - Local staff	65.0	72.0	35.0
South Sudan - Expat staff	4.0	5.0	5.0
<b>Total field staff</b>	<b>2,549.0</b>	<b>2,627.0</b>	<b>2,116.0</b>

## Financial income and expenditure

(In euros)	Actual 2020	Budget 2020	Actual 2019
Exchange rate gains/(losses) HQ Amsterdam	(85,118)	-	6,311
Exchange rate results project countries	(160,391)	-	(123,626)
<b>Total other results</b>	<b>(245,509)</b>	<b>-</b>	<b>(117,315)</b>



## Budget 2021

(In euros)	Budget 2021	Actual 2020
<b>Income</b>		
Income from individuals	13,937	4,649
Income from companies	18,000	-
Subsidies from government grants	21,000,000	21,235,348
Income from non-profit organisations	3,660,000	3,590,630
<b>Total income</b>	<b>24,691,937</b>	<b>24,830,627</b>
<b>Expenditure on objectives</b>		
Reconstruction and development	24,000,000	24,038,779
Awareness raising and public information	79,000	82,348
	<b>24,079,000</b>	<b>24,121,127</b>
<b>Expenditure income generation</b>		
Own fundraising efforts	60,000	53,734
Securing government subsidies	55,519	52,074
	<b>115,519</b>	<b>105,808</b>
<b>Expenditure management &amp; administration</b>		
	450,000	392,619
<b>Total expenditures</b>	<b>24,644,519</b>	<b>24,619,554</b>
<b>Financial income and expenditures</b>		
	-	(245,509)
<b>Result</b>	<b>47,418</b>	<b>(34,435)</b>
<b>Percentage expenditure on objectives vs total income</b>		
	97.5%	97.1%
<b>Percentage expenditure on objectives vs total expenditure</b>		
	97.7%	98.0%





## Notes to the financial position

### Tangible fixed assets

(In euros)	Furniture	Office machines	Computers	Total
<b>Purchase value</b>				
Balance on 1 January	18,771	1,264	40,533	60,568
Investments 2020	-	-	-	-
Divestments 2020		(1,100)		(1,100)
	<b>18,771</b>	<b>164</b>	<b>40,533</b>	<b>59,468</b>
<b>Depreciation</b>				
Balance on 1 January	18,771	1,248	33,566	53,585
Depreciation 2020	-	(1,100)	3,508	2,408
Divestments 2020		-		-
	<b>18,771</b>	<b>148</b>	<b>37,074</b>	<b>55,993</b>
<b>Balance 31 December</b>	<b>0</b>	<b>15</b>	<b>3,459</b>	<b>3,474</b>

### Receivables

(In euros)	Actual 2020	Actual 2019
Debtors	7,456	2,751
Prepaid expenses	48,798	39,861
Prepayments to subcontractors	909,488	1,270,936
Accrued assets	71,052	31,292
<b>Total receivables</b>	<b>1,036,794</b>	<b>1,344,840</b>

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



### Prepayments to sub-contractors

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

### Accrued assets

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

### Cash and bank

(In euros)	Actual 2020	Actual 2019
Cash at bank and in hand in Amsterdam	2,788,096	1,129,419
Cash at bank and in hand in project countries	2,537,878	2,988,471
<b>Total cash and bank</b>	<b>5,325,974</b>	<b>4,117,891</b>

Cash and bank per country (In euros)	Actual 2020	Actual 2019
Afghanistan	2,489,980	2,896,932
Burundi	20,748	42,328
South Sudan	27,151	49,211
<b>Total cash and bank in countries</b>	<b>2,537,878</b>	<b>2,988,471</b>

In 2020, HealthNet TPO obtained a current account credit facility from Rabobank up to an amount of €500,000 for short-term liquidity needs. The credit limit will be reduced to €250,000 on December 15, 2022. HealthNet TPO has pledged the business assets, inventories, rights and claims, including rights under insurance contracts, to the bank as security. In accordance with expectations, the credit facility was only used occasionally.





## Reserves

(In euros)	Actual 2020	Actual 2019
<b>Continuity reserve</b>		
Balance 1 January	1,556,466	313,313
Result current year	(34,435)	1,243,153
<b>Total continuity reserve</b>	<b>1,522,030</b>	<b>1,556,466</b>
<b>Total reserves</b>		
Balance 1 January	1,556,466	313,313
Result current year	(34,435)	1,243,153
<b>Total reserves</b>	<b>1,522,030</b>	<b>1,556,466</b>

The comparative figures for 2019 have been restated for the correction of an error, as explained on page 72.

The organisation currently only has a continuity reserve. 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. (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 2020, the desired continuity reserve is at least €2.0 million. The continuity reserve at the end of 2020 amounts to €1.5 million.



## Provisions

(In euros)	Actual 2020	Actual 2019
Balance 1 January	288,570	656,194
Allocation	364,598	348,216
Withdrawal	(164,029)	(715,840)
Release	(50,349)	-
<b>Total provisions</b>	<b>438,790</b>	<b>288,570</b>
Post project provision	148,519	62,476
Social securities	270,271	203,344
Court cases Burundi	20,000	22,750
<b>Total provisions</b>	<b>438,790</b>	<b>288,570</b>

(In euros)	Post project provision	Social securities	Court cases
Balance 1 January 2020	62,476	203,344	22,750
Allocation	86,043	278,555	-
Withdrawal	-	(164,029)	-
Release	-	(47,599)	(2,750)
<b>Balance 31 December 2020</b>	<b>148,519</b>	<b>270,271</b>	<b>20,000</b>

HealthNet TPO's projects are regularly audited by donors after completion, and after the financial report has been submitted. These project audits can take place until five years after a project has been completed. Based on the outcome of the project audits in the past, it was decided to constitute a provision. In 2020 this contribution to the provision has been increased from 0.25% to 0.35% of the yearly income out of government subsidies.

