



Health Poverty Action & Find
Your Feet Annual Report &
Accounts 2019-2020

Health Poverty Action is a Registered charity no. 290535

Find Your Feet is a Linked charity no. 290535-1 (previously registered charity no. 250456)

Message from Director and Chair

Health Poverty Action and linked charity Find Your Feet have argued for decades that poverty has a profound impact on health, that inequality kills people, and that robust health systems are crucial. COVID-19 has highlighted just how true this is.

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

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

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

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

We are similarly thankful to all our workers, who give so much of themselves to this cause. We also express our gratitude to our partners, and allies across the world. It is a privilege to work alongside you.

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

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

Despite the challenges of the times, you'll see in this report that it's a year in which we've also experienced some exciting successes. Key programme areas such as maternal and child health, access to safer water, opening doors for sustainable livelihoods and the continued development of mental health work, have continued alongside our COVID-19 responses. For Find Your Feet, these achievements have been made possible through operating as a linked charity to Health Poverty Action, which opens doors to resources that allows our work to continue, and which otherwise would not be available without this partnership.

COVID-19 is a cruel way for the world to learn the importance of equitable health systems and sustainable livelihoods that can weather the storms that life brings, but learn we must. It's our job to do all in our power to ensure this learning happens, and that the necessary changes are introduced to build a healthier and fairer future for all.

Thank you for your part in this.



Oliver Kemp
Chair of the Board of Trustees



Martin Drewry
Director

Trustees' Annual Report

Health Poverty Action & Find Your Feet link

Health Poverty Action and Find Your Feet are linked charities that share resources and expertise so we can better support marginalised communities to enhance their health, livelihoods and wellbeing.

Health Poverty Action and Find Your Feet share many of the same key values, and the complementary nature of our work makes this a strong partnership. Find Your Feet works with rural families in Asia and Africa to grow enough food so they don't go hungry, to strengthen their voice so they can speak out against injustice and to earn enough money so they can find their feet.

Health Poverty Action believes poor health is not a purely medical issue but is strongly linked to social and political factors. We have always worked on the various social issues that impact on health, from helping communities grow the nutritious foods they need to keep their families healthy, to supporting girls through school to make sure they get a good education.

Sharing our expertise has helped us enhance our work on all of these complex social determinants of health, whether that be improving livelihoods through sustainable farming methods, engaging local governance, or supporting communities to set up local lending groups and businesses. We are working together to create stronger, more holistic health and livelihoods projects that directly benefit the communities we work with.

We are also strengthening one another financially by sharing management and governance structures to increase efficiency. This cost sharing technique allows us to get even better value out of the generous donations we receive from our supporters.

Charitable objects

Our purpose

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

Find Your Feet's work supports vulnerable rural families in India, Malawi and Zimbabwe to grow enough food so they don't have to go hungry; to strengthen their voice so they can speak out against injustice; and to earn enough money so they can find their feet.

Our vision

We believe in social justice: a world in which the poorest and most marginalised enjoy their rights to health and a future free from hunger and poverty.

Our mission

Health Poverty Action works in solidarity with health workers, activists and communities worldwide to improve health and challenge the causes of poverty.

Find Your Feet mobilises local knowledge, skills and resources so that more poor, rural families can find sustainable solutions to hunger, poverty and discrimination.

Values

We are committed to supporting the most vulnerable members of society to achieve their full potential. Our approach is based on six core values: justice, empowerment, partnership, learning, accountability and equality.

Public benefit statement

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

Objectives and activities

In 2015 we initiated a new Strategic Framework to outline our principles and identify the values that drive our work; a justice-oriented approach, developing strong community roots, creating comprehensive and integrated health systems, and addressing the social determinants of health. It is a living document subject to ongoing informed reflection, and is deliberately not a traditional Strategic Plan. This allows us to be flexible, and to continuously adapt our strategic direction to suit current circumstances. This flexibility will enable us to review and adjust our priorities for the year ahead, considering the coronavirus pandemic and the impact it is having.

Health Poverty Action

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

We believe health is not just the absence of disease, but a combination of physical, mental and social well-being. We draw strength from the knowledge that we are not alone, but part of a global movement for health justice – the People’s Health Movement (PHM). The PHM is today’s embodiment of the primary health care movement that achieved groundbreaking success at the UN Alma-Ata Conference in 1978. Such was the power of this moment that 40 years later the radical vision it set out continues to rally health workers and policymakers worldwide.

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

Justice-oriented approach

We believe in health for all, without exclusion. We recognise that development organisations tend to cluster together in the same places, leaving large populations with almost no support at all. We make these most neglected people our highest priority. They may be living in places that are hard to reach because of conflict or political problems, because of geographical remoteness, or because they have been marginalised by stigma and discrimination.

We also recognise that health justice cannot be achieved without social and economic justice. These are inseparable – each being both a cause and a consequence of the other. The reasons so many are denied their health rights worldwide are not primarily biological factors, but political, social and economic injustices.

This is a global scandal, which results in unnecessary suffering on a massive scale. We challenge unjust power relations at all levels, from practices within the family and community, all the way to regional, national and global policies.

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

Strong community roots

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

We support communities to actively participate in their own health care – reclaiming power, demanding and monitoring high quality health services, as well as taking community action together to improve their health.

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

Applying the same principles to ourselves, we strive always to ensure our work is rooted in strong relationships in which we are accountable to those whose rights we serve – seeking not just feedback but genuine dialogue, and reflecting on and challenging our own organisational power dynamics.

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

Relationships such as these take time to develop. We therefore aim to work with communities for the long term to build on our understanding, and improve our effectiveness over time.

Comprehensive and integrated health systems

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

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

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

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

Social determinants of health

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

It is often women and girls who suffer the most when health rights are denied, and we attach high priority to addressing gender inequality. We also recognise the rights of ethnic and cultural minorities, such as indigenous people. People with disabilities often face discrimination on top of the challenges of their disability, and so we also strive to prioritise these people in our work.

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

Find Your Feet

In 2020 we celebrated Find Your Feet's 60th year and entered the third year of our five-year strategic period. With the support and partnership of Health Poverty Action, our overarching goal is to lift families in rural areas out of poverty. To do so, we focus on sustainable rural livelihoods which transforms lives. As the impact of the coronavirus pandemic unfolds, we will be reviewing how it will impact our strategic objectives, and how we can support communities with the new barriers and challenges the pandemic will bring. Our three objectives are:

To help families grow more food

We train and support farmers to introduce farming practices that are productive, resilient and environmentally sound, building on their own knowledge and resources. This means that people can produce a variety of nutritious foods to eat throughout the year so that they do not have to go hungry and they can earn an income by selling any surplus.

To help families earn more income

We encourage families to participate in village savings and loan schemes and to invest in small businesses. We also support farmers to add value to their crops and to market collectively, enabling them to achieve higher prices for their produce. This enables families to increase their income, and ultimately become more self-reliant.

To help communities to strengthen their voice

We help communities to identify the obstacles to their development, to advocate for their rights and to access the resources that are rightfully theirs.

On the ground

We currently work in 17 countries in Africa, Latin America and Asia, and in the UK. All of our programmes aim to improve the health and livelihoods of those we work with and for. Our work on the ground is therefore key to fulfilling our Strategic Framework.

Health Poverty Action's projects range from improving access to family planning services in Myanmar, to promoting health messages through radio dramas in Kenya; from providing maternal health training to communities in Guatemala, to preventing the spread of malaria in Vietnam, Cambodia and Laos.



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

At Find Your Feet, our priority is to support people who not only live with the daily reality of poverty and hunger but who also face additional challenges – from inability to access credit to the effects of climate change. This includes people from ethnic minority communities, small holder farmers and other vulnerable groups such as women, young people and those experiencing mental illness. In 2019/20, we worked with carefully selected partner organisations to open up new opportunities for people in India, Malawi, and Zimbabwe so that they could transform their lives.

We measure our success in a number of ways, tailoring our approach to each project and community. Tracking numbers is very important to measure our impact, whether that is how many children we have vaccinated or how many farmers have shared innovative practices with other farmers in their communities. However, it is not the only way of judging impact. Often the best way is to talk with the communities most deeply involved in the projects, and ask how our work together has impacted on their lives. We constantly do this through community meetings, surveys, and direct feedback mechanisms such as comment boxes and feedback phone numbers. This allows us to assess our impact, whilst also adapting and making improvements along the way.

Raising funds

Our restricted project funding is not enough to cover all our organisational costs, and so we need to continually seek to diversify our funding bases. Raising unrestricted funds is crucial to supplement our restricted programme funding to increase our positive impact on health

and social justice and invest in developing further. As we enter the next year with limitations on our fundraising events as a result of the coronavirus pandemic, we will be thinking of innovative ways to fundraise to support the communities we work with. We thank all of our supporters who have already chipped in to help our emergency coronavirus appeal for both Find Your Feet and Health Poverty Action, and to those who have kindly left us a gift in their Will.

