



## Health Poverty Action & Find Your Feet Annual Report & Accounts 2018-2019



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

The last year has been challenging for all who care about global justice. People forced into poverty around the world are suffering as a result of unprecedented cuts to funding – and in some cases an environment that is openly hostile to organisations like Health Poverty Action and Find Your Feet, that are trying to ensure social, economic, and health justice for all. As such we are incredibly grateful to all our partners, supporters, volunteers and staff for their commitment and ability, which enables us to ensure that we stay true to our values and rooted in the communities we serve.

Health Poverty Action and Find Your Feet have always worked in solidarity with the poorest communities and those most neglected – often in places that are hard to reach (frequently for reasons of politics as well as geography). This year these partnerships have benefited almost 2 million people in 18 countries enabling them to access family planning services, immunisations, benefit from training to local nurses, as well as feed families, create sustainable livelihoods, and strengthen people’s voices on issues that impact them. We continue to follow a justice- and rights-oriented comprehensive approach – tackling not just the symptoms but the underlying causes of poverty and poor health, especially the social determinants. We know that it’s the only method that works in the long term.

Much of our work is about creating environments where women and girls have a powerful voice and become leading actors for change. We must strive to ensure we prioritise listening to, understanding and empowering all whose rights have been denied to them – including indigenous people, people with mental health challenges, those who are living with disabilities, and other marginalised groups that face discrimination.

Alongside our country programmes work, and often as part of it, Health Poverty Action is committed to speaking out for health justice. Our policy and campaigning work is thoughtful and evidence-based, calling us to tackle controversial issues when this is required of us. For example, we have seen that it is often injustice, inequality and vulnerability that drives people to engage in the drugs trade, and we have seen how the so-called ‘War on Drugs’ is so often increasing poverty and damaging public health. So, we are calling for new approaches. We have similarly seen how market fundamentalism has failed to serve the rights of all and we’re advocating for alternatives that contribute to achieving health for all.

In these times our voices need to be heard, and those of us who share these concerns need to raise them together. Principles of partnership and solidarity are integral to the life and work of Health Poverty Action and Find Your Feet. We actively collaborate with others who share our aims and values – and especially value the close relationship between Health Poverty Action and Find Your Feet, which makes it possible for us to deliver our work in ways that are amazingly cost-effective, by sharing head office resources and other costs. It also means we are able to draw on levels of resources and expertise that an organisation our size could not otherwise afford.

Our teams have continued to do incredibly valuable work and have turned new initiatives – like our growing mental health work - into a reality in just a few years. Those who support

this work – making it all possible by providing the resources for it – are constantly innovating too. Over the past year we have had to find new ways to fundraise to make up for shortfalls in restricted funding. As is so deeply ingrained within our culture, we think carefully about how to spend every penny to make sure we use it wisely.

We hope our communications have become much clearer and compelling too. The people behind the scenes have done incredible work with finite resources, and we're seeing a greater interest in our work from the press and broadcast media.

We thank everyone who has contributed in any way to make this happen, and we're looking forward to another year challenging the root causes of poverty and health inequality.

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

**Oliver Kemp**  
Chair of the Board of Trustees

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

**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.

### **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 2017 we celebrated Find Your Feet's 57th year and entered the third year of our five-year strategic period. With the support and partnership of Health Poverty Action, by the end of 2019, we aim to help lift 150,000 people and 750,000 of their family members out of poverty. To do so, we will focus on sustainable rural livelihoods, which we believe transforms lives. Our three strategic objectives are as follows:

#### **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.

For this strategic period, we have identified four key indicators by which to measure the impact of our work:

1. Percentage of families that are food secure for 12 months
2. Annual average household income
3. Number of people able to access government schemes and services
4. Number of community organisations created or supported and functioning

In order to measure our progress against these indicators, we have designed a new impact monitoring system. This entails collecting data for the key indicators across all of our programmes, and then aggregating this data to give us an overall picture of our impact. This process is ongoing and the results will be presented at the mid and end points of our strategic period. By the end of 2019, we hope to be able to demonstrate our organisational impact clearly to our donors, supporters, and most importantly, the rural communities with which we work.

### **On the ground**

We currently work in 18 countries in Africa, Latin America and Asia. 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 Somaliland; from providing maternal health training to communities in Guatemala, to preventing the spread of malaria in Vietnam and Cambodia.

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 2018/19, 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, how many ambulances and supplies we have provided, 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 project funding, to increase our impact on the ground as well as invest in developing organisations. Our priority continues to be exploring opportunities to increase our unrestricted funds, through the development of new fundraising campaigns and a shift towards digital fundraising. As the fundraising landscape shifts we have also started to explore non-traditional income generating opportunities, for example, consultancy and social enterprise as an alternative funding model.

## **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 taken steps to improve the way we communicate, largely based in values and frames theory, to ensure we are representing the people we work with around the world in a fair and truthful way. We have also been working to demonstrate the important links between all areas of our work – from our projects in different countries, to the policy work we do in the UK. Health Poverty Action launched a new website in December 2018, and we are currently developing improvements for Find Your Feet's website and external communications.

# Achievements, performance and impact

## Health Poverty Action

### *Maternal health*

In remote communities where people are denied access to healthcare, it is often mothers, new-born 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.

Almost half of all women living in very remote villages in the Khammouane province of Laos have no access to maternal healthcare. We worked with local women to ensure they got the most nutritional benefit from locally grown foods during pregnancy – a simple way of improving the health of both mothers and very young children. To do this, we worked in 15 remote villages, running nutrition education programmes designed to build on local women's knowledge about the importance of nutrition for mother and baby – and we even organised cooking demonstrations to bring this to life. At the same time, we trained 60 Village Nutrition Facilitators who will be able to provide crucial advice and support for mothers throughout the province – and help future generations grow up strong and healthy.

A scarcity of maternal healthcare services in some of the most isolated and remote rural communities in Kenya means that many mothers and babies die during childbirth. We were able to train 100 community based reproductive health agents to safely deliver babies and work with the experienced local women who traditionally carry out this task. Thanks to this vital work, the number of women in these communities now being assisted in childbirth by a trained health care worker has risen from 48% to 77% over two years – a huge increase that means many more lives are saved.

We ran a project in Namibia called Mothers Own Their Health Education & Rights (MOTHER), which aimed to improve the accessibility, quality and availability of maternal health services for women in remote, scattered villages across a huge area in the Otjozondjupa region of the country. A major part of this work involved raising awareness – among both men and women – of issues around sexual health. At the end of the programme, we saw a 30% increase in the number of men and women who could spot three signs of pregnancy, and in the numbers of young people who could name three forms of contraception. This knowledge can prevent unwanted pregnancies, and ultimately help save the lives of girls and women.

We worked hard to improve the sexual and reproductive health of women and girls in the Dollo Ado and Bokolmayo districts of Ethiopia. In these remote, rural areas near the border of Somalia and Kenya there is often a lack of adequate information on aspects of sexual health. In order to reach local women and girls, we trained government health staff especially in how to offer advice and support on long-term family planning methods and contraception.

Hussein, a nurse from Dollo Ado, was serving as a family planning provider in Suftu Health Centre. He found it difficult, as he hadn't had the opportunity to develop the skills needed to give the quality of advice he wanted to on long term family planning. This changed after he received training facilitated by Health Poverty Action.

He told us: ***"I was very much satisfied with the training and the knowledge and skills I acquired, which enabled me to serve my clients appropriately. Now when I talk to my clients, I know that I can provide them with what they want and they will be happy."***

### *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.

A key element of the work involves strengthening existing health systems by providing local health centres with training, medical supplies and equipment. And where health centres are remote or hard to reach, we provide outreach health services and ambulance services to transport local people to health facilities.

For local populations in remote parts of Sierra Leone, a lack of access to blood for emergency transfusions can be a serious health risk. We facilitated a major community blood collection drive, which resulted in 100 units of blood being donated to a regional blood bank. We also arranged for some of the blood donors to appear on a radio discussion programme to reassure others in the local community that the procedure is safe and harmless. equipped to test for the disease and treat it effectively. We facilitated Mobile Outreach Teams to bring access to essential healthcare to the most remote areas, and provided access to information and services. In total, we tested 13,204 local people for the disease, and treated all of the people who tested positive.



*Abas tests blood in Kamabaio for blood donation.*

In many of the places where we work, problems of poverty and health are made worse for marginalised communities for whom it is even harder to access the facilities and services available. In Guatemala, for instance, indigenous mothers face many barriers – particularly language barriers. To ensure that health services are culturally appropriate for indigenous communities, we trained 25 health workers to use indigenous languages and make services as welcoming, friendly and accessible as possible.



*Our wonderful Health Poverty Action staff in Guatemala helping women access culturally appropriate healthcare. Abas tests blood in Kamabaio for blood donation.*

We ran a major training programme in Ethiopia in how to screen, diagnose and treat noncommunicable diseases. In total, we trained 30 doctors from 15 hospitals, helping them develop the skills they need to be trainers and mentors themselves. Those trained doctors then held sessions in hospitals and regional healthcare centres, passing on vital skills and knowledge to even more nurses and health officers. By decentralising this essential expertise, the programme makes it easier for people in remote areas to get the life-saving treatment they need.

