



HEALTHNET TPO
annual
report
2023

restoring
health
rebuilding
communities



HEALTHNET TPO

Wibautstraat 137d
1097DN Amsterdam
The Netherlands
+31 (0) 20 620 0005
healthnettpo.org

On the cover: Participant to the event celebrating the 16 Days of Activism against GBV in November 2023 in South Sudan.
(Photo: HealthNet TPO Staff Member)



acronyms and abbreviations

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



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In focus: Colombia
Why engaging with indigenous communities helps to promote peace and gender equality.



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How do we improve health?
Among others, by focussing on maternal and child health and through nutrition initiatives.

MHPSS in conflict-affected countries
Read about how we support people living in conflict or disaster settings to regain their resilience and wellbeing.

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“The lessons learned in 2023 will undoubtedly guide our strategies as we look to the future.”

2023 a year of planning for a revived ambition

Dear readers,

As we reflect on the year that has been, we find ourselves navigating a world still reeling from the lingering effects of global upheaval, yet undeniably moving towards recovery and resilience. This report encapsulates not just the challenges we faced but, more importantly, the profound impacts we have achieved amidst adversity.

This past year, our commitment to enhancing healthcare, mental health, and psychosocial support in conflict-affected areas has never been more vital. We have reached out to communities most in need, offering not just aid but a path to sustainable self-reliance. Our work across diverse geographies—from Afghanistan to Burundi, Colombia, and South Sudan—highlights our adaptability and the relentless spirit of our teams on the ground.

We are immensely proud of our dedicated staff, who, against all odds, have carried forward our mission to rebuild fractured health systems and restore hope to those who have lost it. Their stories, some of which are featured in this report, are testaments to the human capacity for compassion and resilience.

Innovation has been at the heart of our operations. We have integrated technologies and methodologies to meet the urgent health needs of populations and build a foundation for future health security. Our programmes have responded to immediate crises and laid the groundwork for preventative care, which is essential for long-term health improvement.

The lessons learned in 2023 will undoubtedly guide our strategies as we look to the future. We are enhancing our approaches to dealing with emerging global health challenges and are committed to deepening our partnerships and collaborations, which are fundamental to our achievements.

We sincerely thank our donors, partners, and everyone who has supported us. Your trust and support empower us to continue our work. Together, we are making a significant difference in the lives of millions, driving forward our vision of a world where everyone has the opportunity to lead a healthy, productive life.

Thank you for being part of this journey.

Sincerely,

Hans Grootendorst
Managing Director

HEALTHNET TPO

restoring health rebuilding communities

our mission & vision

MISSION

HealthNet TPO's mission is to support and strengthen communities affected by conflict or disaster so they may regain control of their own health and wellbeing.

VISION

HealthNet TPO's vision is a world in which people in fragile and conflict settings can actively contribute to rebuilding their own lives, health and wellbeing. We believe even the most vulnerable people have the inner strength to (re)build a better future for themselves and those around them.

our core values

HealthNet TPO seeks to ensure that our values drive organisational culture and bring greater consistency in the way programmes and activities are implemented and the behaviour that is expected from our employees.

PEOPLE-CENTRED

We treat each individual as a person with respect and dignity, regardless of ethnicity, gender, religion, age or any other distinctive feature. We give agency to people and support them to improve their own lives.

PASSIONATE

We are motivated and enthusiastic to achieve our mission. We have team-spirit and are able to express our common vision, share experiences and success.

INTEGRITY

We conduct our work in an honest, transparent and ethical manner. We are open and communicate in an accessible way to reach our stakeholders.

EVIDENCE-BASED

We have a scientific approach and our interventions are based on research. We always strive for the best, expand our horizons and act on new possibilities for improvements. We share our knowledge, are accurate, consistent and context-specific.