Speaking out

Achieving health for all requires systems and policies to change. We campaign and lobby to influence policy both nationally and internationally, to challenge power imbalances and create conditions that support health in the long term.

We challenge traditional narratives on aid and development, which includes acknowledging the legacy of colonialism. This year we piloted a project to teach the complex origins of global poverty in schools. We also recognise that the failed 'war on drugs' causes a vicious cycle of poverty and violence around the world, and advocate replacing this with a public health and evidence-based approach to drug policy. More recently, we have initiated policy and campaigns work addressing mental health rights, an exciting new area which will complement our country programmes.

Communications

Strong communication is important in all areas of our work. This is especially true when spreading our campaign messages, raising awareness of the challenges different communities face around the world, or raising donations from the public. It is crucial for us to show our supporters the work we are doing, and how their support is helping us achieve change. This year we have made some integral changes to the way we communicate with our supporters and work together internally. By working together more closely with our programme teams, our fundraising and our policy & campaigns teams means we have a stronger unified voice. This also improves how we communicate about the linked partnership between Health Poverty Action and Find Your Feet. We've also been focusing on increasing our digital and media profiles for Health Poverty Action, and more tailored communications for our loyal Find Your Feet supporters.

Achievements, performance and impact

Health Poverty Action

Maternal health

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

In Guatemala, our long-standing maternal healthcare programme has continued to strengthen connections between the government-run health centres and traditional birth attendants (TBAs). This helps to reduce stigma and increase uptake of health clinic visits for pregnant women, mothers and children in rural indigenous communities. We facilitated the training of 133 traditional birth attendants on safe motherhood, how to recognise the danger signs in pregnancy and how to make correct referrals.

We also provided kits which will help them to deliver babies safely in their village. In addition, we've worked with 805 mothers on topics from nutrition to vaccination schemes, as well as 1,225 mothers to-be on how to plan a safe birthing strategy, the importance of antenatal care visits, and nutrition during and after pregnancy. We've also been working closely with 19 local health facilities to provide pregnancy tests, and trained 240 government health staff on providing culturally appropriate healthcare to indigenous pregnant women. Over the last year, we have reduced maternal mortality from 14 to 4 across the 77,000 women of child-bearing age in the communities where we work.

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

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

emergency birthing complications, this decreased the burden on emergency units in local hospitals.

Supporting traditional births in Guatemala

Elizabeth Ramirez Pastor is 39 years old and has been a Traditional Birth Attendant (TBA) in the community of Cael, San Carlos Sija in Guatemala for seven years, relying mostly on her own experience as a mother and assisting with births in her community. During training sessions set up by Health Poverty Action in collaboration with local Ministry of Health staff, Elizabeth learnt about warning signs and other things to look out for during a visit. *“Now I understand the danger a baby is in if it’s purple, and the risks involved for a baby with low birth weight. Every time we have a session, we understand these signs better.”* As a result of training sessions, Elizabeth can spot problems better: *“Now that Health Poverty Action gave me a thermometer, it’s much easier to detect when a patient has a high temperature, and I can refer her to the health service.”*

Access to quality healthcare

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

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

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

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

electricity around the clock, preventing blackouts from affecting people's ability to access essential healthcare.

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

Health knowledge and behaviour change

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

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

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

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

target communities, the total number of Malaria cases decreased from 918 cases in 2018 to 352 cases in 2019.

Reaching remote communities in Vietnam

Dieu Quyet, 49, lives in the Binh Phuoc province in Vietnam with his wife and three children. He works in the cashew fields during the dry season where his main job is clearing grass, fertilizing, and harvesting cashews. The first time Dieu fell ill, he believed it was from drinking poisoned water in the forest. But with the help of the Mobile Outreach Teams (MOTs), Dieu realised his symptoms were a sign of malaria infection. *“I didn’t go to the hospital and just rested at home. A neighbour took me to the Commune Health Centre by motorbike and the health staff said I had malaria. I did not know what malaria was.”*

Now, Dieu has received support from Health Poverty Action-trained Village Health Workers (VHWs) to treat his malaria infection. *“I thought I had already recovered, and saved the remaining medicine for the next illness. A Village Health Worker came and took a blood test for me and she informed me that I got malaria. She contacted health staff from MOT to come and provide me with medication and instructed me to finish the medicine even after the fever stopped.”* VHWs are trained to communicate in a culturally appropriate and understandable way to ensure indigenous communities have a better understanding of disease prevention. *“Now I know people can get infected by mosquitoes that carry malaria parasites at home and in the forest and I never go to sleep without a net. I also persuaded the surrounding families to sleep in the nets to prevent mosquito bites.”*



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

Food and nutrition

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

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

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



Women in the community vegetable garden in Laos. Images are courtesy of our partners, Humana Fundación Pueblo para Pueblo.

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

Water and sanitation

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

In Laos, our team worked in 100 target villages to ensure that most families have access to clean WASH facilities. They tested wells in each village for E. Coli, and the 42 that tested

positive were treated and observed further. Programme staff repaired and constructed water supply systems, toilets and handwashing facilities in three local primary schools. This included repairs to 49 bore holes which means that 3,417 people will have access to cleaner water.

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

Disease prevention

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

We've also achieved great successes in our ongoing work helping to eradicate malaria among remote, hard to reach communities across Asia. In Myanmar, we're working closely with village health volunteers; members of the community who raise awareness of health issues locally and act as a link with the health authorities in hard to reach areas. We facilitated training on best practice for malaria management for 554 village volunteers and 187 health facilities and mobile teams. We also distributed 107,797 long-lasting malaria nets to at-risk populations through community outreach. Through distributing malaria tests we helped to diagnose 2,304 people with malaria who then went on to receive antimalarial treatment.

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

In Sierra Leone, we help to facilitate community-led approaches to increase awareness and reduce cases of malaria. Community health workers conducted dialogue sessions to trigger discussions on malaria prevention and treatment and ran competitions to challenge households to meet indicators that would get them a malaria certificate. They also turned to

the radio – 59 radio episodes were aired to raise awareness of malaria prevention and control, aimed at appealing to young people and adults in two remote districts.

Training local volunteers to spot malaria in Myanmar

Duan Shengcui is a 31 year-old village health volunteer living in Nan Hutang village in Myanmar with her husband and two children. *“In 2011, I received training provided by Health Poverty Action and became a village health volunteer. I began to carry out malaria testing and treatment activities for fever or suspected malaria patients, reporting and tracking of positive patients in our village. Day after day, year after year of volunteer service work, my work capacity has been improved. I started to carry out more service activities including ... emergency critical care referrals and regular health promotion activities. Reviewing the history of 9 years, health awareness of the villagers has been changed and improved a lot, including family planning, institutional delivery, immunization, childhood nutrition etc...These achievements have been supported by Health Poverty Action and are a reward for my years of volunteer work.”*



Duan with her daughter.

Women’s rights

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

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

In Rwanda, 1,410 young women took part in Mother Daughter clubs, which have provided a space for community investment and involvement in girls’ education. Through these clubs, 778 girls who otherwise might not have been able to stay in school have been supported by

receiving school materials and uniforms. The clubs have also facilitated community-saving schemes and have helped to save a total of 5,110,700 RWF (£4,146) to help young people generate their own income. The club members are mostly young women, so in addition to starting small-scale businesses, the clubs are also helping to tackle stigma and show women's potential to participate in building the family income and supporting local economies.

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

Mother Daughter Clubs in Rwanda

Health Poverty Action has collaborated with local leaders, mothers and guardians of the most marginalised girls in the Nyaruguru district to form Mother Daughter Clubs (MDCs). With Health Poverty Action's assistance, the Inyamibwa MDC purchased two knitting machines, enabling them to sell sweaters to community members and children in neighbouring schools, making a profit to support members of the group.

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



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

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

members of the group. After joining the Inyamibwa MDC, the training has helped mothers like Seraphina understand the importance of a girl's education. *"Before I joined the MDC I was happy for my daughter Olive to miss school and give me the extra help...Now even when my children's friends come over, I ask them, why are you not in school?"* With the support and encouragement of her group, Olive has been able to return to school in the hope of continuing to pursue her dream of becoming a nurse.

Find Your Feet

A year of significant progress

In **India**, we have continued to build the capacity of Tribal Rights Forums (TRF) which we help to set up and support at district level. The Forums, which are now expanding and strengthening to connect tribal groups in different districts and states, provide a platform for tribal communities to voice local issues and ensure that they are adequately represented in the local government.