Malaria is a major problem in regions along the border of Vietnam and Cambodia. In Vietnam, the situation is made worse by the fact that these hard to reach areas are not getting the support they need to tackle this serious disease. We trained 185 community healthcare workers from these remote regions so they were fully equipped to test for the disease and treat it effectively. We facilitated Mobile Outreach Teams to bring access to essential healthcare to the most remote areas, and provided access to information and services. In total, we tested 13,204 local people for the disease, and treated all of the people who tested positive.



*Our team provides malaria prevention information, testing and treatment services for people who work in the forest in Cambodia.*

### *Health knowledge and behaviour change*

We work with community health volunteers and help develop local committees dedicated to providing health training and education sessions. Using this method, we aim to educate communities about hygiene and disease prevention, while also raising awareness of symptoms and warning signs. We use these education sessions to inform communities of not only health but also awareness of the rights and facilities available to them.

Adolescence can be a difficult time for young people, no matter where they live in the world – and the issue of sexual and reproductive health is a major issue. But it can be even more difficult in Rwanda where there is a serious lack of information for young people on crucial topics such as reproductive health, family planning, sexually transmitted diseases and HIV/AIDS. That's why we're working to help make sure young people are empowered to make informed and responsible choices. In the Nyaruguru district of Rwanda, we provided

420 young women and girls from local villages with advice, information and counselling on issues around sexual health.

We also carried out 2,495 health promotion and education sessions in Myanmar. These sessions covered a wide range of topics: from mother and baby health to family planning, nutrition, to sanitation, as well as the prevention of diseases such as malaria, HIV and tuberculosis. We targeted the general population in addition to some of the most vulnerable groups in the communities who face the greatest risks to health – including adolescents, migrant workers, sex workers and people in prison.

Halima is a mother of eight who lives in Busley village in Mandera East, Kenya. Like most mothers in the area, she has had several home deliveries with the help of local women. All her previous births had been safe and successful, but in 2016 she had a frightening experience while in labour.

She told us: **"I remember that night so vividly. I was then eight months pregnant with my sixth pregnancy. I had just concluded my days' activities and was preparing for bed when suddenly a gush of warm blood started flowing through my legs to the floor. I did not know what was happening."**

Luckily for Halima, a local woman, Mariam, had been trained by our team in Kenya to assist in difficult deliveries as a community based reproductive health agent (CBRHA).



Halima continued: **"My eldest child rushed to Mariam's house to inform her of the situation. She quickly came and started reassuring me. Dizziness was then setting in. I was scared, this had never occurred in my previous pregnancies."** Mariam was able to quickly step into action. With the knowledge learned from the project training, she was quickly able to identify a serious complication in Halima's pregnancy.

**"The amount of blood flow was too much"** Mariam explains. **"I quickly called the ambulance that then rushed her to the facility. By the time we were getting to the hospital she had lost so much blood, the nurse said her blood level was four [which is extremely low]. She was losing consciousness. She would have died that night if we didn't get her to a hospital. Our responsibility means ensuring the mothers have had access to the health services and support they need while at the health facility."**

Halima received the emergency obstetric care she needed. Her son was born healthy and is doing well.

She told us: **"The incident almost took my life. The trained CBRHA acted so fast and saved my life."**

In Nicaragua, we helped develop a radio soap opera called *In Our Footsteps*, directed to reach young people and address the issues of sexual abuse, violence and self-esteem. Each of the 15 episodes was made by bilingual young people speaking both Spanish and Miskito, to help make sure these messages were accessible to as many people as possible.

We ran community conversation forums in Kenya, which encouraged women in remote rural areas to give birth in health facilities. We also trained 100 local women to be community based reproductive health agents to assist mothers in the delivery of their babies.

### *Food and nutrition*

Malnutrition is a major problem in the Khammouane province of Laos – especially for mothers and young children. Around a third of all children under five are stunted because of a lack of appropriate food and nutrition. Over 40% have anaemia and a vitamin A deficiency. In children under the age of two the number is as high as 63%. We ran a nutrition and food security project in the area to improve the situation in 5,000 vulnerable households in 100 villages – focusing on children under five and women of child-bearing age. Of the 730 children we initially screened, 492 were malnourished. We provided emergency food supplements for them and gave their families extra follow-up support to improve food production and utilisation (through cooking demonstrations for example). We also supplied nutrition screening equipment to health centres throughout the province – along with training for local health workers – so they can carry on this work themselves.

Nurses measure the height of babies in Khammouane province in Laos. We worked in the Sahil, Sanaag Maroodi-Jeh and Toghdeer regions of Somaliland, screening children for malnutrition and treating those who needed it. In all, we screened over 200,000 children under five years of age, and identified 17,100 severely malnourished cases and 72,000 moderate to acute cases, all of whom received nutritional support.



*A health worker screens a child for malnutrition using the Mid-Upper Arm Circumference (MUAC) measurement.*

Our stabilisation centre in Berbera, Somaliland, is run from inside the town's mother and child health centre. It focuses on treating children whose lives are at risk from severe acute malnutrition. Every day, from early in the morning, the centre is crowded with women and children in need of its services.

Ifrah Abdi Abukir came to our stabilisation centre with her one-year old son, Abdul-Aziz Hassan Ali. When staff at the centre examined him, they found him to be severely malnourished and in need of immediate treatment. He was given vitamins, medicines and rations of Plumpy Nut – a therapeutic food product specially formulated to treat severe acute malnutrition – and was seen by staff every week.

Ifrah told us: **“Abdul-Aziz was so weak and sick when I first came here. He was very thin. I was so worried that he wasn't going to make it. But he is now doing better and even looks totally different. The staff told me today that next week will be the last day for us to come here for a check up.”**

### *Water and sanitation*

Many of the most remote communities where we work aren't given access to affordable and sustainable access to water, sanitation and hygiene (WASH) 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 to help communities use their own knowledge to improve WASH.

During September 2018, we joined with our local partners in Laos to celebrate Global Caring Month. We sent two outreach teams into schools – the Paktone and Hovlar Primary Schools in Sangthing District – to raise awareness of the importance of WASH and nutrition. The aim was to help improve children's knowledge, attitudes and behaviour around water and sanitation using interactive games and songs. At the same time, we carried out demonstrations of cooking, hand washing with water and soap, and cleaning toilets. Our teams also provided teachers with posters they can use to continue the learning in their classrooms. We also provided each school with a variety of resources such as dustbins, liquid soaps and towels. In total, we reached 356 children, and gave each one of them a hygiene kit to take home. At the end of the programme we noted an increase in the knowledge of teachers and students on WASH principles, and eating nutritious food, by over 50%.

Promoting health and hygiene has been a core part of our work in Myanmar. A major element of that has been mobilising villagers to get involved with improving sanitation in their own villages.



*Villagers in Lahtaw Hkra Pra digging the pit for latrines.*

Labya Lu Htoi was among the villagers who partnered with Health Poverty Action to build latrines, which has made a substantial improvement to the health of the village.

She told us: ***“I am really proud of my work. I hope fewer people, especially children, will suffer from diarrhea in the future.”***



*Labya Lu Htoi standing beside the latrine she helped to build.*

## *Disease prevention*

In the remote areas of Kachin and Shan State in Myanmar, we worked to increase immunisation coverage in an attempt to prevent outbreaks of disease. Our government partners supported our project team with vaccines, immunisation supplies, training and monitoring. We have been working in these communities for over 20 years, and our long-term programme has led to improved health, particularly in townships along the border with China. We organised health education sessions to help raise awareness of disease prevention in remote communities and distributed over 46,000 long-lasting insecticidal nets to communities at risk of malaria. Due to years of effort, the number of new malaria cases has gone down so much that we are now working toward eliminating malaria in many townships. We also immunised more than 10,000 children in these townships against communicable diseases that affect children most each year.

In 2018, Laos experienced the worst flooding in the country's history. In Attapeu province – the most severely affected area – heavy rain and flooding caused the collapse of a dam. Tragically, six people died and 131 were missing in the wake of the disaster. The resulting flash floods displaced 3,864 families in 13 of the villages we work in. They were then moved by the government into evacuation camps. The risk of disease outbreak was extremely high: with massive devastation, overcrowding in the camps and limited access to nutritious food and clean water, as well as a lack of adequate sanitation and hygiene. We deployed an Emergency Response Team of highly experienced staff who carried out intensive awareness and education campaigns to prevent disease outbreaks. They also trained camp volunteers who helped ensure that evacuees in the camps had access to clean water, basic food supplies, first aid, hygiene kits and medicines.



*Our Emergency Response Team – together with local partners – train volunteers in the evacuation camps.*

We ran an innovative pilot project in the Dollo Ado and Dollo Bay areas of Ethiopia, designed to reduce the impact of tuberculosis on local populations. It introduced monitoring technology called 99DOTS, which helps health staff check that patients are taking the medicines that have been given to them. 99DOTS is a pack of anti-TB medication, and

includes hidden phone numbers that only become visible once doses have been dispensed. When a patient rings the toll-free number, health workers know they've taken their medication. We trained 13 local health workers to administer the project, and supplied 30 low-cost mobile phones and solar chargers for them to lend to patients – a creative solution to a very real problem.

### *Women's rights*

In many of the places where we work, patriarchal practices are still dominant. As a result, women who are already struggling to survive in poor areas face the extra burden of oppression. In turn, that means women often face many obstacles to accessing 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 – including 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. That's the approach we took in Myanmar where we trained 407 village health committee members – 60% of whom were women. This enables women and girls to take control of their own health and organise the services they need to live healthy lives free of disease.