In some of our project countries social security contributions are not paid to the government but directly to the employees at the end of their employment period. Because of the nature of these obligations, it was decided to record these long-term obligations as of 2016 as a provision instead of short-term liabilities.





## Work in progress and project balances

(in euros)	Actual 2020	Actual 2019
Balance on 1 January	(1,853,997)	152,016
Received subsidies	(25,179,089)	(22,303,221)
Subsidies spent	24,842,562	20,297,207
<b>Total project balance</b>	<b>(2,190,525)</b>	<b>(1,853,997)</b>

(In euros)	2020		2019	
	To be received from donor	Unspent project subsidies	To be received from donor	Unspent project subsidies
Achmea	0	(3,366)	0	(3,366)
Afghan Ministry of Health	1,467,809	(363,207)	1,628,400	(593,877)
Dutch Ministry of Foreign Affairs	23,541	(51,304)	26,329	(120,413)
European Commission	0	(4,124,766)	0	(3,492,676)
GAVI	0	(1,429)	0	(93,773)
Global Fund	540,804	(68,455)	4,299	(0)
United Nations organisations	948,291	(1,356,116)	342,019	(653,490)
World Bank	-	-	77,395	(0)
Health Pooled Fund	900,022	(0)	825,372	(0)
Other donors	765	(103,112)	238,231	(38,448)
	<b>3,881,232</b>	<b>(6,071,756)</b>	<b>3,142,045</b>	<b>(4,996,043)</b>
<b>Total project balance</b>	<b>-2,590,681</b>		<b>-1,853,997</b>	

The table above includes the balance of all projects in progress. This balance is determined based on project expenditures and received instalments and reimbursements up to the balance sheet date and 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 project progress and received instalments, HealthNet TPO can have a receivable from or a payable to a donor. In the specification project balance per donor the individual position for each donor is explained.

## Other short-term liabilities

(In euros)	Actual 2020	Actual 2019
Creditors	10,455	24,539
Payable to project partners	145,326	145,326
Payable to donors	-	-
Invoices to be received	411,619	52,206
Provision holiday allowance and holiday hours	78,759	73,662
Accrued personnel costs headquarters	9,291	396
Accrued tax and social security headquarters	18,537	20,560
Accrued personnel costs in project countries	169,005	370,651
Accrued social security project countries	46,114	41,864
Accrued subcontractors	510,342	98,742
Accrued other cost in project countries	815,449	942,732
<b>Total short-term liabilities</b>	<b>2,214,898</b>	<b>1,770,678</b>

The comparative figures for 2019 have been restated for the correction of an error, as explained on page 72.

Accrued personnel costs headquarter includes the salary and insurance commitments for staff at headquarters per December 31st, 2020. Accrued tax and social security headquarter includes the tax and social security payables per December 31st, 2020, for the staff at headquarters. Accrued personnel cost in project countries includes the salary and tax commitments for staff at field offices per December 31st, 2020 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.





## Off-balance sheet rights and obligations

In October 2019 we moved to our current office at the Czaar Peterstraat in Amsterdam. The rental agreement for this office runs from October 15th, 2019 until October 14th, 2024. The yearly rental cost amounts to €25,800. For this office we have a lease contract with Canon Business Centre. Starting December 2018, this contract runs for 3 years with €1,433.34 expenditures per 3 months.

For an EU project in Burundi, HealthNet TPO is the lead organisation and contract holder in a consortium with 4 partners. HealthNet TPO is responsible for the implementation and management of the programme. Therefore, partner contracts have been signed with the 3 partners in which the roles and responsibilities have been defined based on the contract with the EU. Out of the total amount of €9,325,425, 95% will be funded and 5% will be contributed by the lead organisation and its partners as contractually agreed. Funds to partners are disbursed under the condition of approval of quarterly reporting and providing 6-month forecasts, and only in case the EU 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 3 years.

## Approved by the Board of Directors

29-06-2021

**Carin Beumer**  
**Hans Moison**  
**Guus Eskens**  
**Koos van der Velden**





## INDEPENDENT AUDITOR'S REPORT

To: the Management Board of Stichting HealthNet Transcultural Psychosocial Organization in Amsterdam, The Netherlands.

### A. Report on the audit of the financial statements 2020 included in the annual report

#### Our opinion

We have audited the financial statements 2020 of Stichting HealthNet Transcultural Psychosocial Organization based in Amsterdam, The Netherlands.

In our opinion the accompanying financial statements give a true and fair view of the financial position of Stichting HealthNet Transcultural Psychosocial Organization as at 31 December 2020 and of its result for 2020 in accordance with the Guidelines for annual reporting 650 "Fundraising Organisations" of the Dutch Accounting Standards Board.

The financial statements comprise:

1. the balance sheet as at 31 December 2020;
2. the statement of income and expenditure for 2020; and
3. the notes comprising a summary of the accounting policies and other explanatory information.

#### Basis for our opinion

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

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

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

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

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

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

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

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

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

## **C. Description of responsibilities regarding the financial statements**

### **Responsibilities of management for the financial statements**

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

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

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

### **Our responsibilities for the audit of the financial statements**

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

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



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

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

Our audit included e.g.:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management;
- concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause an organization to cease to continue as a going concern;
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Amsterdam, 6 July 2021

Dubois & Co. Registeraccountants

G. Visser RA

A.A. Hammega RA



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