In particular, this project helps tribal groups take ownership of their land by increasing their access to the Forest Rights Act. This government Act gives people living in forests access to more income generating activities, and prevents corporations encroaching on their land for industrial use. Access to this Act can help to shift the power back to communities, preventing displacement, socioeconomic inequality and environmental degradation.

However, uptake of entitlements under the Forest Rights Act is low. It's difficult to access the scheme and to set up the right structures, such as the Forest Rights Committees, to process the initial applications at village level and ensure that they progress through the various levels of bureaucracy. In the two districts where we work to date, 11,234 people are part of their local community-based organisation, over half of which are women. Many of them are now demanding that local governments outline their forest rights, and some are on a path to obtaining them. We also helped to reconstitute 46 Forest Rights Committees with local village governments. These committees are responsible for processing community claims to own their own land, an important first step in the process. This year, 20 individual forest rights claims have been passed by Forest Rights Committees and submitted to the next stage.

In **Zimbabwe**, our work on mental health supports communities through the challenges stemming from surviving Cyclone Idai, which struck in March 2019. Around 2,251 houses were destroyed, 173 deaths reported and 35 people remain missing as of 2019. In December 2019, there were still 170 families living in tents in four camps in the district. During the cyclone relief effort, our partner, TSURO (Towards the Sustainable Use of

Resources), in coordination with government and other organisations, provided psychological and psychosocial support to 1,025 cyclone survivors. The engagement of people with mental health concerns or their caregivers in the community self-care groups has in turn reduced stigma and discrimination by involving them as a part of the wider community. For example, we've been supporting 217 people with mental health concerns to join the Farmer Action Learning Group (FALG), where they have been trained in organic farming and soil conservation measures.

By applying these methods, they can improve their yield in staple crops like maize, and commercial crops like peanuts. Not only will this help the family diet to improve, but the remaining surplus can also be processed (e.g. to make peanut butter) so they can make more income from their crops.

We are also very proud of our ongoing work with Find Your Feet **Malawi**. Since they became an independent NGO in 2016, Find Your Feet UK continues to support them by securing funding so that they are able to access a broader range of income. This year, Find Your Feet Malawi expanded their focus to reduce waterborne illnesses. They've ensured access to safe drinking water for 919 families by drilling boreholes in four communities. They've also implemented latrine building skills into their work, as well as increasing nutrition awareness and the adaptation of water conservation and compost making techniques by the farmers.

Supporting mental health in Zimbabwe

Prazer Matemba lives in Matiashe village in the Chimanimani District of Zimbabwe. The Farmer Action Learning Group (FALG), supported by Find Your Feet, helped Prazer in his recovery from mental illness by introducing him to farming. In 2013 when he was 29 years old, Prazer started experiencing hallucinations. Prazer had lost his brother a few years before and his family has a history of mental illness.

"I would hear strange voices speaking to me, as a result, I would drink a lot of alcohol. I would just disappear from home without my mother's knowledge, I think that is when my mother sensed that the situation was getting out of hand and sought assistance from the Community Health Educator based in our village and they advised her to take me to the hospital."

Prazer was diagnosed with schizophrenia and during his treatment, the FALG helped give him an opportunity to be accepted in his community through psychosocial support. Prazer is now a proud farmer and beekeeper who can support himself and others in his community.

"Ever since then I have become a fully experienced farmer and beekeeper. I also refer mental health patients in our neighbourhood to the hospital so that they can also get the same help that I got."

Rising to challenge of the Covid-19 pandemic

The Covid-19 pandemic, and all that came with it, has presented unprecedented challenges for the work of Find Your Feet. In March, nationwide lockdowns were ordered in two of the countries where Find Your Feet operates. Our staff in each country worked from home until it was safe to return to the field, and our project plans have had to be altered. We worked alongside our partners, Badlao Foundation, to provide education sessions on COVID-19 prevention in India.

In **India**, due to the restrictions imposed on travel and gatherings, Find Your Feet and our partners had to cancel several of the remaining activities, and we are reallocating unspent funds into emergency relief activities. Find Your Feet and our partners are reallocating unspent funds into emergency relief activities. We will aim to support the most vulnerable families, such as migrant workers and people without regular access to government food rations.



We worked alongside our partners, Badlao Foundation, to provide education sessions on COVID-19 prevention in India.

In **Malawi**, our partners have been visiting the communities who we work with regularly. As of March, it was still possible to visit farmers and hold outdoor informative sessions with four to five people together. While making the most of these guidelines, we took the decision to cancel some of the remaining activities for the year for safety reasons, such as training sessions and exchange visits with farmers. We anticipate that this work with Find Your Feet Malawi will be extended as a result of the pandemic.

In **Zimbabwe**, where we work with our partner, TSURO, on our mental health project, activities involving large gatherings could not be implemented. Instead, we plan to continue

COVID-19 activities, which includes disseminating information about COVID-19 prevention in the communities, training health practitioners in the best COVID-19 safety practice and refurbishing an isolation centre in a local hospital.

Our achievements in 2019/20

We helped families to grow more food

In **Zimbabwe**, our programme has been in part centred around helping farmers to diversify their crops and bounce-back from the devastating Cyclone Idai which swept through Chimanimani in March 2019, destroying many people's livelihoods. In our emergency relief operation, the Zimbabwe team targeted 148 families in the hardest hit areas of the cyclone, focusing on families who had members with mental health concerns in particular. They helped to distribute 683 fruit trees, vegetable seeds and materials such as nails and timber to fix damaged beehives so that they had food and some income. From macadamia nuts and avocados to carrots, butternut squash, tomatoes and spinach, the families now have a variety of nutritious produce to supplement their diets and their earnings. Training on planting and seed maintenance was also conducted to ensure they can make the most out of their crops. The farmers receiving these seeds and plants will be able to sell them on and use the money to buy ingredients they can't produce themselves, such as cooking oil, which also improves their diet further.

“My life changed completely as we could afford to eat three meals a day, my brothers would go to school wearing complete uniforms and have their fees paid in time”.

- Washington Nyakezeya is a 20-year-old farmer from Chimanimani who lost 100 beehives in the cyclone and received materials from us to reconstruct his hives.

In **India**, we've been working on empowering local communities through increased knowledge of nutrition, particularly for mothers and children. For example, we've led discussions around the benefits of growing more food through kitchen gardens among the majority of the families who we work with. Our project has also supported 289 village nutritional workers to help refer malnourished children to the local treatment centre. Since it started in July 2019, the project has referred 25 children for treatment, and 37 malnourished mothers have been diagnosed and offered support. We've also seen an increase in nutrition awareness in the community among mothers and mums-to-be.

In **Malawi**, the climate crisis has made it extremely difficult for reliable crop production resulting in a lack of food and income for people, causing malnutrition and other health

issues. To help alleviate this, Find Your Feet Malawi has been facilitating skills training among local farmers on how to farm more sustainably. This included training 60 farmers on introducing more drought-resistant crops into their farms as droughts become more commonplace for the country. In addition, the training has also helped to diversify their income, enabling some farmers to start small businesses selling cassava cuttings and sweet potato vines or by baking scones and bread. Find Your Feet Malawi also helped to facilitate 500 backyard gardens so people can grow their own vegetables to diversify their diet throughout the year. Communities planted 3,322 trees and were trained on how to look after the different species to maintain soil fertility and acquire timber among other uses. In Malawi, 655 farmers were also trained in how to increase their yield through maize planting basins. The basins harvest water to help crops survive, and it also improves soil structure. We also trained 215 farmers on how to mix crops together that grow well in one plot to minimize the risk of their entire crop being wiped out during dry spells.

We helped families earn more income

Find Your Feet **Malawi** helped to pair experienced farmers to train other farmers and members of the community in food processing so that they can make nutritious food using locally grown produce, such as porridge or baked goods. 150 farmers were trained in this project, and some have now started their own businesses. Some of the women who were trained now sell scones and bread when they would normally have to rely on their husbands for household income.



Women trained in scone making can now sell their produce at markets as an independent source of income.

In addition, Find Your Feet trained farmers in honey production, which creates a new source of income for the farmers. There are two collective beekeeping groups: the Tiyezge beekeeping club now has 21 active members, all women, who have built a bustling business with 150 beehives, and there are 30 beekeepers in the Tipenje club.