*A room in our shelter home in Hargeisa, Somaliland.*

Many women and girls in Somaliland are subjected to sexual violence and female genital mutilation, so we ran a programme there helping to tackle these issues. The work included running a shelter home for women, and providing food aid, counselling and medical support to those who needed it. We also offered legal support to ensure survivors get the justice

they are entitled to. As a result, we saw a 50% increase in the number of women turning to us for help, while at the same time the number of women who said they had been a victim of sexual violence fell by a third.

**“Sometimes, the main reason mothers shy away from seeking healthcare services at the local centres is because the medics who attend to them are men, and they find it difficult to explain to them what they are going through. I offered my services to the mothers by going door-to-door, organising group forums and sharing health messages to both mothers and their children. It is always my joy to see women and their children living a healthy lifestyle because of the information we provide. I do this because I am a woman too, and I understand what fellow women are going through on a daily basis. It is not an easy job, but we do it for our community because we are the backbone of society.”** - Asha Abdi, Female Community Influencer, Sahil region, Somaliland

We worked with police, judges, teachers, health staff and other partners in Rwanda to support victims of sexual violence. Through eight monthly meetings, we met with single mothers – more than a quarter of whom had become pregnant under the age of 18 – to discuss their rights and tell them about the services available to them. Among other things, the meetings have led to greater collaboration with the local government to ensure that children are registered – an issue which came to light during the meetings.



*Claudine is a member of one of our clubs in Rwanda that have helped her purchase livestock to pay for school equipment.*

## Find Your Feet

### *A year of significant progress*

In **India**, we continued to support the growing empowerment of tribal people – especially tribal women – in the remote states of Chhattisgarh and Jharkhand. As a result, they made big strides forward in accessing public services for various government schemes. For example, a safe motherhood intervention scheme, a job employment programme to work on rural infrastructure like ponds or roads, a childcare programme where young children can also receive a meal, in addition to support accessing pensions for disabled people, the elderly or widows.

Our Tribal Right Forum, which gives tribes a platform to voice local issues at state level and ensures they are adequately represented, has grown to become a robust organisation. It now has 22,117 members, of which over half are women. Through the forum, we focus on locally appropriate methods of raising awareness and helping to facilitate tribal communities in their demands for better quality services and access to government schemes. Over the last five years, a total of 23,432 community members have benefited so far. The project also supported the formation and training of 405 women self-help groups, composed of 5,197 people.

The majority of these groups are carrying out income generation activities with the support of group loans and savings schemes. 390 Self Help Groups have also benefitted from government grants. As one of the women in the groups said *“All women in the village must be economically independent so our children should get opportunity for better education facilities”*.

In **Malawi**, we continued to implement ‘climate smart’ agriculture projects and business opportunities with communities in the northern region of the country. These projects give communities the skills to adapt so they can mitigate the adverse impacts of climate change. These interventions are also designed to increase crop diversity, which is fundamental to achieving good nutrition all year round.

In **Zimbabwe**, we made significant progress in our ‘Promoting mental health, wellbeing and resilient livelihoods’ project in the eastern district of Chimanimani. With the support of our partners, TSURO and Basic Needs UK, our partner expert on mental health, we trained community health workers, health practitioners, traditional and faith healers and community leaders who went on to empower communities. This is helping to challenge stigma and ensure that people with mental health problems can start joining community activities and get the medical support they deserve.

### *Rising to the challenge of cyclone Idai*

On 15<sup>th</sup> March 2019, cyclone Idai hit the Chimanimani district in Zimbabwe, claiming the lives of 134 people and 391 were reported missing. Fields and livestock were washed away,

there was damage to vital infrastructure and over 4,000 people were displaced from their homes.

John Mhlanga is 51 and lives with his family in the Chimanimani district. He works as a farmer and leads community health initiatives alongside Find Your Feet and local partner organisations. Cyclone Idai meant that John lost his family food for the year, seeds for future years and almost all of the arable land and its organic fertility to the cyclone, in addition to irrigation pipes supplying him with water for his crops and his family.

John said: **“I woke up on the 16<sup>th</sup> March 2019 and saw that my field that was green with seed and food crops yesterday was washed away during the night by the cyclone and replaced with a valley of stones”.**

Use of picture of before/after crops (caption supplied on pdf comments)

With the financial support of TSURO and our other international donors, we provided safe drinking water for survivors in the immediate aftermath. We also participated in district-wide efforts to construct temporary pit toilets and reconstruct water and sewer systems that had collapsed. We also distributed food and other vital resources to people taking refuge in safe shelters. We worked in collaboration with our partners and local government staff deployed in the area to offer psychosocial support and child friendly areas to the affected communities.

Alongside partner organisations and with funding from Find Your Feet, John Mhlanga has been trained and supported to aid his community in promoting mental health and wellbeing, which became particularly useful during the cyclone aftermath. He said;

**“The training that I did in mental health...helped me and my networks to cope with this horrible situation...”**

Thank you for supporting this life-changing work.

## *We helped families to grow more food*

**'We depended on one crop (maize) despite having other varieties; this was due to lack of knowledge... [now] we do not only rely only on maize.'**

Emily Banda, Lead Farmer, Malawi

At Find Your Feet, we tackle hunger by supporting farmers to innovate and use their own resources more productively. We also help people to access their rights to food support.

In **India**, tribal communities aren't routinely made aware of their entitlements – including the right to subsidised food available under a government scheme for people living below the poverty line. In Chhattisgarh and Jharkhand, our Tribal Right Forum has been working to promote this entitlement through our Right to Food campaign project activities.

This year, we trained 70 members of Community Based Organisations, a grassroots organisation which Find Your Feet helps to facilitate which is open to all who are interested in helping with local community welfare. As part of this project, we assisted in training the organisations on their right to food. As a result, 600 additional households have now been enrolled in a scheme where they receive subsidised food for their families. In addition, with our support the Community Based Organisations have supported the set-up of rural kindergartens in their local villages where young children receive a meal whilst their mothers take part in the self-help groups.

In **Malawi**, we continued to train communities in a wide range of sustainable agriculture interventions to promote crop and livestock diversification and build community resilience to climate change. We used our successful 'Lead' and 'Follower' farmer model to quickly disseminate knowledge of technologies such as agroforestry, compost making, and soil and water conservation to over 2,000 farmers in total. We also continued working with communities to promote good animal husbandry and provided 927 goats, 102 pigs and a number of chickens to selected farmers on a 'pass on' arrangement – by which we supply the initial breeding pairs and the recipients 'pass on' the offspring to other farmers.

In **Zimbabwe**, we trained 68 smallholder farmers in identifying and making use of locally available natural resources to improve soil fertility and grow more nutritious food, including cabbage, tomatoes and covo (African kale). This training focused on organic farming and small livestock production. Demonstrations were held at 'Lead' farmers' fields so 'Follower' farmers could observe and roll out the benefits of techniques such as making and applying vegetation compost, and mulching to preserve moisture. Participants also learned about livestock care, reproduction and how to prevent diseases.

Sadly, most of these farmers were unable to harvest their crops as cyclone Idai swept away their fields and gardens. However, their knowledge remains intact and we are now supporting them to get back on their feet.

**Emily Banda- Lead Farmer, George Chilinda village, Mzimba district, Malawi**

Emily has been growing more nutritious food through a Find Your Feet supported intervention designed to build community resilience to climate change.

38-year-old Emily Banda is married with six children; one son and five daughters. The area where she lives is suffering the impact of climate change and experiences frequent dry spells.

People here tend to rely on maize, but this crop is vulnerable to drought, pests and diseases. By contrast, sweet potato is relatively drought-tolerant and it can also produce more calories per unit of land than maize or the other local staple, cassava – plus the leaves provide a useful source of protein and vitamins.

Growing sweet potatoes is therefore one of the adaptation strategies we are promoting to help combat climate change.

With our help, Emily ventured into sweet potato production, initially receiving 10 bundles of the Muzondeni variety. She then sourced a second variety, increasing her plot under cultivation from 0.1 to 0.15 Hectares.

Emily's early maturing sweet potato crop assisted the family as a source of income as well as food. Crucially, she also received training in how to make the most out of local food and learned about food groups, how food is processed in the body and how this can affect its nutritional value. Emily said:

**'My family like Futali (boiled sweet potatoes with added groundnut flour), therefore I prepare it... we do not only rely on maize flour.'**

As a Lead Farmer, Emily is now sharing her knowledge on sweet potato cultivation with others in her community so they can also benefit.



*Emily in her sweet potato field*

## *We helped families earn more income*

In **India**, our Johar project used self-help groups to train women in entrepreneurship development, and 405 groups have been set up in target areas. 90% of women involved have acknowledged that the groups have helped them to save money, which has allowed them to take greater responsibility in decision making in their households. This has also helped to liberate rural women from exploitation and empowers them through capacity building activities. Importantly, income due to enterprise development has increased, and quality of life has improved. Out of people involved in the project, there has been an increase in the average household income by 20% from the baseline stage at the beginning of the project, and around 3,000 members of the groups are operating income generation activities.

Elsewhere we have continued to provide people with training and support to start village savings and loan schemes to boost their income, become more self-reliant and provide a better future for their families.