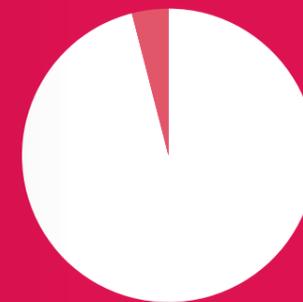
PROFESSIONAL

We have the required expertise, able to express our limitations, show respect to our colleagues and external stakeholders, act according to the HealthNet TPO standards and procedures.

OUTSPOKEN

We are assertive and express our authentic opinion, criticising ourselves and our colleagues constructively.

in 2023:



96.1%
of funds spent directly
on projects

3,600
members of staff
across 5 countries

more than
9.5 million
people supported



introducing: our programmes

HealthNet TPO supported people through a total of 40 projects in Afghanistan, Burundi, Colombia and South Sudan.

Building TB resilient systems

Goal: Improving access to and quality of services that detect, diagnose and treat TB.

Location: Afghanistan - Herat, Ghor, Nimroz, Farah, Badghis, Kandahar, Zabul, Uruzgan, Helmand

Duration: 1/1/2022 - 30/6/2023

Donor: UNDP

Distribution of Micro-Nutrient Powder through Community Health Workers

Goal: Improving the health and nutrition of children under five years through the distribution of Micro-Nutrient Powder by Community Health Workers.

Location: Afghanistan - Laghman province

Duration: 3/3/2022 - 3/2/2023

Donor: UNICEF

Prevention of communicable diseases

Goal: Reducing the prevalence of communicable diseases including HIV/AIDS, TB and malaria by improving public health services.

Location: Afghanistan - Herat, Ghor, Nimroz, Farah, Badghis, Kandahar, Zabul, Uruzgan, Helmand

Duration: 1/1/2022 - 30/6/2023

Donor: UNDP

TB interventions among Afghan refugees, returnees and mobile populations

Goal: Reducing the prevalence of TB among Afghan refugees, returnees and mobile populations.

Location: Afghanistan - Herat, Ghor, Nimroz, Farah, Badghis, Kandahar, Zabul, Uruzgan, Helmand

Duration: 1/1/2022 - 30/6/2023

Donor: UNDP

Targeted supplementary feeding programme

Goal: Identify and treat moderate acute malnourished (MAM) girls and boys under five years and acute malnourished pregnant and lactating women and to increase nutrition awareness in women, caregivers of MAM children and promote health behaviours in target areas.

Location: Afghanistan - Khost, Kunar, Laghman, Kabul

Duration: 7/1/2022 - 31/12/2023

Donor: World Food Programme

Eye Care Integration for Sustainable Development

Goal: Reducing the prevalence of avoidable blindness and visual impairment in Afghanistan.

Location: Afghanistan - Kabul and Eastern Provinces

Duration: 1/1/2022 - 31/12/2023

Donor: Fred Hollows Foundation

Mainstreaming health sector response to psychosocial support services & increasing access to RMNCAH services

Goal: Increasing national capacity to provide sexual and reproductive health services in humanitarian settings. Strengthening capacities for health sector response to psychosocial support services and increasing access to RMNCAH services.

Location: Afghanistan - Farah, Kapisa, Parwan, Laghman, Ghor, Herat, Khost, Nangarhar, Nimroz, Kunar, Kandahar

Duration: 1/1/2023 - 31/12/2024

Donor: UNFPA

Provision of primary and secondary healthcare services (HER projects)

Goal: Improving the health and wellbeing of the population through enhanced delivery and quality of health services within BPHS and EPHS. With a particular focus on reducing maternal, new-born, infant and child mortality, reducing incidence of communicable diseases and improving health child health and nutrition.

Location: Afghanistan - Kunar, Khost and Laghman

Duration: 1/2/2023 - 31/12/2023

Donor: UN Organisations UNICEF

Standalone infectious disease hospital Nangarhar and Khost

Goal: Ensuring resilience of Afghanistan's hospital health care delivery system, ensuring infection prevention and control measures at the hospital level.