Turning beekeeping from a hobby to employment in Malawi

Find Your Feet Malawi trained beekeepers in honey production, and the Tiyezge Club is one of the most active groups. Earlier, beekeeping was a hobby for many people but never an income-generating activity in the community. The club started beekeeping with 22 hives with support from our Bulala Sustainable Livelihoods Project. This has now grown into a thriving business with 150 beehives. As households have started harvesting honey from their hives and selling it, beekeeping is now a key income generating activity for many people in the Damaseke Village community. *“Previously, we took it as a hobby. This year, we have harvested 25 litres of honey and realised MK 57,000 (64 GBP) with which we are planning to start a pig farming business.”*



We helped communities to strengthen their voice

In **India**, we continued to work in the most remote tribal areas through our community-based organisations (CBOs) and the Tribal Rights Forums (TRFs). Find Your Feet helps to facilitate these grassroots groups which are open to all who are interested in helping with local community welfare. In Jharkhand state, we supported TRFs to demand that district officials implement the public schemes and laws offered to communities properly and effectively. If implemented, these schemes offer better quality services and land ownership rights. To achieve this, we helped to organise a grassroots campaign with the CBOs so they can access the Forest Rights Act scheme.

This involved a public hearing and state-level meeting with the local press. Organising communities is a fundamental principle underpinning Find Your Feet’s work. It is effective in coordinating and strengthening the voice of communities and enabling them to bring their demands to the attention of government officials at the highest level. The local government

has now invited the TRFs and CBOs to coordination meetings, acknowledging their community engagement. The groups, in which women are particularly active, are also organising and taking collective action on their own. The issues they're taking on range from health workers illegally charging for vaccinations, abuse of rights by the police, demands for widow and disability pensions, and measures to safeguard against future flooding. Through the groups, people in the village are being supported to grow their leadership skills, which will leave a lasting mark long after the project ends.

Advocating for indigenous land rights in India

Mangal Hembram is 27 and a native of the Ghati village, Jharkhand state, in India. He is a member of the newly reformed Forest Rights Committee in the village, helping his community secure rights to their land. Mangal has used his voice to advocate for land rights after a Find Your Feet initiative raised awareness of the Forest Rights Act. Without political connections, Mangal was not sure how to obtain the rights of the land he inherited. But with the help of local people raising awareness of the scheme through our project, he recognised a need for stronger community advocacy.



“For generations we have been cultivating on forest land but there is always a fear that at any time the government may take this land from us, and if such a thing happens then we shall be left with no other option. The information I received... strengthened my confidence to fight for my rights. I will continue to work with their support so that many of our villagers will obtain their land rights. I am very much thankful to the project team that they changed weakness into strength in a single meeting.”

With our support, Mangal coordinated the reform of the Forest Rights Committee in his village and compelled the village headman to sign many applications for land ownership. Without this pressure, applications for rights under the Forest Rights Act are blocked from being forwarded to the appropriate official for processing. Using his voice, Mangal has helped members of his protect their right to their land and their livelihood as farmers.

In **Zimbabwe**, we're working with the local health practitioners in Chimanimani to better support people living with mental health issues. We supported the training of 69 traditional and faith healers and 79 healthcare workers to build on their mental health screening skills,

diagnosis, referral and treatment. The training has led to better coordination between the health practitioners and the faith and traditional healers, and we've seen an increase in mental health referrals to several rural clinics and hospitals. A database has also been set up to help track the number of people with mental health concerns in the area. We have recorded 1,383 people, and 618 of these people are attending community-based self-care groups supported by our project. More people are accessing these groups for psycho-social support and are moving away from traditional methods, which was previously the only option as medicine isn't available as a treatment.

Fundraising

Health Poverty Action and Find Your Feet have combined resources to extend our reach and raise even more funds for the communities we work alongside as linked charities. We will continue to support one another this year as we move into an uncertain future. COVID-19 and the lockdown measures in the UK, where most of our fundraising efforts are currently based, have had a substantial impact on our ability to raise funds. We will continue to adapt to our quickly changing environment, calling upon our friends and building new partnerships to secure the much-needed funds to support the communities who we work with.

Events and Community

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

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



*Cooking demonstrations with MasterChef contestant and
Curry for Change ambassador Yui Miles at our UK Aid Match appeal event.*

We are also extremely grateful for everyone who has cooked up a curry, hosted a supper club, visited a partner restaurant, or attended an event as part of Find Your Feet's flagship Curry for Change campaign. In particular, we'd like to thank our partners Spice Kitchen and our ambassadors and champions. We sincerely appreciate the time, products and skills they continue to commit and look forward to expanding the campaign further in the year to come.

In December, 43 different school and community choirs came together in tube and train stations across London for Find Your Feet and Health Poverty Action. Their singing in solidarity with health workers worldwide raised £12,970 for our Choirs for Change campaign.

Partnerships

This year Health Poverty Action focused on connecting with like-minded companies to create long-term, mutually beneficial partnerships, including Medisave and Mondrian Investment Partners.

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

Supporters

The generosity of our supporters is crucial in enabling us to stay focused on establishing and maintaining effective, high-quality programmes in the world's poorest communities. We are especially thankful to everyone who has continued to support us with a regular gift, and those who generously increased this or made additional donations to our appeals during the year, including the emergency Coronavirus appeals that both Health Poverty Action and Find Your Feet launched in March.

Trusts and Foundations

We are extremely grateful to have received support from a number of trusts and foundations. We would like to thank all our supporters including Oak Foundation, Stanley Thomas Johnson, Unicorn Grocery Fund, Mercury Phoenix, Fresh Leaf Charitable Foundation and Bryan Guinness C T. Your support for Find Your Feet and Health Poverty Action has helped us to grow a number of our programmes all over the world. Thank you.

Speaking out

Health Poverty Action has a policy & campaigns team who influence policy both nationally and internationally to challenge power imbalances and create conditions that support health in the long term.

The root causes of poor health

Health Poverty Action campaigns against the 'war on drugs' because it causes a vicious cycle of poverty around the world. Prohibition policies fuel conflict and violence, and also hinder access to healthcare for many affected by the trade. In addition, it is often the most marginalised and vulnerable in society who rely on small scale drug farming for income, or are disproportionately targeted for drug related criminal offences. Health Poverty Action believes that the poverty and inequality caused by the current approaches to the drugs trade could be alleviated through a move to legally regulate drug markets, and that this will also provide the best opportunity for a public health approach to drugs. Health Poverty Action are playing a leading role in convening drug policy organisations to explore a move to legal regulation that works in the interests of public health and social justice. Health Poverty Action have not only strengthened our links with drug policy organisations around the world but also influenced UK parliamentarians across the political spectrum, including organising an event at the Labour Party conference. Health Poverty Action also presented to the Cross Party Parliamentary Group on Drugs, Alcohol and Justice. In addition, the Green Party also accepted our recommendations in their 2019 manifesto to work internationally to ensure the livelihoods of farmers in the Global South.

Strengthening health justice movements

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

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

Health Poverty Action continues to receive positive engagement and feedback on our communications toolkit setting out how organisations can better communicate the root causes of poverty and inequality. This has now been translated into two languages. We've started planning how to expand this work further to investigate how traditional aid narratives shape people's responses to issues around poverty and inequality, and what alternatives might look like, alongside our Southern allies. Health Poverty Action attended the launch of the Kampala Initiative with other civil society groups from around the world.

Strong and culturally appropriate health systems

Health Poverty Action continues to advocate for culturally appropriate health services and for progress to be monitored using adequate data. Following our advocacy, the Demographic Health Survey – a major source of information for the development sector – has been amended to include two new questions put to every woman interviewed on religion and ethnicity. By collecting better information on different groups and their access to healthcare, specific barriers to access can be more easily identified and addressed. Finally, we have instigated policy and campaigns work on mental health for the first time, including influencing the UK Department for International Development’s approach to this pressing issue.

Communications

We’ve been improving how we work on personalising our communications to Health Poverty Action and Find Your Feet supporters both old and new. This year we’ve also been focusing on our digital reach, which is particularly important as more people will be at home due to COVID-19 related restrictions.

Key communications highlights this year include Health Poverty Action’s Happy Mums, Happy Tums appeal, which helped to increase our follower count across our social media channels and picked up new supporters along the way. Around 15 million people had the opportunity to view our campaign through our digital reach, events, and our partners’ support. For example, Mumsnet featured our appeal on their website. Getting the views of Health Poverty Action’s Policy and Campaigns team into the media is another key way in which we raised our profile. Our progressive voice appeared more regularly in the mainstream media this year, reaching wider audiences in The Sun, The Daily Mirror, and The Independent.

As we look to evolve our fundraising opportunities for both Find Your Feet and Health Poverty Action in light of COVID-19, we will also be assessing how we can best evolve our communications alongside this, and where best to channel our resources.

Financial review

Overview

During 2019-20, the partnership between Health Poverty Action and Find your Feet led to a combined income of £19,597,756. We maintained our financial strategy of investing in our in-country programmes while exploring new strategies to increase our unrestricted funds.

Income

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

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

Despite the completion of several projects during the year, our programme income increased by 14% (£16,902,765 in 19-20 compared to £14,772,837 in 2018-19). This was primarily due to new projects in Myanmar (Access to Health Funds projects, £1,415,553) and Somaliland (Department for International Development, £1,825,434). In other incoming resources, consultancy income in Africa increased by £69,179.