In **Malawi**, we ran a beekeeping training project using local materials for young people, men and women. In particular, we're encouraging the use of sustainable beehives made from local materials better suited to the indigenous bee population and therefore more likely to be successful. The training, which took place residentially over several days, included both theory and practical work- from hive and bee suit making to bee colonisation and how to trap venom.



*Our beekeeping training project in Malawi teaches people to create sustainable beehives using local materials as a form of income generation.*

**Lilian Nyirenda- mother, farmer and business owner from Bulala, Malawi.**

Lilian Nyirenda, a farmer and mother of seven, was trained by Find Your Feet alongside local partners and funders in how to sell and make soap in June 2018.

Soon after the training, Lilian was using the money she made from selling soya to create her own soap business. She also received a loan from her village's savings and loan scheme as start-up capital- which mainly went towards buying the raw materials she needed to get going. Now, Lilian is selling her soaps at agriculture fairs, where she's also able to network with other businesspeople to help her own business grow.

Lilian is very proud of what she's achieved, saying:

'I thank Find Your Feet for training me in soap making...just imagine that from July to November 2018, I have made a total of 413,000 Malawian kwacha (£437) through home sales and selling soap at fairs. I also earn money through facilitating soap trainings when hired by people and organisations.

"Before I engaged in a soap making business, I was food and nutrition insecure. I also had challenges in paying school fees for my last-born child, buying clothes, groceries and a uniform for her, which isn't the case right now."

Lilian's future plans for the business are to open a shop to sell her soap and to get it certified by the Malawi Bureau of Standards.



*Lilian, far right, with friends at a fair where she sells her soaps.*

## *We helped communities to strengthen their voice*

Find Your Feet seeks to support the most marginalised members of society, so that they can take a stand on issues that affect them and demand what is rightfully theirs.

In **Zimbabwe**, we found that people with mental health problems had insufficient access to the services they needed as care-givers were reluctant to take them to health centers. This was due to a range of factors, such as a lack of suitable medicine, fear of stigma and discrimination, misconceptions around the causes of mental illness and skepticism over the likely success of any treatment. This was something we urgently needed to address.

With support from our partners, we trained 171 community health workers, 18 health practitioners and seven traditional and faith Healers, clearing up some harmful myths and misconceptions along the way. Through this activity, we went on to reach members of 130 community health clubs and 100 farmer action learning groups. To support this work, we also produced information and teaching aids in English and the local language of Shona, and held nine road shows to raise awareness of mental health issues.

In **India**, we continued to work in the most remote tribal areas through our Tribal Rights Forum. In particular, we took important steps to ensure that government schemes - such as childcare services- are made available to all pregnant and nursing women. To this end, we trained 189 local government employees on their roles and responsibilities.

Making tribal women aware of their entitlements in areas such as supplementary nutrition, immunisation and health has seen a marked increase in enrolment rates. Over the last year, another 2,609 tribal women enrolled themselves onto a childcare services scheme. We also saw the number of self-help groups in tribal areas grow to 405, and the number of community based organisations grow to 240 – and in both cases, most members have been women.

Over the past year, 250 women from these groups and organisations received leadership training; 55 participated in public hearings; and 15 made submissions to the National and State Tribal Commission and State Women Commission on gender issues. These women are truly flourishing as leaders.

In **Malawi**, we have been working to enhance local governance structures in the Mzimba district. The aim was twofold; to make local government more inclusive, especially for women and young people, and to monitor the responsiveness of public bodies, development agencies, NGOs and others with a duty to deliver services to the community.

John Mhlanga is 51 and lives with his family in the Chimanimani district of Zimbabwe. John is a Community Health Worker and Voluntary Health Educator, leading a Community Health Club.

John has been trained and supported to undertake these roles through initiatives established by Health Poverty Action, working alongside local partner organisations, with the aim of promoting mental health, wellbeing and resilient livelihoods.

John liaised with traditional leaders in order to organise meetings with the community, addressing issues around mental health.

**“Due to the stigma and discrimination associated with mental illness, my people could not disclose that they had family members with mental illnesses. I had to put my cell phone number in public places to promote private conversations. Oh! That night I did not sleep with text messages flowing in my phone whilst others were calling. They were inviting me to visit their homes and meet with their mentally ill relatives. This worked very well. I visited them all”**

As John gained the confidence of the community, they assisted with identifying more people with mental illnesses, eventually identifying over 100 people. He made arrangements to accompany them and their caregivers to their nearest health centres to seek treatment for the first time, with some being referred to hospitals for further assessments.

**“The mentally ill have been a marginalised group with no one to cater for them but this project has shown them love and appreciation in the society. We believe the project will continue to help us include the mentally ill in development and social groups”.**



*Community Health Worker, Mr. John Mhlanga (far right), meets with Budiriro Community Health Club members in Manzou village.*

## Fundraising

### Events and Community

Over the past year, Health Poverty Action and Find Your Feet combined resources to extend our reach and raise even more funds for the communities we work alongside.

We continue to be amazed by our London Marathon team who, in 2018, raised over £100k – more than ever before! We are so grateful to have such a great group of people dedicating their time, energy and imagination to raise funds (as well as run 26.2 miles!) for our work.



*One of our London Marathon runners with their medal.*

We'd also like to take this opportunity to thank some of our incredible corporate partners for taking on additional challenges such as the Polar Marathon, British 10k, Royal Parks and Ride London.

We are also extremely grateful for everyone who has cooked up a curry, hosted a supper club, visited a partner restaurant, or taken part in a cooking class as part of our Curry for Change campaign. We really appreciate the time, products and skills you continue to commit to making these events such successes. With matched funding support from our generous lead sponsor, Natco Foods, you have raised a spicy total of £34,467. A special mention to our campaign partners Kingfisher Beer and Spice Kitchen. We are excited to continue growing this campaign and reach even more curry lovers.

Choirs for Change continues to grow thanks to our wonderful singers raising their voices for health rights. This year saw school choirs and adult community choirs coming together in

solidarity to use their talents to sing a range of genres and raise over £20k for Health Poverty Action and Find Your Feet across tube and train stations in London.



*London City Voices perform to raise money for Health Poverty Action at Christmas*

### **Partnerships**

The 'As One' campaign encourages UK health professionals to support health professionals working in challenging circumstances abroad. We are delighted to have formed strong partnerships with a variety of UK organisations who are passionate to continue supporting UK health professionals, whilst extending that support worldwide. Thank you to NB Medical for continuing to be our lead partner.

'It Takes a Village' launched this year and promises to unite parents, health professionals and organisations who want to make pregnancy and childbirth safe for every mother. A huge thanks to Lansinoh, West Ham United Women's Football Team, Fittamma, Bebe Voyage, Your Baby Club, Borrigo, Baby Box Company and many others for joining us at the start of this exciting journey. With your expertise, contacts and enormous audience reach we are excited about the potential to make a huge impact on maternal health worldwide.

### **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. We have spent a lot of our year focused on improving our communications and ensuring we have the systems in place to keep our supporters up-to-date with our work. As ever, we will strive to meet the highest standards of fundraising practice and keep our supporters close to the heart of our work.

### **Trusts and Foundations**

Overall we raised over £360,000 from Trusts and Foundations towards our work around the world, including match funding and bespoke projects. We have developed exciting new

partnerships as well as continuing to work with our long-term, valued supporters. This support has enabled us to expand our key health programmes in Africa, Asia and Latin America, working with some of the most remote communities in the world. This includes our maternal health work with pastoralist women and children in Ethiopia and with indigenous mothers and children in the highlands of Guatemala; as well as our nutrition and food security work with remote communities in central Laos.

We would like to thank all of our generous Health Poverty Action supporters, including The Mercury Phoenix Trust, The Beatrice Laing Trust and The Waterloo Foundation. We have received support for Find Your Feet's work and projects this year from a number of Trusts and Foundations to whom we are extremely grateful. These include the Bryan Guinness Charitable Trust, The Carmela and Ronnie Pignatelli Foundation, the Evan Cornish Foundation, the Oak Foundation and the Unicorn Grocery 4% Fund.

## **Communications**

### **Messaging**

In all of our messaging, we aim to accurately represent the work we do, and the people we work with around the world. We want to show how poverty is created on a structural level, whilst representing the personal stories of those we work with in an honest and human way. The complexity of our work and messaging can make communicating in a simple and positive way quite challenging. Following our work last year on strengthening our organisational voice using the Values and Frames Theory, we have been working on embedding this in the work that we do further, holding Values and Frames workshops for staff, and applying the theory to the development of our new website.

### **Digital**

Health Poverty Action's following on social media continues to grow, with almost 11,000 followers on Twitter and over 6,000 likes on Facebook, and 581 on Instagram. Health Poverty Action have been using Facebook advertising to increase reach and grow our profile. Find Your Feet's 'Curry For Change' campaign has 1,490 followers on Facebook, 2,965 on Twitter and 646 on Instagram, and we are continuing to garner further interest through our innovative corporate partnerships and food-focused events.

Launching Health Poverty Action's new website earlier in the year has allowed us to ensure we're able to better present the work of Health Poverty Action to our supporters, help us to raise awareness of our campaigns and fundraise more effectively. We will continue to improve the Find Your Feet website and update it to reflect linking with Health Poverty Action.