Location: Afghanistan - Nangarhar, Khost

Duration: Nangarhar: 1/4/2023 - 30/9/2023; Khost: 21/4/2023 - 20/9/2023

Donor: UN Organisations WHO

AFIAT project Khost

Goal: Promoting the health of women, children (under five), youth, men, and rural residents through sustainable improvements in maternal and child health, family planning, reproductive health, TB, and nutrition. Strengthen the health system by increasing public investments, optimising budget execution, and fostering transparency and accountability.

Location: Afghanistan - Khost

Duration: 1/6/2023 - 31/12/2023

Donor: MSH / USAID

Support to National MH Hospital Kabul

Goal: Extending support for the continuity of essential mental health services in the National Mental Health Hospital, through maintaining mental health clinical services and staffing, provision of psychotropic drugs and enhanced facility management.

Location: Afghanistan - Kabul

Duration: 1/6/2023 - 30/9/2023

Extended: 1/12/2023 - 30/11/2024

Donor: UN Organisations WHO

Read more about our healthcare programmes on page 14

Expand the footprint of basic health and immunisation in eastern Afghanistan

Goal: Increase demand and access to immunisation services, particularly for the polio vaccine, by addressing disparities in immunisation coverage, with a focus on high-risk districts considered rural, where low-income populations reside. The ultimate objective is to reduce child mortality rates and contribute to overall human and economic development.

Location: Afghanistan - East regions

Duration: 20/7/2023 - 31/5/2024

Donor: Bill and Melinda Gates Foundation

BHC construction in Kunar province

Goal: Short impact programme from HealthNet TPO's own funds to build the BHC clinic.

Location: Afghanistan - Kunar

Duration: 1/4/2023 - 31/12/2023

Donor: HealthNet TPO's funds

PHC winterisation 3 HER project provinces

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

Location: Afghanistan - Kunar, Laghman, and Khost

Duration: 1/11/2023 - 30/4/2024

Donor: UNOCHA

Standalone infectious disease Khost Province

Goal: Ensuring resilience of Afghanistan's hospital health care delivery system to combat outbreaks and epidemics of infectious diseases in a sustainable way.

Location: Afghanistan - Khost

Duration: 16/10/2023 - 31/12/2023

Donor: UN Organisations WHO

Providing essential healthcare services

Goal: Enhancing and improve access to quality health services, including at community level, with a focus on maternal and child healthcare.

Location: South Sudan - Terekeka, Raja, Aweil North, Aweil West, Gogrial West, Gogrial East and Twic Counties

Duration: 2019 - 2024

Donor: Health Pooled Fund

Partners: Impact Health Organisation

Scaling up the Boma Health Initiative

Goal: Improving access to community-based health services, particularly in the prevention and treatment of common childhood diseases, as the governmental Boma Health Initiative.

Location: South Sudan - Warrap State

Duration: 1/11/2022 - 1/12/2023

Donor: Crown Agents

Partners: Impact Health Organisation

Construction Ayai PHCU in Aweil South

Goal: Quick impact project supervising the reconstruction of the Ayai Primary Healthcare Unit in Aweil South.

Location: South Sudan - Aweil South

Duration: 2023

Donor: UNMISS

Twiteho Amagara: "Let's take care of our health"

Goal: Strengthening the Burundian health system to increase access to quality health services, with a focus on women and youth, including through SRHR and MHPSS services.