Fundraising donations from individuals slightly decreased (2% less than the previous year) but income from trusts and foundations increased by 25% (£20,029 higher than 2018-19). For further details on income please refer to note 2 of the accounts.

For Find Your Feet, our income reduced by 52% during the financial year (£168,106 in 2020, compared to £397,892 in 2019). This is mainly due to the completion of the Commonwealth Foundation programme in India and the Johar Project funded by the European Commission.

In addition to this, fundraising income was heavily impacted following COVID-19 towards the end of the financial year. In other incoming resources the major area of shift was income from individuals, decreasing from £151,834 in 18-19 to £90,330 in 2019-20. Despite the challenging year, we have retained strong support from many individual donors, trusts and foundations for Find Your Feet's projects. This is evidenced by a 21% increase in income from trusts, foundations and corporates (£58,855 in 18-19 to £71,019 in 2019-20).

In 2020, we started a new project in India, building on the success of the Johar and Oak Foundation projects, and we are continuing with the community mental health project in Zimbabwe funded by Comic Relief. In Malawi, we continue to look for new opportunities to work with Find Your Feet Malawi, who became an independent locally registered organisation in 2016. We are constantly seeking new sources of funding and we believe that our substantial and unique legacy of work will continue in the future.

We are extremely grateful to all our donors for their generosity in helping us achieve our goals and we are committed to ensuring our income is used efficiently and responsibly. For further detail on the charities income please see note 2 of the accounts.

Expenditure

Health Poverty Action’s overall expenditure increased by £494,132 (62%) compared to 2019. Fundraising expenditure increased by £255,975 compared to 2019. The increase was mainly due to the investment in digital acquisition campaigns, the UK Aid Match appeal, including additional staff and an increase in our online presence to secure Health Poverty Action’s future income.

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

Find Your Feet’s expenditure reduced by 47% from previous year (£278,275 in 2020 compared to £481,055 in 2019), mainly due to a reduction in programme expenditure and the benefit of partnering with Health Poverty Action who provides management and support services to Find Your Feet at its UK headquarters. Please see FYF income and balance sheet in Appendix 1 for reference.

Risks, uncertainties and mitigation

The Trustees Finance and Audit group alongside the Senior Management Team regularly oversee major risks and how these are being managed. In 2019-20, the following risks were identified with actions to mitigate them;

Risks	Management actions in 2019-20
<p>Brexit</p> <ul style="list-style-type: none"> • Not possible to apply to EU calls for proposals as leading organisation (our portfolio of EU grants has reduced over the past few years) 	<ul style="list-style-type: none"> • Actively seeking possible partners as sub recipient for EU funding • Diversify funding from other donors
<p>COVID-19 pandemic</p> <ul style="list-style-type: none"> • Programmes suspended or cancelled; lockdown causing delays in programme implementation potentially leading to slow burn rate and more demand on unrestricted funds • Challenging fundraising environment 	<ul style="list-style-type: none"> • Frequent reforecasting and restructing to maximise funding opportunities • Consulting with internal and external advisors to keep abreast of developing opportunities • Reassess and reduce unnecessary expenditures (e.g., travel) and invest strategically

	<ul style="list-style-type: none"> • Continue seeking funding to assist country teams to respond to the pandemic • Seeking opportunities to start social enterprises in response to COVID-19
<p>Currency Exchange Losses</p> <ul style="list-style-type: none"> • Loss of reserves • Impact on programme activities • Increased difficulty in budgeting/forecasting (both unrestricted and programme budgets) 	<ul style="list-style-type: none"> • Anticipate exchange rate fluctuation and possible impact • Manage foreign currency reserves in conjunction with cashflow forecasting • New partnership with foreign exchange organisation to manage exchange rate fluctuation through possible hedging
<p>Dependency on restricted income</p> <ul style="list-style-type: none"> • Only 3% of our income is unrestricted • Substantial impact in the event of a loss of donors 	<ul style="list-style-type: none"> • Adequate reserves policy • Diversification plan implemented • Programme development planning
<p>Safeguarding</p> <ul style="list-style-type: none"> • Injury or risk to child or vulnerable adult leading to legal action, negative publicity, financial and reputation loss • Staff fail to whistle blow in the event of a safeguarding issue or in any other area of severe wrongdoing such as theft, fraud and corruption. Or beneficiaries are unaware of how to/unable to report an issue. Risks legal action, negative publicity, financial and reputation loss. 	<ul style="list-style-type: none"> • Child and vulnerable adult policy • PPP policy reviewed and updated • Whistleblowing policy in place. Beneficiaries informed of reporting structures in all programmes • Training conducted across the organisation including overseas staff

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

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

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

COVID-19 and Going Concern

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

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

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

The Trustees have assessed our financial projections and do not believe that there are material uncertainties that call into doubt our ability to continue in operation for the foreseeable future.

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

Reserve policy

Health Poverty Action and Find Your Feet have two distinct reserve policies. Both have been prepared to ensure the long-term financial viability of the charities. For Health Poverty Action, in order to ensure the long-term financial viability of the organisation, it is the Board's policy to maintain the minimum unrestricted free reserves at 5%-10% of budgeted income which equates to £0.76m-£1.5m for the coming year. Reserves at this level will mitigate some of the financial risks faced by the organisation such as adverse impact from COVID-19, donor clawbacks and cash flow sensitivity which have a huge impact on beneficiaries. During 2019-20, our unrestricted reserves increased by £196,920 to £1,557,010 (£1,360,090 in 2018-19). This increase was largely made up of £99,119 in exchange rate gains and an increase in unrestricted funds (mainly through consultancy income, £69,179 higher than the previous year). The current level of free reserves (£1.5m) is at the higher end of the board policy stated above and has therefore been deemed satisfactory.

Find Your Feet needs to hold free financial reserves (i.e. those not reserved for projects) for two reasons. Firstly, reserves are required to deal with temporary or permanent reductions in unrestricted income, or shortfalls in project funding due to adverse exchange rate movements. Secondly, for projects usually subject to retention, which is not released until a satisfactory report has been received at the end of the project. Each of these practices means that Find Your Feet has to fund a working capital requirement.

In 2019-20, free reserves comprising general unrestricted funds totalled £194,073. Grants due in arrears at that date totalled £19,871. On this basis, the current free reserves available to cover other financing risks are in the order of £174,202, equivalent to 6 months of core costs. The Board consider this position to be satisfactory.

Structure, management and governance

Health Poverty Action and Find Your Feet are linked charities and companies limited by guarantee. Health Poverty Action was set up in 1984 to 'preserve and protect the health, through the provision of primary health care, of communities who receive little or no external assistance because of political instability and / or conflict'. Find Your Feet was set up in 1960 to 'alleviate poverty amongst individuals and communities' and currently works in India, Malawi and Zimbabwe.

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

Remuneration policy

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

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

Senior management remuneration

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

- To ensure that the Charity can access the types of skills, experiences and competencies that it needs in its senior staff, the specific scope of these roles in the Charity and the link to pay
 - The nature of the wider employment offer made to senior employees, where pay is one part of a package that includes personal development, personal fulfilment and association with the public benefit delivered. The Charity recognises that it is, on occasion, possible to attract senior management at a discount to public sector or private sector market rates.
- Remuneration for the year ended 31 March 2019 comprised salary and pension contributions. There are no other pecuniary benefits for senior or other staff at the Charity.

Governance

As linked charities, both Health Poverty Action and Find Your Feet share the same Board of

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

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

¹ members of the Finance and Audit Committee

² members of the Fundraising Advisory Group

The trustees are appointed by the Board. One-third of the trustees retire by rotation at each Annual General Meeting and are eligible for re-election. In addition to its overall responsibility for the governance of the charity, the Board retains to itself decisions on strategy, annual budgets, the appointment of new trustees and the Chief Executive. The Board meets four times a year and is supported by two sub-committees. Day-to-day management of Find Your Feet is delegated to the Chief Executive, within the context of the corporate plan and annual budget.

Potential new trustees are interviewed and then invited to attend Board meetings as an observer before the Board makes a decision on their appointment. New trustees receive a half-day briefing from the Chief Executive. The Board wishes to retain members with a

broad range of skills and constantly seeks to recruit new trustees to complement the skills of existing Board Members.

Staff are carefully recruited and offered commensurate remuneration and retained through ensuring that the work environment is conducive and salaries remain competitive. A formula is used year on year to establish objective criteria for salary increases.