### **Storytelling**

Building on the success of our storytelling and photography training workshop last year for our in-country staff, we're continuing to develop the programme so that our colleagues around the world can help us to communicate what we do more effectively. We've used the

images and stories from these workshops to produce better communications materials, from our newsletter to the new website. This has helped us to share the incredible stories of the people we work with around the world, the challenges they face, and how we are working together to create change.

## **Media**

Getting our campaigns and wider work into the media is another key way in which we are raising our profile. In the past year we have been proactive in seeking media opportunities in order to raise awareness about the causes of poverty and promote our work. In particular we've had numerous press around our new policy reports, including our report on the scale of global resources being diverted away from citizens towards corporations featuring in the Daily Mirror. Earlier in the year our Director appeared live on the BBC to promote our report on the hidden opioid crisis, and we had articles in the Guardian, Vice, the South African radio station Cape Talk and the British Medical Journal following our report on the need for legally regulated drug markets that protects public health. Our report on the potential economic benefits of introducing a regulated cannabis market in the UK received coverage in The Observer, The Guardian, The Independent, Metro and RT News, among many other publications.

# Financial Review

## Overview

During 2018-19 the partnership between Health Poverty Action and Find your Feet led to a combined income of £17,856,854.

Investing in our in country programmes while exploring new strategies to increase unrestricted funds remained the Charities financial strategy.

Compared with 2017-18, total Find Your Feet income reduced by 9.62% . This is due to the completion of several projects in Malawi and Zimbabwe in 2017-18 and the 5 year EC and foundation funded Johar project in India in 2018-19. General unrestricted funds decreased by £23,638 to £204,853, designated funds decreased by £192 to £59,822 and Restricted funds decreased £23,550 to £112,428. (Please see FYF income and balance sheet in Appendix 1 for reference). We are continuing activities in all three countries, with the Mental Health Matters project in Zimbabwe, Bulala project in Malawi and extensions of the Johar project in India (a further extension of this project starts in 2019-20)

We have retained strong support from individual donors and continue to seek new sources of funding and explore new ways to increase our effectiveness overseas.

HPA income during the reporting period reduced by 12% ( £16,859,596 compared to £19,169,688 in 2017-18 .See HPA Statement of Financial Activities in Appendix 2). This movement is mainly due to projects ending during the course of year, as well as new projects proposals yet to be awarded. General unrestricted reserves increased by £87,826 to £1,360,090, while restricted funds reduced by £540,877 to £4,380,737.

Despite the general decrease in income we have continued to receive support from our donors, with new multi year projects starting towards the end of the reporting period or post year end. Funding for these new projects will be recognised in 19-20.

We are extremely grateful to all our donors for their generosity in helping us achieve our goals.

For further detail please refer to Note 2 of the accounts.

## Risks, uncertainties and mitigation

The risks Find Your Feet and Health Poverty Action face are similar, mostly inherent to the environments we work in and the way that international development is funded.

The Board has adopted a formal Risk Policy, and the Trustees and management have identified risks and ranked these by likelihood and impact. Key risks are regularly reviewed and monitored by senior managers and Finance and Audit Committee members as part of ongoing risk management.

For 2019-20 we have identified six major risk areas which would have direct impact on unrestricted reserves:

- Over-dependence on restricted funds
- Exchange rate risk
- Compliance risk
- Brexit and impact on EC funding
- Financial risks
- Safeguarding risks

The main risk area for both charities remains our **dependence on restricted funds**. In common with many charities, the current funding environment creates uncertainty about meeting both unrestricted and restricted income targets. The nature and location of our work, combined with our funding model (based largely on restricted project grants), means that at any point in time the scale and allocation of future funding is hard to project with certainty.

In 2018-19, 97% of the income came from institutional donors and other restricted funding donors while 3% came from unrestricted sources. It is a slight increase in unrestricted funds (last year 2%) and while we are confident that our new strategy will generate more unrestricted funds it is still a major challenge to the Charities. We have freed resources to train staff in order to develop skills which will help achieve this goal and have increased human resource capacities ensuring a wide range of skills to further support our commitment to mitigating this risk.

**Exchange rate volatility** still represents a challenge to us with direct impact on project activities overseas. During the year we made huge progress in developing an exchange rate policy that would mitigate the risk arising from fluctuation in exchange rate especially when exotic currencies are concerned. This policy will be implemented in October 2019.

**Brexit** still raises a lot of uncertainties on our ability to secure European funds in the long term and therefore increases the need to develop new partnerships in order to carry on work in countries where the EC has been a major donor over the years. This year our EC grant portfolio represented 9% of our charitable activities and 8% of our overall income. It is a slight decrease from last years figure (11% and 9% in the same order).

**Compliance risk:** It is our priority to ensure that funding rules are known and carefully adhered to by all staff in order to reduce/ totally avoid ineligible expenses and claw backs. Developing strong and close relationships with institutional donors to ensure we are fully informed about compliance requirements remain our priority.

**Financial risk:** These relate to ensuring cash liquidity to respond to match funding and pre-financing requirements of projects. The Senior Management Team and Trustees will continue to prioritise and monitor cash flow position during the year but will also encourage timely submission of donor reports to avoid delays in payment.

**Safeguarding** has been our priority during the year. Our commitment to ensuring that vulnerable people are protected has led to the review of all our policies. We have ensured that all staff are aware of them and trained to fully understand how they work in practice. We aim to make our policies as adequate as possible and we will continue to improve on these to create a safe environment where all our beneficiaries are aware of the support they have.

Programme staff visited countries where we operate during the year and gave refresher sessions on safeguarding. In addition, we recently engaged consultants to provide more in depth training on this topic both in the UK and overseas.

Beyond avoiding reputational risk, it is at the core of our values and commitment to safeguard people with whom we work.

## Reserves policy

HPA and FYF have two distinct reserve policies. Both have been prepared to ensure the long-term financial viability of the charities.

For HPA, it is the Board's policy to maintain minimum unrestricted free reserves at 5%-10% of budgeted income which equates to £0.76m-£1.4m for this financial year. Reserves at this level will mitigate some of the financial risks faced by the organisation such as loss of income, donor clawbacks and cash flow sensitivity which have huge impact on beneficiaries. During 2018-19, our unrestricted reserves increased by £87,826 bringing the total reserves to £1,360,090 (1,272,265 in 17-18).

This increase was made up of £60,740 in exchange rate gains and £27,085 increase in unrestricted funds. The current level of free reserves ( £1.3m) is at the higher end of the board policy stated above (£0.76m-1.4m) and has therefore been deemed satisfactory. Please see Statement of Financial Activities in Appendix 2 for reference.

For FYF, it is the Board's policy to maintain minimum unrestricted free reserves at the equivalent of 3 months core costs (Circa £60,000).

In 2018-19, general unrestricted funds totaled £204,853 at 31st March 2019. Grants due in arrears at that date totaled £101,517. On this basis the current free reserves available to cover other financing risks are in the order of £103,336, equivalent to 5.4 months core costs.

The Board consider this position to be satisfactory. Please see note 13 of Balance Sheet in Appendix 1 for reference.

## **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		Appointed on 28th June 2018
Mehmet Nadir Baylav		Appointed on 28th June 2019
Nouria Brikci-Nigassa		
Denis John Cavanagh <sup>1</sup>	Treasurer	Appointed on 28th June 2019
Emma Crewe <sup>2</sup>		
Elaine Gilligan		Appointed on 28th June 2019
Anna Graham		
Rory Erskine Morrison Honney		
Sharon Louise Jackson <sup>2</sup>		Stepped down on 30th November 2018
Anuj Kapilashrami		Appointed on 28th June 2019
Oliver Benjamin Kemp <sup>1&amp;2</sup>	Chair	
Carolyn Ann Ramage <sup>1</sup>	Treasurer	Stepped down on 29th March 2019
Ruth Stern <sup>1</sup>		
James William Patrick Thornberry <sup>1</sup>		
Betty Ann Williams <sup>1</sup>		
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 work-force 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.

## **Fundraising disclosures**

We adhere to the standards of fundraising activities as set out in The Code of Fundraising Practice. In the past year we did not receive any formal complaints in relation to either Health Poverty Action's or Find Your Feet's fundraising activities.

In the past year we have not employed professional fundraisers to bring new supporters on board with our work (such as door-to-door, street, or private-site fundraising). The only professional fundraising agency which acted on our behalf during the year is Purity Fundraising, which specialises in ethical telephone fundraising; we work with them on occasion to speak to our new 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 through regular feedback, recordings, and supporter feedback. Purity Fundraising 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 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 behavior 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**

**Principal banks:**

<b>CAF Bank Limited</b>	<b>HSBC plc</b>
<b>Kings Hill</b>	<b>8 Canada Square</b>
<b>West Malling</b>	<b>London</b>
<b>Kent ME19 4TA</b>	<b>E14 5HQ</b>
<b>United Kingdom</b>	<b>United Kingdom</b>

**LLOYDS TSB**  
25 Gresham Street,  
London  
EC2V 7HN

**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.

Signed by Oliver Kemp (Chair), on behalf of the Trustees

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

Date: 11<sup>th</sup> October 2019

# Independent auditor's report

## Opinion

We have audited the financial statements of Health Limited T/A Health Poverty Action for the year ended 31 March 2019 which comprise the Group Statement of Financial Activities, the Group and Parent Charitable Company Balance Sheets, the Group 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 Financial Reporting Standard 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 group's and the parent charitable company's affairs as at 31 March 2019 and of the group's 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 group's and parent charitable 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.