Location: Burundi - Cibitoke, Kayanza and Ngozi

Duration: 2019 - 31/1/2023

Donor: European Union

Partners: We-World GVC and medica mondiale, Pathfinder International





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

Strengthening MHPSS in Afghanistan

Goal: Improving the mental health and psychosocial wellbeing of the population by addressing gaps in public mental health services within the health system, communities and schools.
Location: Afghanistan - all 34 provinces
Duration: 9/12/2022 - 8/12/2025
Donor: European Commission

Support to Kabul Mental Health Hospital

Goal: Supporting the continuity of essential mental health services through the tertiary Kabul Mental Health Hospital for people living with mental illness.
Location: Afghanistan - Kabul
Duration: 5/12/2022 - 4/5/2023
Donor: UN Organisations WHO
Partner: World Health Organisation

Health sector response to psychosocial support services & increasing access to RMNCAH services

Goal: Supporting the strengthening of national capacities for mainstreaming and expanding access to Mental Health Psychosocial Support (MHPSS) services through Psychosocial Counseling Centers (PSCC) and information via Mobile Health Teams (MHT) and improve Mother and Child Health Centers.
Location: Afghanistan - Farah, Kapisa, Parwan, Laghman, Ghor, Herat, Khost, Nangarhar, Nimroz, Kunar, Kandahar
Duration: 1/1/2023 - 31/12/2023
Donor: UNFPA

Capacity strengthening and scale up MHPSS

Goal: Building capacity for effective delivery of MHPSS programmes, enhance coordination, referrals, and establish a shared framework for monitoring and evaluation across different sectors involved in MHPSS.
Location: Afghanistan
Duration: 20/5/2023 - 19/4/2024
Donor: UNICEF

MHPSS support to returnees, IDPs, refugees, host communities

Goal: Answering humanitarian crises by providing quality MHPSS services for psychosocial wellbeing of IDPs, returnees, refugees and host community through MHPSS technical team in Women Friendly Health Space and through assigned psychosocial counsellors within the health facilities.
Location: Afghanistan - Kabul, Logar, Nangarhar, Kunar, Laghman, Nuristan, Khost and Paktya
Duration: 15/7/2023 - 31/12/2023
Donor: UNHCR

IMPACT research project

Goal: Promoting mental health and physical health in Afghanistan and Pakistan through the establishment of a new research in collaboration with UK and international universities.
Location: Afghanistan
Duration: 1/10/2022 - 30/9/2027
Donor: National Institute for Health and Care Research (NIHR)

Women Advocate for Peace

Goal: Creating an environment whereby women and girls feel safe and enabled to exercise their rights and participate in practices for peacebuilding.
Location: Colombia - Bolívar, La Guajira, Putamayo, Meta
Duration: 2021 - 2025
Donor: Dutch Ministry of Foreign Affairs
Partners: ICCO, CODACOP, LIMPAL, Ruta Pacifica De Las Mujeres

Civil rights defenders / Building self-protection and self-care

Goal: Promoting collective psychosocial accompaniment practices for defenders, and for the consolidation of safe and caring spaces in their living and advocacy contexts.
Location: Colombia - Arauca, Norte de Santander, Amazonas, Putumayo, Guajira
Duration: 2023
Donor: Civil Rights Defenders Sweden

Leaders of Peace

Goal: Building sustainable peace and gender equality in South Sudan through community-based psychosocial services that strengthen the resilience of women, girls and communities affected by conflict.
Location: South Sudan - Terekeka, Juba, Torit, Panyijjar, Yambio, Aweil, Magwi counties
Duration: 2021 - 2025
Donor: Dutch Ministry of Foreign Affairs
Partners: Plan International, PAX, Assistance Mission for Africa, EVE



Read more about our emergency health response programmes on page 32

Support to COVID-19 hospitals

Goal: Reducing mortality and prevalence of COVID-19 through life-saving care at the Afghan Japan COVID-19 Hospital and Nangarhar COVID-19 health facility.
Location: Afghanistan - Kabul and Nangarhar
Duration: Kabul: 14/2/2022 - 13/6/2022; Nangarhar: 13/2/2022 - 13/3/2023
Donor: World Health Organisation

Youth focussed programme

Goal: Strengthening and support the health sector to prevent and adequately respond to sexual and gender-based violence and child marriage. Increase access to mental health services for youth through the implementation of a Youth Health Line.
Location: Afghanistan - Farah, Kapisa, Parwan, Laghman, Ghor, Herat, Khost, Nangarhar, Nimroz, Kunar, Kandahar
Duration: 1/1/2023 - 31/12/2023
Donor: UNFPA