In deciding remuneration for the charity's Senior Management, the charity considers the potential impact of remuneration levels and structures of Senior Management on the wider charity workforce and will take account of the following additional principles:

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

Code of Governance

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

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

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

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

Trustees Indemnity Insurance

Health Poverty Action and Find Your Feet have each purchased Charity Trustees Management Liability insurance policies on behalf of all the Trustees which cover legal liabilities up to an indemnity limit of £500,000. Trustees that retire or become former trustees are covered through a discovery period until the policy is next renewed. As we

renew our policy annually, any trustee that does resign during that year would be covered for the remaining length of the annual contract.

Fundraising disclosures

Health Poverty Action and Find Your Feet have voluntarily subscribed to the Fundraising Regulator, to which we pay an annual levy, and we adhere to the standards of fundraising activities as set out in The Code of Fundraising Practice. In the past year, neither Find Your Feet nor Health Poverty Action received any formal complaints in relation to our fundraising activities.

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

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

Statement of Trustees' responsibilities

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

Legal and administrative information

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

Registered Company Number: 1837621

Registered Charity Number (England and Wales): 290535

Find Your Feet Limited (limited by guarantee)

Registered Company Number: 651058

Registered Charity Number (England and Wales): 290535-1 (previously 250465)

Registered Office:

Health Poverty Action

Find Your Feet

Ground Floor 31-33 Bondway

London SW8 1SJ United Kingdom

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

United Kingdom Director: Martin Drewry

Banks: CAF Bank Limited, Kings Hill, West, Kent ME19 4TA. HSBC plc., 8 Canada Square, London, E14 5HQ, United Kingdom.

The Co-operative Bank, PO Box 250, Delf House, Skelmersdale, Manchester
WN8 6WT

Lloyds Bank, 39 Threadneedle St, London EC2R 8AU

Senior Management Team:

Kelly Douglas, Head of Fundraising

Natalie Sharples, Head of Policy and Campaigns

Sandra Tcheumeni-Boschet, Head of Finance and Administration

Bangyuan Wang, Head of Programmes for Asia

Dr. Tadesse Kassaye Woldetsadik, Head of Programmes for Africa

Trustees' responsibilities

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

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

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

Provision of information to auditors

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

Auditors

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

On behalf of the Trustees:

A handwritten signature in black ink, appearing to read 'O Kemp', with a long, sweeping underline.

Oliver Benjamin Kemp
Chair of Trustees

Date: 15th October 2020

Independent Auditor's report

Opinion

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

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2020 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matter prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the Trustees' annual report. We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made;
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 24, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is

necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

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

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

Use of our report

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

Moore Kingston Smith LLP

Neil Finlayson, Senior Statutory Auditor

Date: 22 October 2020

For and on behalf of **Moore Kingston Smith LLP** Statutory Auditor

Devonshire House

60 Goswell Road

London

EC1M 7AD

Group Accounts

(Health Poverty Action / Find Your Feet)

Statement of Financial Activities

For the year ended 31 March 2020

(Including the summarised Income and Expenditure Account)

	Notes	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Income and endowments from:				
Charitable activities	2	-	17,070,871	17,070,871
Donations and legacies	2	536,890	105,635	642,525
Gift in Kind Income	2	-	1,868,179	1,868,179
Investments	2	421	15,761	16,182
Linking with FYF	2	-	-	-
Other incoming resources				
Total incoming resources		537,311	19,060,446	19,597,757
Resources expended				
Raising funds	3	423,056	45,739	468,795
Charitable activities	4	16,453	18,659,197	18,675,650
Total resources expended		439,509	18,704,936	19,144,445
Net income/(expenditure) for the year		97,802	355,510	453,312
Transfers between funds		-	-	-
Foreign exchange gains/(losses) in year		99,118	58,081	157,199
Net movement in funds for the year		196,920	413,591	610,511
Total funds brought forward at 1 April 2019		1,360,090	4,757,840	6,117,930
TOTAL FUNDS CARRIED FORWARD at 31 March 2020		1,557,010	5,171,431	6,728,441

The Statement of Financial Activities includes all gains and losses recognised in the year.

Statement of Financial Activities

For the year ended 31 March 2019

(Including the summarised Income and Expenditure Account)

	Notes	Unrestricted Funds 2019 £	Restricted Funds 2019 £	Total Funds 2019 £
Income and endowments from:				
Charitable activities	2	-	15,170,729	15,170,729
Donations and legacies	2	454,823	174,762	629,585
Gift in Kind Income	2	-	1,621,494	1,621,494
Investments	2	87	10,475	10,562
Linking with FYF	2	-	424,484	424,484
Other incoming resources				
Total incoming resources		454,910	17,401,944	17,856,854
Resources expended				
Raising funds	3	299,119	126,467	425,586
Charitable activities	4	128,705	17,476,443	17,605,148
Total resources expended		427,824	17,602,910	18,030,734
Net income/(expenditure) for the year		27,086	(200,966)	(173,880)
Transfers between funds		-	-	-
Foreign exchange gains/(losses) in year		60,739	37,192	97,931
Net movement in funds for the year		87,825	(163,774)	(75,949)
Total funds brought forward at 1 April 2018		1,272,265	4,921,614	6,193,879
TOTAL FUNDS CARRIED FORWARD at 31 March 2019		1,360,090	4,757,840	6,117,930

The Statement of Financial Activities includes all gains and losses recognised in the year.

Balance Sheet

As at 31 March 2020

	Notes	2020 £	2019 £
CURRENT ASSETS			
Debtors	8	1,543,904	2,380,424
Stock		732,478	294,914
Cash at bank and in hand		5,388,452	4,721,770
Tangible fixed assets	16	-	-
		<u>7,664,834</u>	<u>7,397,108</u>
CURRENT LIABILITIES			
Creditors: Amounts falling due within one year	9	(701,018)	(1,141,254)
		<u>6,963,816</u>	<u>6,255,854</u>
NET CURRENT ASSETS			
LONG TERM LIABILITIES			
Creditors: Amounts falling due after one year	10	(235,374)	(137,924)
		<u>6,728,441</u>	<u>6,117,930</u>
TOTAL ASSETS LESS LIABILITIES			
TOTAL NET ASSETS			
		<u>6,728,441</u>	<u>6,117,930</u>
FUNDS			
Unrestricted funds	13	1,557,010	1,360,090
Restricted funds	13	5,171,431	4,757,840
		<u>6,728,441</u>	<u>6,117,930</u>

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



Oliver Kemp, Chair

Date: 15th October 2020

Company Registration number 01837621

Cash Flow statement

For the year ended 31 March 2020

	2020 £	2019 £
Net Cash Outflow from operating Activities	493,302	(737,256)
Returns on Investments and Servicing of Finance		
Bank interest received	16,181	10,562
Foreign exchange gain	157,200	97,931
(Decrease) / Increase in Cash	666,682	(628,763)
Reconciliation of Excess of Expenditure over Income to Net Cash Inflow from Operating Activities		
Net incoming / (outgoing) resources	610,511	(75,949)
Decrease / (Increase) in debtors	836,521	(1,304,818)
(Increase) in stock	(437,564)	288,590
Increase in creditors	(342,785)	463,414
Interest received	(16,181)	(10,562)
Foreign exchange (gain)/loss	(157,200)	(97,931)
Net cash (outflow) inflow from operating activities	493,302	(737,256)
Analysis of Net Cash Resources		
Opening Balance	4,721,770	5,350,533
Flow	666,682	(628,763)
Closing Balance	5,388,452	4,721,770
Location of Cash Resources		
HQ bank accounts	2,527,477	2,266,503
In-country bank accounts	2,860,975	2,455,267
Funds attributed to Connected Party (Appendix 1)	291,438	291,438
	5,388,452	4,721,770

BALANCE SHEET

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

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

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



Oliver Kemp, Chair

Date: _____ 15th October 2020 _____

Company Registration number 01837621

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

1. PRINCIPAL ACCOUNTING POLICIES

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

a) Accounting convention

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

The functional currency of the charity is pound sterling.

b) Going Concern

The financial statements are prepared on a going concern basis which assumes the charitable company will continue in operational existence for the foreseeable future. The Trustees have assessed the charitable company's financial position and forecast income and expenditure for a period of twelve months from the date of approval of these financial statements. In March 2020, the coronavirus disease was declared a pandemic by the World Health Organization.

To date, the charity's activities have transitioned successfully to remote working and we have had little need to take advantage of the Government's Job Retention Scheme. While the situation is rapidly evolving, our planning processes have taken into consideration the current and forecasted economic climate and its potential impact on our various sources of income and planned expenditure. This includes the loss of income following the cancellation of the London Marathon. However, we managed to secure additional funding towards emergency responses and secured no cost extension of programmes, where activities were delayed due to the pandemic.