### **Opinions on other matters prescribed by the Companies Act 2006**

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

- the information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' annual report 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 group and parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in 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:

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

### **Responsibilities of trustees**

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 group and parent 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 group or parent 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 group and parent 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 group and parent 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 group or parent 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.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit report.

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 charitable company's members those matters which 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.

*Neil Finlayson*

11 October 2019

Neil Finlayson (Senior Statutory Auditor)  
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 2019

(Including the summarised Income and Expenditure Account)

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

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

## For the year ended 31 March 2018

	Notes	Unrestricted Funds 2018 £	Restricted Funds 2018 £	Total Funds 2018 £
<b>Income and endowments from:</b>				
Charitable activities	2	-	16,604,860	16,604,860
Donations and legacies	2	421,612	-	421,612
Gift in Kind Income	2	-	2,116,043	2,116,043
Investments	2	5,604	21,569	27,173
Assets brought forward-FYF	2	-	-	-
<b>Other incoming resources</b>				
<b>Total incoming resources</b>		<b>427,216</b>	<b>18,742,472</b>	<b>19,169,688</b>
<b>Resources expended</b>				
Raising funds	3	337,030	-	337,030
Charitable activities	4	120,855	17,747,989	17,868,843
<b>Total resources expended</b>		<b>457,885</b>	<b>17,747,989</b>	<b>18,205,873</b>
<b>Net income/(expenditure) for the year</b>		<b>(30,669)</b>	<b>994,483</b>	<b>963,815</b>
Transfers between funds		-	-	-
Foreign exchange gains/(losses) in year		(112,258)	(140,591)	(252,848)
<b>Net movement in funds for the year</b>		<b>(142,927)</b>	<b>853,893</b>	<b>710,966</b>
Total funds brought forward at 1 April 2017		1,415,191	4,067,721	5,482,913
<b>TOTAL FUNDS CARRIED FORWARD at 31 March 2018</b>		<b>1,272,265</b>	<b>4,921,614</b>	<b>6,193,879</b>

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

# Balance Sheet

As at 31 March 2019

	Notes	2019 £	2018 £
<b>CURRENT ASSETS</b>			
Debtors	8	2,380,424	1,075,606
Stock		294,914	583,504
Cash at bank and in hand		4,721,770	5,350,533
Tangible fixed assets	16	-	-
		<u>7,397,108</u>	<u>7,009,643</u>
<b>CURRENT LIABILITIES</b>			
Creditors: Amounts falling due within one year	9	(1,141,254)	(594,633)
		<u>6,255,854</u>	<u>6,415,010</u>
<b>NET CURRENT ASSETS</b>			
<b>LONG TERM LIABILITIES</b>			
Creditors: Amounts falling due after one year	10	(137,924)	(221,131)
		<u>6,117,930</u>	<u>6,193,879</u>
<b>TOTAL ASSETS LESS LIABILITIES</b>			
<b>TOTAL NET ASSETS</b>			
		<u>6,117,930</u>	<u>6,193,879</u>
<b>FUNDS</b>			
Unrestricted funds	13	1,360,090	1,272,265
Restricted funds	13	4,757,840	4,921,614
		<u>6,117,930</u>	<u>6,193,879</u>

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



**Oliver Kemp, Chair**

Date: 11th October 2019

Company Registration number 01837621

# Health Poverty Action ONLY

## Balance Sheet

As at 31 March 2019

	Notes	2019 £	2018 £
<b>CURRENT ASSETS</b>			
Debtors	8	2,274,726	1,075,606
Stock		294,914	583,504
Cash at bank and in hand		4,430,331	5,350,533
		<b>6,999,972</b>	<b>7,009,643</b>
<b>CURRENT LIABILITIES</b>			
Creditors: Amounts falling due within one year	9	(1,121,221)	(594,633)
		<b>5,878,751</b>	<b>6,415,010</b>
<b>NET CURRENT ASSETS</b>			
<b>LONG TERM LIABILITIES</b>			
Creditors: Amounts falling due after one year	10	(137,924)	(221,131)
		<b>5,740,827</b>	<b>6,193,879</b>
<b>TOTAL ASSETS LESS LIABILITIES</b>			
		<b>5,740,827</b>	<b>6,193,879</b>
<b>FUNDS</b>			
Unrestricted funds	13	1,360,090	1,272,265
Restricted funds	13	4,380,737	4,921,614
		<b>5,740,827</b>	<b>6,193,879</b>

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



**Oliver Kemp, Chair**

Date: 11th October 2019

Company Registration number 01837621

# Cash Flow statement

## For the year ended 31 March 2019

	2019 £	2018 £
Net Cash Outflow from operating Activities	(737,256)	416,940
<b>Returns on Investments and Servicing of Finance</b>		
Bank interest received	10,562	27,173
Foreign exchange gain	97,931	(252,848)
<b>(Decrease) / Increase in Cash</b>	<b>(628,763)</b>	<b>191,265</b>
<b>Reconciliation of Excess of Expenditure over Income to Net Cash Inflow from Operating Activities</b>		
Net incoming / (outgoing) resources	(75,949)	710,966
Decrease / (Increase) in debtors	(1,304,818)	(5,045)
(Increase) in stock	288,590	(303,232)
Increase in creditors	463,414	(211,424)
Interest received	(10,562)	(27,173)
Foreign exchange gain	(97,931)	252,848
<b>Net cash (outflow) inflow from operating activities</b>	<b>(737,256)</b>	<b>416,940</b>
<b>Analysis of Net Cash Resources</b>		
Opening Balance	5,350,533	5,159,267
Flow	(628,763)	191,265
<b>Closing Balance</b>	<b>4,721,770</b>	<b>5,350,533</b>
<b>Location of Cash Resources</b>		
HQ bank accounts	2,266,503	2,848,358
In-country bank accounts	2,455,267	2,502,174
Funds attributed to Connected Party (Appendix 1)	291,438	-
	<b>4,721,770</b>	<b>5,350,533</b>

# Notes forming part of the financial statements for the year ended 31 March 2019

## 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 pounds sterling.

### b) Find Your Feet Limited - 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.

### c) Going Concern

The trustees have assessed whether the use of going concern and have considered possible events or conditions that might cast significant doubt on the ability of the charitable company to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of the approval of these financial statements. After making enquiries, the trustees have concluded that there is a reasonable expectation that the charitable company has adequate resources to continue in operational existence for the foreseeable future. The charitable company therefore continues to adopt the going concern basis in preparing its financial statements. There are no material uncertainties.

### d) 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.

### **e) 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.

### **f) 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.

### **g) 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.

### **h) 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.

### **e) Operating leases**

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

### **j) Liabilities**

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

### **k) 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."

### **l) 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.

### **m) 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

### **n) 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.

## 2. NOTES

### INCOME

	2019 HPA £	2019 FYF £	Total £	2018 £
<b>Restricted Funds</b>				
Charitable activities				
3MDG	559,900	-	559,900	2,335,181
Big Lottery Fund	159,139	-	159,139	363,649
Canadian Department of Foreign Affairs and Trade and Development	-	-	-	14,450
Comic Relief	750,468	88,623	839,091	670,532
Commonwealth Foundation	-	15,000	15,000	-
Cordaid	(3,370)	-	(3,370)	59,071
Department for International Development	5,504,442	-	5,504,442	5,371,653
Department of Foreign Affairs and Trade	-	-	-	95,458
Education Development Centre	64,893	-	64,893	92,716
European Commission	1,250,315	123,561	1,373,876	1,731,477
Global Fund	3,253,556	-	3,253,556	2,723,527
Irish Aid	45,246	-	45,246	136,148
Liverpool School of Tropical Medicine	11,322	-	11,322	9,792
Other	672,636	-	672,636	510,784
Population Services International	229,400	-	229,400	-
Relief International	-	-	-	188,461
Save the Children	-	-	-	328,284
Trusts, foundations, corporate and individuals	254,834	170,708	425,542	118,940
UCSF (University California)	193,233	-	193,233	209,608
UN bodies	956,061	-	956,061	1,166,988
World Food Programme	870,763	-	870,763	478,141
	<b>14,772,837</b>	<b>397,892</b>	<b>15,170,730</b>	<b>16,604,860</b>
Other trading activities				
Gift in Kind	1,621,494	-	1,621,494	2,116,043
	<b>1,621,494</b>	<b>-</b>	<b>1,621,494</b>	<b>2,116,043</b>
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	-
<b>Total Restricted Funds</b>	<b>16,818,815</b>	<b>572,654</b>	<b>17,216,708</b>	<b>18,720,903</b>
<b>Unrestricted Funds</b>				
Donations from individuals and other	331,972	-	331,972	344,737
Consultancy	43,072	-	43,072	-
UK and European trusts / foundations	79,779	-	79,779	76,875
<b>Total Unrestricted Funds</b>	<b>454,823</b>	<b>-</b>	<b>454,823</b>	<b>421,612</b>
<b>INVESTMENT INCOME</b>				
Bank interest				
Restricted Funds	10,354	-	10,354	21,569
Unrestricted Funds	87	121	208	5,604
	<b>10,441</b>	<b>121</b>	<b>10,562</b>	<b>27,173</b>
<b>TOTAL INCOME</b>	<b>17,284,079</b>	<b>572,775</b>	<b>17,856,854</b>	<b>19,169,688</b>