Integrated emergency nutrition services for women and children through Mobile Health and Nutrition Teams (MHNTs)

Goal: Improving access to lifesaving nutrition and health services for women and children living in disaster-affected and hardest-to-reach areas of Khost and Nangarhar provinces.
Location: Afghanistan - Khost and Nangarhar
Duration: 22/5/2022 - 21/3/2023
Donor: UNOCHA

Health emergency response for prevention and management of the ongoing Acute Watery Diarrhea (AWD) / suspected cholera in Khost

Goal: Reducing the occurrence, transmission and morbidity of cholera and AWD in high-risk districts affected by food insecurity, malnutrition and restricted drinking water.
Location: Afghanistan - Khost province
Duration: 8/8/2022 - 31/1/2023
Donor: UNICEF

Provision of essential emergency MHPSS services to the earthquake-affected population in priority districts of Khost

Goal: Providing psychological first aid and mental health support to survivors of the June 2022 earthquake in Khost provinces.
Location: Afghanistan - Khost Province
Duration: 10/10/2022 - 9/3/2023
Donor: UN Organisations

Integrated health services in Spera district, Khost province

Goal: Saving lives and support the health and wellbeing of survivors of the June 2022 earthquake in Khost, establishing temporary fixed health facilities for health, nutrition, MHPSS and trauma care services.
Location: Afghanistan - Spera District, Khost Province
Duration: 25/9/2022 - 24/9/2023
Donor: UNOCHA

MSF support in Khost province

Goal: Reducing morbidity and mortality in the province of Khost through the provision of quality Comprehensive Emergency Maternal Obstetric and Newborn Care.
Location: Afghanistan - Khost Province
Duration: 1/2/2022 - 31/12/2023
Donor: MSF

Emergency winterisation in 4 provinces

Goal: Improving the health and wellbeing of vulnerable people in hard-to-reach regions during winter.
Location: Afghanistan - Khost, Kunar, Laghman and Nangarhar
Duration: 28/11/2022 - 27/5/2023
Donor: UNOCHA

Spotlight programme

Goal: Health sector response and increased access to RMNCAH services - enable people living in Afghanistan to benefit from life-saving humanitarian assistance and to live in safety and dignity. Address basic human needs and increase national capacity to provide SRH services in humanitarian settings.
Location: Afghanistan - Farah, Kapisa, Parwan, Laghman, Ghor, Herat, Khost, Nangarhar, Nimroz, Kunar, Kandahar
Duration: 1/1/2023 - 31/12/2023
Donor: UNFPA

Afghan Japan Hospital support

Goal: Provision of healthcare services through the Afghan Japan COVID-19 Hospital to reduce mortality of COVID-19 patients.
Location: Afghanistan - Kabul
Duration: 1/2/2023 - 31/7/2023
Donor: UN Organisations WHO

National COVID-19 vaccination Campaign

Goal: Mass vaccination campaign to improve protection against COVID-19, reduce sickness and deaths. Integration of vaccination within health facilities, community mobilisation and health education.
Location: South Sudan - Northern Bahr El Ghazal, Warrap and Western Bahr El Ghazal
Duration: 1/10/2022 - 1/3/2023
Donor: Crown Agents/ UNICEF

GF country coordinating mechanism South Sudan

Goal: Supporting country coordination mechanism in South Sudan, such as administration, budget control and reporting.
Location: South Sudan
Duration: 2021 - 2023
Donor: Global Fund

in focus: Burundi

HealthNet TPO as the pioneer of mental health in Burundi

After more than 20 years of dedicated service and commitment to HealthNet TPO and to the people of Burundi, Joseph Nduwumwami, our Country Director, retired in June 2023 from his role. We caught up with him, to learn more about his experiences and the work of the organisation over two decades in Burundi.