Whilst we do expect some impact of the current Covid-19 pandemic on our operating and financial planning, this will not be existential and our regular monitoring of financial forecasts and long term cash flow needs are being updated with appropriate action being taken to reflect the changing circumstances. Based on the above and the level of unrestricted free reserves, the trustees consider that there are no material uncertainties about the charity's ability to continue in operational existence for the foreseeable future, and, accordingly, the financial statements continue to be prepared on the going concern basis.

c) Incoming resources

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

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

d) Resources expended

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

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

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

e) Fund accounting

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

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

f) Foreign Currencies

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

g) Pensions

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

h) Operating leases

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

i) Liabilities

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

j) Other financial instruments

i. Cash and cash equivalents

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

ii. Debtors and creditors

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

k) Critical accounting estimates and areas of judgement

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

l) Fixed assets and depreciation

The cost of tangible fixed assets is written off by equal annual instalments over their expected useful lives as follows:

- Motor vehicles (in India) - 4 years

m) Inventory/Stocks

Stocks are calculated based on unit prices given by donors. When unit prices are not disclosed, stock are valued at fair market value.

1a FIND YOUR FEET LIMITED LIMITED BY GUARANTEE PRINCIPLE OF LINKING

Find Your Feet and Health Poverty Action Limited became linked charities on the 1st April 2018. The linking of the charities under section 12 is an administrative linkage, for reporting purposes only. It does not change the separate legal status of the charities, or the nature of restricted funds or endowment, and it does not constitute a merger. The trustees are under a duty to ensure that the funds of each charity are still applied solely in accordance with the respective trusts.

The acquisition accounting model has been adopted to prepare the accounts as per paragraph 25.19 of the SORP. In so doing 2018 net assets of FYF have been brought into the consolidated SOFA. All FYF balances are recognised as restricted amounts in the accounts. Previous financial year comparatives are those of HPA **only** as both entities were not linked at that reporting time.

A summary of FYF turnover (or gross income) for the reporting period;

A summary of its expenditure for the reporting period; and

A summary of its profit or loss (or surplus or deficit) for the reporting period?

A summary of FYF turnover (or gross income) for the reporting period;

can be found in annexes 1

2. INCOME

	2020 HPA £	2020 FYF £	Total £
Restricted Funds			
Charitable activities			
3MDG	(102,891)	-	(102,891)
Access to Health Fund	2,026,645	-	2,026,645
Big Lottery Fund	-	-	-
Caritas Switzerland	-	-	-
Comic Relief	414,956	83,986	498,942
Commonwealth Foundation	-	13,747	13,747
Cordaid	-	-	-
Department for International Development	7,268,411	-	7,268,411
Education Development Centre	84,032	-	84,032
European Commission	1,074,834	(646)	1,074,188
Global Fund	3,103,133	-	3,103,133
Irish Aid	82,488	-	82,488
Liverpool School of Tropical Medicine	5,579	-	5,579
Livelihoods and Food Security Fund	154,452	-	154,452
Myanmar Humanitarian Fund	160,722	-	160,722
Other	568,447	-	568,447
UN bodies	1,282,804	-	1,282,804
World Food Programme	712,104	-	712,104
UCSF (University California)	-	-	-
Trusts, foundations, corporate and individuals	67,049	71,019	138,068
Linking with FYF			
	16,902,764	168,106	17,070,870
Other trading activities			
Gift in Kind	1,868,179	-	1,868,179
	1,868,179	-	1,868,179
Assets brought forward - FYF			
	-	-	-
Donations from individuals and other	-	15,305	15,305
UK and European trusts / foundations	-	90,330	90,330
Total Restricted Funds	18,770,943	273,741	18,939,049
Unrestricted Funds			
Donations from individuals and other	324,831	-	324,831
Consultancy	112,251	-	112,251
UK and European trusts / foundations	99,808	-	99,808
Total Unrestricted Funds	536,890	-	536,890
INVESTMENT INCOME			
Bank interest			
Restricted Funds	15,581	-	15,581
Unrestricted Funds	420	181	601
	16,001	181	16,182
TOTAL INCOME	19,323,834	273,922	19,597,756

	2019 HPA £	2019 FYF £	Total £
Restricted Funds			
Charitable activities			
3MDG	559,900	-	559,900
Access to Health Fund	611,092	-	611,092
Big Lottery Fund	159,139	-	159,139
Caritas Switzerland	315,767	-	315,767
Comic Relief	750,468	88,623	839,091
Commonwealth Foundation	-	15,000	15,000
Cordaid	(3,370)	-	(3,370)
Department for International Development	5,442,977	-	5,442,977
Education Development Centre	64,893	-	64,893
European Commission	1,250,315	123,561	1,373,876
Global Fund	2,871,865	-	2,871,865
Irish Aid	45,246	-	45,246
Liverpool School of Tropical Medicine	11,322	-	11,322
Livelihoods and Food Security Fund	-	-	-
Myanmar Humanitarian Fund	-	-	-
Other	418,334	-	418,334
UN bodies	956,061	-	956,061
World Food Programme	870,763	-	870,763
UCSF (University California)	193,233	-	193,233
Trusts, foundations, corporate and individuals	254,834	170,708	425,542
Linking with FYF	424,484	-	424,484
	15,197,321	397,892	15,595,214
Other trading activities			
Gift in Kind	1,621,494	-	1,621,494
	1,621,494	-	1,621,494
Assets brought forward - FYF	424,484	-	424,484
Donations from individuals and other	-	151,834	151,834
UK and European trusts / foundations	-	22,928	22,928
Total Restricted Funds	16,818,815	572,654	17,216,708
Unrestricted Funds			
Donations from individuals and other	331,972	-	331,972
Consultancy	43,072	-	43,072
UK and European trusts / foundations	79,779	-	79,779
Total Unrestricted Funds	454,823	-	454,823
INVESTMENT INCOME			
Bank interest			
Restricted Funds	10,354	-	10,354
Unrestricted Funds	87	121	208
	10,441	121	10,562
TOTAL INCOME	17,284,079	572,775	17,856,854

3. RAISING FUNDS

Health Limited

	Direct costs £	Support costs £	Total 2020 £	Direct costs £	Support costs £	Total 2019 £
Health Limited	-	423,056	423,056	98,454	200,665	299,119
Find Your Feet	29,702	16,037	45,739	89,809	36,658	126,467
	<u>29,702</u>	<u>439,093</u>	<u>468,795</u>	<u>188,263</u>	<u>237,323</u>	<u>425,586</u>

4. CHARITABLE ACTIVITIES

Health Limited

	Direct £	Support costs £	Total 2020 £	Direct £	Support costs £	Total 2019 £
Health Limited	17,522,392	874,984	18,397,376	16,520,852	603,242	17,124,094
Find Your Feet	261,844	16,431	278,275	450,220	30,834	481,054
	<u>17,784,236</u>	<u>891,415</u>	<u>18,675,651</u>	<u>16,971,072</u>	<u>634,076</u>	<u>17,605,148</u>

5. SUPPORT COSTS

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

Health Poverty Action

Support costs and basis of apportionment:

	Total 2020 £	Cost of raising funds 2020 £	Health projects 2020 £	Basis of apportionment
Nature of cost				
Human resources	862,950	279,800	583,150	Number of employees
Establishment costs	78,909	19,943	58,966	Number of employees
Office & Administration	356,181	123,313	232,868	Number of employees
	<u>1,298,039</u>	<u>423,056</u>	<u>874,984</u>	
Nature of cost				
Human resources	655,028	176,811	478,217	Number of employees
Establishment costs	55,297	11,264	44,033	Number of employees
Office & Administration	93,582	12,590	80,992	Number of employees
	<u>803,907</u>	<u>200,665</u>	<u>603,242</u>	

All support costs are allocated between activities on the basis of staff time spent.

Find Your Feet

Support costs

	Total	Raising funds	Charitable activities
	2020	2020	2020
	£	£	£
Human resources	17,132	8,462	8,670
Establishment	5,438	2,686	2,752
Office & Administration	9,898	4,889	5,009
	32,468	16,037	16,431

	Total	Raising funds	Charitable activities
	2019	2019	2019
	£	£	£
Human resources	35,746	19,415	16,331
Establishment	12,648	6,870	5,778
Office & Administration	19,098	10,373	8,725
	67,492	36,658	30,834

All support costs are allocated between activities on the basis of staff time spent.

Note: Find Your Feet's partner Health Poverty Action (HPA) has provided HQ management support services since January 2017 (see note 14).

In 2020, a total of £82,285 of HPA's UK staff cost was recharged to FYF (2019: £176,321).

The company currently does not operate a UK pension scheme but offers an annual gratuity equal to one month's salary to its staff in India.

No employee earned emoluments above £60,000.

Key management personnel consisted of the HPA CEO and Senior Management Team. In 2020, total salary costs charged to FYF relating to key management personnel were £17,448 (2019: £20,784).

Trustees expenses

Trustees receive no remuneration for their services.

No expenses were reimbursed to trustees in 2020 or in 2019.