## 6. NET INCOME FOR THE YEAR is stated after charging

	HPA 2019 £	FYF 2019 £	Total £	2018 £
Annual Audit				
Statutory audit	19,520	3,300	22,820	18,860
In respect of prior year	(370)	2,898	2,528	-
In respect of consolidation	5,750	-	5,750	-
Rentals in respect of operating leases;				
plant and machinery	4,434	-	4,434	2,033
other – office	56,587	-	56,587	59,916
Inventory expense	294,914	-	294,914	583,504

## 7. STAFF COSTS AND TRUSTEES' REMUNERATION

	HPA 2019 £	FYF 2019 £	Total £	2018 £
<b>U.K. STAFF</b>				
Wages and salaries	728,577	-	728,577	780,551
Redundancy cost	18,312	-	18,312	-
Social security costs	80,475	-	80,475	88,645
Pension costs	43,308	-	43,308	37,680
	<u>870,672</u>	<u>-</u>	<u>870,672</u>	<u>906,876</u>
<b>OVERSEAS STAFF</b>				
Wages and salaries	3,350,764	-	3,350,764	2,888,972
Pension costs	85,155	-	85,155	118,516
Severance costs	183,564	-	183,564	136,852
India - total remuneration	-	24,520	24,520	-
	<u>3,619,483</u>	<u>24,520</u>	<u>3,644,003</u>	<u>3,007,488</u>
<b>TOTAL STAFF COSTS</b>	<u><b>4,490,155</b></u>	<u><b>24,520</b></u>	<u><b>4,514,675</b></u>	<u><b>3,914,364</b></u>

### Health Limited:

One employee received remuneration of between £70,000 - £80,000 in 2018-19 (2018: one).

Employer's pension cost relating to that individual was £3,607 (2018: £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 £344,253 (2018: £409,358).

The Trustees neither received nor waived any emoluments during the year (2018: £Nil).

Total reimbursements received by the Trustees in the year amounted to £689.64 (2018: £1,073.25). These reimbursements were received by 3 Trustees (2018: 1 Trustee). All reimbursements related to travel costs.

## Find Your Feet

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

In 2018-19, a total of £176,321 of HPA's UK staff cost was recharged to FYF (2017-18: £102,356).

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 Heads of Programmes.

In 2018-19, total salary costs charged to FYF relating to key management personnel were £20,784 (2017-18: £32,104).

## Trustees expenses

Trustees receive no remuneration for their services.

No expenses were reimbursed to trustees in 2018-19 or in 2017-18.

The average number of employees, analysed by function was:

	2019 Number	2018 Number
Charitable activities	410	386
Raising funds	6	5
	<b>416</b>	<b>391</b>

## 8. DEBTORS

	HPA 2019 £	FYF 2019 £	Total £	2018 £
Other debtors in UK	5,520	-	5,520	100,458
Other overseas/project debtors	195,749	-	195,749	267,941
Accrued income – Gift Aid & Other	12,164	3,667	15,831	9,581
Accrued income – Grants	2,040,512	101,517	2,142,029	676,795
Prepayments	20,780	514	21,294	20,832
	<b>2,274,726</b>	<b>105,698</b>	<b>2,380,424</b>	<b>1,075,606</b>

All debtors, except prepayments of £20,780 (2018: 20,832), are financial instruments measured at present value.

## 9. CREDITORS: Amounts falling due within one year

	HPA 2019	FYF 2019	Total 2019	2018
	£	£	£	£
Project creditors	421,755	4,626	426,381	145,867
Other creditors	117,855	107	117,962	130,983
Dilapidation provision	19,596	-	19,596	-
Field Severance Pay Liability and pensions	337,550	-	337,550	219,747
Other taxes and social security	19,697	-	19,697	185
Deferred income	-	12,000	12,000	-
UK Accruals	204,767	3,300	208,068	92,388
	<b>1,121,221</b>	<b>20,033</b>	<b>1,141,254</b>	<b>594,633</b>

All creditors, except for the social security creditor £19,697 (2018: £185), are financial instruments measured at present value.

Creditors includes pension liabilities of £337,993 (2018: 219,747).

## 10. CREDITORS: Amounts falling due after one year

	2019	2018
	£	£
Field severance pay liability	137,924	221,131
	<b>137,924</b>	<b>221,131</b>

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:

	2019	2018
	£	£
<b>Committed to payments of:</b>		
<b>Within One Year</b>		
Plant and Machinery	-	-
Other – office	59,483	59,483
<b>Between One and Two Years</b>		
Provision for dilapidation	19,596	-
Other – office	44,471	59,483
<b>Between Two and Five Years</b>		
Plant and machinery	-	-
Other – office	6,761	51,070
<b>Total</b>	<b>130,311</b>	<b>171,200</b>

### 13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

Consolidated assets	Unrestricted Funds 2019 £	Restricted Funds 2019 £	Total Funds 2019 £	Unrestricted Funds 2018 £	Restricted Funds 2018 £	Total Funds 2018 £
Fund balances at 31 March 2019 are represented by:						
Current assets	1,626,031	5,691,222	7,317,253	1,501,284	5,508,359	7,009,643
Current liabilities	(265,941)	(795,458)	(1,061,399)	(229,019)	(365,614)	(594,633)
Long Term Liabilities	-	(137,924)	(137,924)	-	(221,131)	(221,131)
<b>Total Net Assets</b>	<b>1,360,090</b>	<b>4,757,840</b>	<b>6,117,930</b>	<b>1,272,265</b>	<b>4,921,614</b>	<b>6,193,879</b>
<b>FYF</b>						
Current assets	-	317,281	317,281			
Current liabilities	-	59,822	59,822			
Long Term Liabilities	-	-	-			
<b>Total Net Assets</b>	<b>-</b>	<b>377,103</b>	<b>377,103</b>			
<b>HPA</b>						
Current assets	1,626,031	5,373,941	6,999,972			
Current liabilities	(265,941)	(855,280)	(1,121,221)			
Long Term Liabilities	-	(137,924)	(137,924)			
<b>Total Net Assets</b>	<b>1,360,090</b>	<b>4,380,737</b>	<b>5,740,827</b>			

## 14. STATEMENT OF FUNDS

	<b>Funds at 2018</b>	<b>Income</b>	<b>Expenditure</b>	<b>Transfers</b>	<b>Funds at 2019</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
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)
Linking with FYF	–	997,259	(620,156)	–	377,103
<b>Total restricted funds</b>	<b>4,921,614</b>	<b>16,404,686</b>	<b>17,401,945</b>	<b>–</b>	<b>4,757,840</b>
Unrestricted funds	1,272,265	515,650	(427,825)	–	1,360,090
<b>Total funds</b>	<b>6,193,879</b>	<b>17,917,595</b>	<b>(17,993,542)</b>	<b>–</b>	<b>6,117,930</b>

  

	<b>Funds at 2017</b>	<b>Income</b>	<b>Expenditure</b>	<b>Transfers</b>	<b>Funds at 2018</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Myanmar & China	1,370,968	8,075,577	(7,401,660)	–	2,044,886
Cambodia	675,771	699,442	(1,208,016)	–	167,196
Ethiopia	137,021	258,256	(282,092)	–	113,185
Global	112,722	163,333	(113,418)	–	162,637
Guatemala	92,778	9	(127,262)	200,000	(34,475)
Kenya	88,117	673,063	(616,230)	–	144,949
Laos	417,247	1,590,709	(1,276,387)	–	731,569
Namibia	84,622	260,118	(338,071)	–	6,669
Nicaragua	173,167	524,843	(449,682)	(200,000)	248,328
Rwanda	80,108	530,148	(559,208)	–	51,048
Sierra Leone	240,623	572,256	(401,381)	–	411,498
Somaliland	658,543	2,829,513	(2,938,601)	–	549,455
GIK	–	2,116,043	(1,812,811)	–	303,232
SE Asia Regional	–	125,000	(77,283)	–	47,717
Vietnam	(63,966)	324,163	(286,477)	–	(26,280)
Linking with FYF	–	–	–	–	–
<b>Total restricted funds</b>	<b>4,067,721</b>	<b>18,742,472</b>	<b>(17,888,579)</b>	<b>–</b>	<b>4,921,614</b>
Unrestricted funds	1,415,191	314,958	(457,885)	–	1,272,265
<b>Total funds</b>	<b>5,482,912</b>	<b>19,057,430</b>	<b>(18,346,464)</b>	<b>–</b>	<b>6,193,879</b>

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

It should be noted that transfers between restricted funds for the year ended 31 March 2019 relate to the transfer of funds between projects for the same programme of activities that are being implemented in different countries.

All Negative balances on project accounts have been covered by post balance sheet receipts.