Joseph Nduwumwami during the 30th anniversary celebrations of HealthNet TPO in Burundi in October 2022. Below: Joseph stands with his staff from the HealthNet TPO Bujumbura office and partners from the Twiteho Amagara programme.



HealthNet TPO started its operations in Burundi in 2000 and you have been with us (almost) since the beginning. Can you tell us how has HealthNet TPO changed over the decades?

Burundi was in a social crisis and there were many people with illnesses related to trauma. In 2000, when TPO started in Burundi, all the projects were focused on mental health and psychosocial support. Considering the situation, the activities of TPO have helped many people. The programme started in four provinces but by 2004 it had been extended to the whole country. In 2005, following the merger of TPO and HealthNet International, the programme expanded beyond MHPSS to all areas of health covering gender-based violence, health financing, social inclusion, community health strengthening, improvement of quality care and much more.

In your opinion, what is the biggest achievement that HealthNet TPO reached in Burundi as of 2023?

2023 was a crucial year, as there finally was the integration of mental health within basic healthcare. **Now, mental health and psychosocial support is part of the package of health provided by the Ministry of Health.** Healthcare professionals, including nurses, doctors and community health workers, have been trained in identifying, referring and treating mental health and psychosocial problems. Psychotropic drugs, which were not part of the essential list of medicines in Burundi, now are.

What impact have you seen within communities over the last two decades, with the integration of MHPSS within HealthNet TPO's projects?

When TPO first started in Burundi, there were many problems related to mental health and psychosocial disorders and this was

our focus at that time. Since this period, TPO and other organisations have been supporting mental health and psychosocial concerns. HealthNet TPO was instrumental in training other organisations to fulfil in this purpose. The programme included training healthcare professionals and mental healthcare within the health system. At a community level, healthcare workers have been integral to reduce stigma, raise awareness to mental health problems and take action to prevent worsening. We have witnessed more people being seen by health professionals and an understanding that mental health is just as important as physical health. We are happy and proud with what has been achieved in Burundi and HealthNet TPO has helped to achieve this.

What is your favourite moment or memory about your experience with HealthNet TPO?

My favourite moments have been spending quality time with colleagues after work. Every Friday, we would do sports and share a drink with all members of our staff. It was a great moment to see everyone happy. This strengthened the cohesion amongst staff regardless of their role in the organisation.

Can you describe the biggest challenge you faced as Country Director, operating in Burundi?

The biggest challenge we faced is the problem of funding. In Burundi, many international NGOs are in competition, and it is not easy to get funds for vital projects. HealthNet TPO does not have its own funds that can be used temporarily when the situation is not good. The organisation can lose out on opportunities when a donor wants us to contribute own funds to a project. HealthNet TPO has to look towards a long-term vision to be less reliant on institutional donors only.

How do you see a future for HealthNet TPO in the country?

HealthNet TPO has a good record of accomplishments and is well-known in the whole country by the Government and by other international organisations. **HealthNet TPO is known as the pioneer of mental health in Burundi**, and we must keep this activity as a transversal activity in all programmes in Burundi and globally. Of course, it needs to continue the advocacy for mental health, which is ignored by many donors.



Joseph Nduwumwami presents with the Minister of Health during a handover of ambulances in 2021.

TWITEHO AMAGARA

2023 saw the final year of our EU-funded project Twiteho Amagara meaning "Let's Take Care of Our Own Health". The project reached several milestones, ranging from healthcare services to MHPSS and wellbeing for the Burundian population.

A big achievement was improving access to mental health services by integrating mental health services within the public health system.

"Together with the Ministry of Health, we organised an entire training cycle so that all district hospitals have the capacity to diagnose and treat mental illness."

Karine Coudert, Consortium Lead.

2,116

community health workers and healthcare workers were trained on mental health in the three-year project

empowering the community on deconstructing the stigma surrounding mental health issues.