6. NET INCOME FOR THE YEAR is stated after charging

	HPA 2020 £	FYF 2020 £	Total £	HPA 2019 £	FYF 2019 £	Total £
Annual Audit						
Statutory audit	20,250	3,360	23,610	19,520	3,300	22,820
In respect of prior year			-	(370)	2,898	2,528
In respect of consolidation	5,750	-	5,750	5,750	-	5,750
Rentals in respect of operating leases;						
plant and machinery	4,508	-	4,508	4,434	-	4,434
other – office	56,062	-	56,062	56,587	-	56,587
Inventory expense	732,478	-	732,478	294,914	-	294,914

7. STAFF COSTS AND TRUSTEES' REMUNERATION

	HPA 2020 £	FYF 2020 £	Total £	HPA 2019 £	FYF 2019 £	Total £
U.K. STAFF						
Wages and salaries	864,490	-	864,490	728,577	-	728,577
Redundancy cost	4,500	-	4,500	18,312	-	18,312
Social security costs	99,339	-	99,339	80,475	-	80,475
Pension costs	46,657	-	46,657	43,308	-	43,308
	<u>1,014,986</u>	<u>-</u>	<u>1,014,986</u>	<u>870,672</u>	<u>-</u>	<u>870,672</u>
OVERSEAS STAFF						
Wages and salaries	3,309,655	-	3,309,655	3,350,764	-	3,350,764
Pension costs	73,313	-	73,313	85,155	-	85,155
Severance costs	189,903	-	189,903	183,564	-	183,564
India – total remuneration	-	22,497	22,497	-	24,520	24,520
	<u>3,572,870</u>	<u>22,497</u>	<u>3,595,367</u>	<u>3,619,483</u>	<u>24,520</u>	<u>3,644,003</u>
TOTAL STAFF COSTS	<u>4,587,856</u>	<u>22,497</u>	<u>4,610,353</u>	<u>4,490,155</u>	<u>24,520</u>	<u>4,514,675</u>

Health Limited:

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

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

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

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

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

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

Find Your Feet

Find Your Feet's partner Health Poverty Action (HPA) has provided HQ management support services since January 2017 (see note 14). In 2020, a total of £82,285 of HPA's UK staff cost was recharged to FYF (2019: £176,321).

The company currently does not operate a UK pension scheme but offers an annual gratuity equal to one month's salary to its staff in India.

No employee earned emoluments above £60,000.

Key management personnel consisted of the HPA CEO and Senior Management Team. In 2020, total salary costs charged to FYF relating to key management personnel were £17,448 (2019: £20,784).

Trustees expenses

Trustees receive no remuneration for their services.

No expenses were reimbursed to trustees in 2020 or in 2019.

The average number of employees, analysed by function was:

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

8. DEBTORS

	HPA 2020	FYF 2020	Total	HPA 2019	FYF 2019	Total
	£	£	£	£	£	£
Other debtors in UK	3,325	91,094	94,419	5,520	-	5,520
Other overseas/project debtors	171,186	-	171,186	195,749	-	195,749
Accrued income – Gift Aid & Other	13,662	1,827	15,489	12,164	3,667	15,831
Accrued income – Grants	1,223,824	19,871	1,243,695	2,040,512	101,517	2,142,029
Prepayments	18,589	525	19,114	20,780	514	21,294
	1,430,586	113,317	1,543,903	2,274,726	105,698	2,380,424

All debtors, except prepayments of £19,114 (2019: 21,294), are financial instruments measured at present value.

9. CREDITORS: Amounts falling due within one year

	HPA 2020	FYF 2020	Total	HPA 2019	FYF 2019	Total
	£	£	£	£	£	£
Project creditors	126,130	-	126,130	421,755	4,626	426,381
Other creditors	158,544	74	158,618	117,855	107	117,962
Field Severance Pay Liability and pensions	282,550	-	282,550	337,550	-	337,550
Other taxes and social security	25,911	-	25,911	19,697	-	19,697
Deferred income	-	-	0	-	12,000	12,000
UK Accruals	102,444	5,365	107,809	204,767	3,300	208,068
	695,579	5,439	701,018	2,274,726	105,698	2,380,424

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

Creditors includes pension liabilities of £282,550 (2019: 337,500).

10. CREDITORS: Amounts falling due after one year

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

All creditors are financial instruments measured at present value and relate to HPA accounts only.

11. MEMBERS' GUARANTEE

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

12. LEASEHOLD COMMITMENTS

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

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

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

Consolidated assets	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £	Unrestricted Funds 2019 £	Restricted Funds 2019 £	Total Funds 2019 £
Fund balances at 31 March 2020 are represented by:						
Current assets	1,843,909	5,820,924	7,664,833	1,626,031	5,691,222	7,317,253
Current liabilities	(286,899)	(414,119)	(701,018)	(265,941)	(795,458)	(1,061,399)
Long Term Liabilities	-	(235,374)	(235,374)	-	(137,924)	(137,924)
Total Net Assets	1,557,010	5,171,431	6,728,441	1,360,090	4,757,840	6,117,930
FYF						
Current assets	-	335,207	335,207	-	317,281	317,281
Current liabilities	-	5,439	5,439	-	59,822	59,822
Long Term Liabilities	-	-	-	-	-	-
Total Net Assets	-	329,768	329,768	-	377,103	377,103
HPA						
Current assets	1,843,909	5,485,717	7,329,626	1,626,031	5,373,941	6,999,972
Current liabilities	(286,899)	(408,680)	(695,579)	(265,941)	(855,280)	(1,121,221)
Long Term Liabilities	-	(235,374)	(235,374)	-	(137,924)	(137,924)
Total Net Assets	1,557,010	4,841,663	6,398,673	1,360,090	4,380,737	5,740,827

14. STATEMENT OF FUNDS

	Funds at 2019	Income	Expenditure	Transfers	Funds at 2020
	£	£	£	£	£
Myanmar & China	735,987	6,665,675	(6,396,567)	–	1,005,095
Cambodia	113,829	435,192	(393,508)	–	155,513
Ethiopia	120,882	146,861	(121,481)	–	146,262
Global	15,304	106,172	(98,997)	–	22,479
Guatemala	79,537	100,406	(134,053)	–	(44,110)
Kenya	(69,348)	102,866	19,007	–	52,525
Laos	661,109	1,231,765	(1,027,067)	–	865,807
Namibia	(12,206)	104,103	(67,722)	–	24,175
Nicaragua	438,628	12,552	(54,338)	–	426,842
Rwanda	197,160	501,075	(534,276)	–	223,959
Sierra Leone	311,950	347,074	(830,756)	–	(171,732)
Somaliland	1,384,279	5,428,042	(5,614,366)	–	1,197,955
GIK	14,642	1,868,179	(1,430,614)	–	452,209
SE Asia Regional	438,105	1,736,556	(1,647,194)	–	527,467
Vietnam	(49,123)	6	6,334	–	(42,783)
Find Your Feet	377,103	273,922	(321,257)	–	329,768
Total restricted funds	4,757,840	19,060,446	(18,646,855)	–	5,171,431
Unrestricted funds	1,360,090	636,429	(439,509)	–	1,557,010
Total funds	6,117,930	19,696,875	(19,086,364)	–	6,728,441

	Funds at 2018	Income	Expenditure	Transfers	Funds at 2019
	£	£	£	£	£
Myanmar & China	2,044,886	4,861,422	(6,170,322)	–	735,987
Cambodia	167,196	243,502	(296,869)	–	113,829
Ethiopia	113,185	211,086	(203,388)	–	120,882
Global	162,637	282	(147,615)	–	15,304
Guatemala	(34,475)	131,034	(107,022)	90,000	79,537
Kenya	144,949	248,945	(463,242)	–	(69,348)
Laos	731,569	681,222	(751,682)	–	661,109
Namibia	6,669	73,772	(92,646)	–	(12,206)
Nicaragua	248,328	645,626	(425,326)	(30,000)	438,628
Rwanda	51,048	755,288	(549,176)	(60,000)	197,160
Sierra Leone	411,498	479,652	(579,200)	–	311,950
Somaliland	549,455	4,492,223	(3,657,399)	–	1,384,279
GIK	303,232	1,621,494	(1,910,084)	–	14,642
SE Asia Regional	47,717	1,959,131	(1,568,743)	–	438,105
Vietnam	(26,280)	6	(22,849)	–	(49,123)
Find Your Feet	–	997,259	(620,156)	–	377,103
Total restricted funds	4,921,614	16,404,686	17,401,945	–	4,757,840
Unrestricted funds	1,272,265	515,650	(427,825)	–	1,360,090
Total funds	6,193,879	17,917,595	(17,993,542)	–	6,117,930

Acknowledgements

With special thanks to our donors;