## 15. TANGIBLE FIXED ASSETS FYF

	<b>Motor vehicles</b>	<b>Furniture and Equipment</b>	<b>Total</b>
Cost	<b>£</b>	<b>£</b>	<b>£</b>
At 1/4/2018	9,723	-	9,723
Additions	-	-	-
Disposals	-	-	-
At 31/3/2019	<u>9,723</u>	<u>-</u>	<u>9,723</u>
Depreciation			
At 1/4/2018	9,723	-	9,723
Charges for year	-	-	-
Disposals	-	-	-
At 31/3/2019	<u>9,723</u>	<u>-</u>	<u>9,723</u>
Net book value			
At 31/3/2018	<u>-</u>	<u>-</u>	<u>-</u>
At 31/3/2019	<u>-</u>	<u>-</u>	<u>-</u>

# Appendix 1: FIND YOUR FEET Accounts to 31st March 2019

## Statement Of Financial Activities For the year ended 31 March 2019

(Incorporating an Income and Expenditure Account)

	Notes	Unrestricted Funds 2018-19	Restricted Funds 2018-19	Total Funds 2018-19
		£	£	£
<b>Income:</b>	2			
Charitable activities		-	397,892	397,892
Donations and legacies		174,762	-	174,762
Investment income		121	-	121
<b>Total income</b>		<b>174,883</b>	<b>397,892</b>	<b>572,775</b>
<b>Expenditure:</b>	3-7			
Charitable activities:				
Promote rural livelihoods		60,037	421,018	481,055
Raising funds		126,467	-	126,467
<b>Total expenditure</b>		<b>186,504</b>	<b>421,018</b>	<b>607,522</b>
<b>Net income/(expenditure) for the year</b>		<b>(11,621)</b>	<b>(23,126)</b>	<b>(34,747)</b>
Transfers between funds	13	-	-	-
		<b>(11,621)</b>	<b>(23,126)</b>	<b>(34,747)</b>
Other recognised gains/(losses)	8	(12,210)	(424)	(12,634)
<b>Net movement in funds for the year</b>	13	<b>(23,831)</b>	<b>(23,550)</b>	<b>(47,381)</b>
<b>Reconciliation of funds</b>				
Total funds brought forward		288,506	135,978	424,484
<b>Total funds carried forward</b>		<b>264,675</b>	<b>112,428</b>	<b>377,103</b>

Note: Unrestricted funds comprise General funds and Designated funds.

For a breakdown of movements on individual funds, please see Note 13.

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

All income and expenditure derive from continuing activities.

The attached notes form part of these financial statements.

## For the year ended 31 March 2018

	Unrestricted Funds 2017-18 £	Restricted Funds 2017-18 £	Total Funds 2017-18 £
<b>Income:</b>			
Charitable activities	-	438,002	438,002
Donations and legacies	195,732	-	195,732
Investment income	42	-	42
<b>Total income</b>	<b>195,774</b>	<b>438,002</b>	<b>633,776</b>
<b>Expenditure:</b>			
Charitable activities:			
Promote rural livelihoods	128,883	472,353	601,236
Raising funds	105,622	-	105,622
<b>Total expenditure</b>	<b>234,505</b>	<b>472,353</b>	<b>706,858</b>
<b>Net income/(expenditure) for the year</b>	<b>(38,731)</b>	<b>(34,351)</b>	<b>(73,082)</b>
Transfers between funds	(2,904)	2,904	-
	<b>(41,635)</b>	<b>(31,447)</b>	<b>(73,082)</b>
Other recognised gains/(losses)	9,391	(1,560)	7,831
<b>Net movement in funds for the year</b>	<b>(32,244)</b>	<b>(33,007)</b>	<b>(65,251)</b>
<b>Reconciliation of funds</b>			
Total funds brought forward	320,750	168,985	489,735
<b>Total funds carried forward</b>	<b>288,506</b>	<b>135,978</b>	<b>424,484</b>

## Balance Sheet Find Your Feet as at 31st March 2019

		2018-19		2017-18	
	Notes	£	£	£	£
<b>Fixed assets</b>					
Tangible fixed assets	9		-		-
<b>Current assets</b>					
Debtors	10	105,698		82,221	
Cash at bank and in hand		291,438		457,331	
		<u>397,136</u>		<u>539,552</u>	
<b>Less: Current liabilities</b>					
Creditors – amounts falling due within one year	11	(20,033)		(115,068)	
<b>Net current assets</b>			377,103		424,484
<b>Net assets</b>			<u>377,103</u>		<u>424,484</u>
<b>Funds of the Charity</b>					
Restricted funds	13		112,428		135,978
Unrestricted funds					
General fund		204,853		228,491	
Designated funds		<u>59,822</u>		<u>60,015</u>	
			264,675		288,506
<b>Total charity funds</b>			<u>377,103</u>		<u>424,484</u>

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime within Part 15 of the Companies Act 2006. In the opinion of the trustees, the Company is entitled to these exemptions as a small company.

## FYF Income 18/19

	2018-19	2017-18
	£	£
<b>Restricted funds</b>		
<b>Charitable activities</b>		
Comic Relief	88,623	67,252
Commonwealth Foundation	15,000	30,000
European Union	123,561	166,446
Trusts, foundations and corporate Individuals	58,855	120,896
	<u>111,853</u>	<u>53,408</u>
	<b><u>397,892</u></b>	<b><u>438,002</u></b>
<b>Unrestricted funds</b>		
<b>Donations and legacies</b>		
Trusts, foundations and corporate Individuals	22,928	6,150
	<u>151,834</u>	<u>189,582</u>
	<b><u>174,762</u></b>	<b><u>195,732</u></b>
<b>Investment income</b>		
Restricted funds	-	-
Unrestricted funds	121	42
	<u>121</u>	<u>42</u>
	<b><u>572,775</u></b>	<b><u>633,776</u></b>

## FYF Support costs 18/19

	Total 2018-19	Raising funds	Charitable activities	Total 2017-18	Raising funds	Charitable activities
	£	£	£	£	£	£
Human resources	35,746	19,415	16,331	37,572	18,165	19,407
Establishment	12,648	6,870	5,778	-	-	-
Office and administration	19,098	10,373	8,725	16,054	7,761	8,293
	<u>67,492</u>	<u>36,658</u>	<u>30,834</u>	<u>53,626</u>	<u>25,926</u>	<u>27,700</u>

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

# Appendix 2: HEALTH POVERTY ACTION Accounts to 31st March 2019

HEALTH LIMITED T/A HEALTH POVERTY ACTION (Limited by Guarantee)

## Statement Of Financial Activities

For the year ended 31 March 2019

(Incorporating an Income and Expenditure Account)

	Notes	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
<b>INCOME AND ENDOWMENTS FROM:</b>				
Charitable activities	2	–	14,772,837	14,772,837
Donations and legacies	2	454,823	–	454,823
Gift in Kind Income	2	–	1,621,494	1,621,494
Investments		87	10,354	10,441
<b>Total incoming resources</b>		<b>454,910</b>	<b>16,404,686</b>	<b>16,859,596</b>
<b>RESOURCES EXPENDED</b>				
Raising funds	3	299,119	–	299,119
Charitable activities	4	128,705	16,995,388	17,124,093
<b>Total resources expended</b>		<b>427,825</b>	<b>16,995,388</b>	<b>17,423,212</b>
<b>NET INCOME/(EXPENDITURE) FOR THE YEAR</b>				
Transfer between funds		–	–	–
Foreign exchange gains in year		60,740	49,825	110,565
<b>NET MOVEMENT IN FUNDS FOR THE YEAR</b>		<b>87,826</b>	<b>(540,877)</b>	<b>(453,052)</b>
<b>Total funds brought forward at 1 April 2018</b>		<b>1,272,265</b>	<b>4,921,614</b>	<b>6,193,879</b>
<b>TOTAL FUNDS CARRIED FORWARD at 31 March 2019</b>		<b>1,360,090</b>	<b>4,380,737</b>	<b>5,740,827</b>

The statement of financial activities includes all gains and losses recognised in the year.

## For the year ended 31 March 2018

	Notes	Unrestricted funds 2018 £	Restricted funds 2018 £	Total funds 2018 £
<b>INCOME AND ENDOWMENTS FROM:</b>				
Charitable activities	2	–	16,604,860	16,604,860
Donations and legacies	2	421,612	–	421,612
Gift in Kind Income	2	–	2,116,043	2,116,043
Investments	2	5,604	21,569	27,173
<b>Total incoming resources</b>		<b>427,216</b>	<b>18,742,472</b>	<b>19,169,688</b>
<b>RESOURCES EXPENDED</b>				
Raising funds	3	337,030	–	337,030
Charitable activities	4	120,855	17,747,989	17,868,843
<b>Total resources expended</b>		<b>457,885</b>	<b>17,747,989</b>	<b>18,205,873</b>
<b>NET INCOME/(EXPENDITURE) FOR THE YEAR</b>		<b>(30,669)</b>	<b>994,483</b>	<b>963,815</b>
Transfer between funds		–	–	–
Foreign exchange gains in year		(112,258)	(140,591)	(252,848)
<b>NET MOVEMENT IN FUNDS FOR THE YEAR</b>		<b>(142,927)</b>	<b>853,893</b>	<b>710,966</b>
<b>Total funds brought forward at 1 April 2017</b>		<b>1,415,191</b>	<b>4,067,721</b>	<b>5,482,913</b>
<b>TOTAL FUNDS CARRIED FORWARD at 31 March 2018</b>		<b>1,272,265</b>	<b>4,921,614</b>	<b>6,193,879</b>

The statement of financial activities includes all gains and losses recognised in the year.

# Acknowledgements



## ACCESS TO HEALTH FUND



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra  
Swiss Agency for Development  
and Cooperation SDC

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PIGNATELLI  
FOUNDATION



THE DEVELOPMENT FUND