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

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

in focus: Colombia

Self-care as a tool for peacebuilding: a year of impact in Colombia

Women who feel protected and resilient are more able to become active participants for peacebuilding in their communities. As part of the Women Advocate Peace programme, HealthNet TPO supports them with psychosocial support and stronger community networks, fostering empowerment for decision-making in sustainable peace.

3 years of HealthNet TPO in Colombia

HealthNet TPO is unwavering in its commitment to promoting peace and gender equality in Colombia, amidst the challenges posed by political instability and armed conflicts. Since 2021, our dedicated efforts have concentrated on establishing safe spaces and organising self-care meetings to combat stigma, empower women and girls, and employ self-care as a powerful political tool. Within this broader scope, we have particularly focused on engaging with indigenous communities, such as the Kamëntsá Biyá community in Putumayo.

In the year 2023, our endeavors took a significant turn with a series of impactful meetings held with Kamëntsá Biyá women across different age groups. These gatherings serve as essential platforms for reflection and education, enabling community leaders to effectively tackle the challenges they encounter. Simultaneously, HealthNet TPO has extended its reach to other regions, such as Meta, and has forged collaborations with communities like the Innovative Women of the Yucca-Ar in Bolivar.

Engaging with indigenous populations

Our engagement with diverse women goes beyond geographical boundaries, encompassing a variety of projects tailored to understand and address their unique empowerment needs. Through workshops and dialogues, we foster supportive environments that tackle critical issues such as gender-based violence and mental health. Furthermore, our initiatives emphasise the significance of economic autonomy and psychological first aid in the realms of self-care and peacebuilding.

Focus on preserving traditions

The focus on indigenous communities remains at the heart of our initiatives, with ongoing projects dedicated to preserving cultural heritage, cultivating resilience, and fostering empowerment. These efforts underscore HealthNet TPO's commitment to holistic community wellbeing, recognising the interconnected facets of mental health, gender equality, and political participation as integral components in building a thriving society. As we navigate the diverse landscapes of Colombia, our multifaceted projects echo our dedication to creating a future where every woman's voice resonates with the vibrancy of her heritage. •

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The Bëtschnaté Celebrations.

EMPOWERING INDIGENOUS COMMUNITIES: Highlights from our projects

The Bëtschnaté celebrations

The "Bëtschnaté" or "Big Day" is one of the most important celebrations for the Kāmëntsá Biyá people, an indigenous community of the Sibundoy Valley, Putumayo, Colombia. This community, like many others throughout Latin America, is at serious risk of cultural and physical extinction. As part of this celebration in February 2023, HealthNet TPO produced a documentary film showing the women's reflections and perceptions of their role in leadership and healing processes within their community with the intention of creating awareness and visibility on their ancestral practices, as well as the challenges they face in modern Colombia. This documentary was selected for the PampaDocFest in March 2024 in Argentina, spreading the message of resilience and cultural preservation.

Community psychological agents certification

A significant milestone reached in 2023 by HealthNet TPO Colombia has been the direct contribution to the certification of a cohort of women as Community Psychosocial Agents through the University of Nariño's Diploma in Mental Health and GBV-Prevention programme. Additionally, our collaboration extends to the Women Advocate for Peace programme, where women are empowered through vocational training, such as labour technician in auxiliary community service. Providing the community with certifications for their knowledge and expertise in GBV prevention and psychosocial support is crucial to empower them as agents of change.



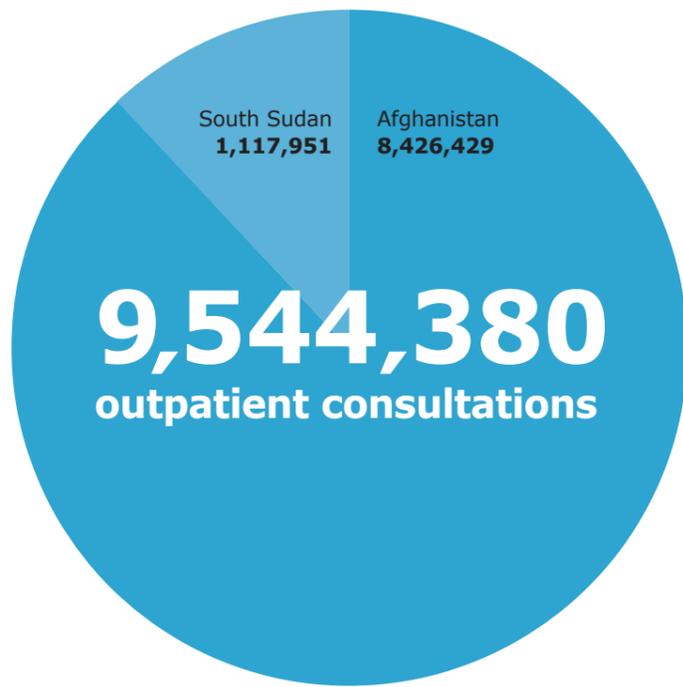
Networking event in Bogotá

One of the 2023 events we are most proud of is the networking event we organised in August 2023 in Bogotá, uniting indigenous women leaders and representatives from diverse organisations. Through panel discussions and screenings, we highlighted the significance of traditional medicine, cultural preservation, and mental health initiatives in promoting overall wellbeing. In our active engagements in forums and dialogues with government officials and civil society organisations, we have persistently stressed the critical importance of integrating a gender and ethnic perspective into health policies. By elevating the voices of marginalised communities and advocating for inclusive measures, we are dedicated to contributing to the development of a healthcare system in Colombia that is both fair and culturally resonant.

our impact:

Healthcare

Our healthcare efforts aim to improve maternal and child health, sexual and reproductive health, treatment of communicable and non-communicable diseases, bolstering local health capacities and infrastructure to promote healthy behaviours, and ensuring access to adequate nutrition. Here, we highlight key accomplishments in our healthcare interventions within Afghanistan, South Sudan, and Burundi.



Despite our continued support to 9 district hospitals in Burundi, with the closure of the Twiteho Amagara project in January 2023, no consultations were carried out within the framework of a HealthNet TPO project in these facilities. However, this does not mean that the health facilities we support are not open and continue to save lives.

174 rehabilitated health facilities

147 in Afghanistan
23 in Burundi
4 in South Sudan

279 supported health facilities

166 health facilities in Afghanistan
160 BPHS health facilities
2 infectious diseases hospital
4 EPHS health facilities

9 in Burundi
9 district hospitals

104 in South Sudan
2 Hospitals
34 PHCCs (primary health care centers)
68 PHCUs (primary health care units)

How do we improve health? By strengthening health facilities

Renovated health facility in Aweil West County

Thanks to the financial support provided by the Health Pooled Fund (HPF), we renovated Amatnyang Primary Healthcare Unit after its roof was destroyed by strong winds in April 2022. This devastation had halted essential services, including maternal and newborn healthcare as well as immunisations. With the assistance of HPF funding, HealthNet TPO was able to restore normal operations, benefiting the 40,000 individuals residing in Amatnyang Payam and the surrounding areas within Aweil West County, in South Sudan.

HealthNet TPO, supported by the Health Pooled Fund, will continue its assistance at the facility until early 2024 and will extend its support to all 29 health facilities in Aweil West and North counties.

“I thank God, HealthNet TPO has renovated the facility and it is now operational, to treat our expectant mothers and children during rainy season, where waterborne diseases are so common and kills many of our children and expectant mothers. This year we are safe.”

Luka Deng, user of the facility.

New emergency obstetric theatre

To improve the alarming mortality rates in Terekeka County, HealthNet TPO with support from the Health Pooled Fund, renovated the operating theatre at Terekeka Primary Health Care Center, equipping and staffing the centre to handle obstetric emergencies.

Creating awareness on the importance of antenatal visits is a priority for HealthNet TPO, whose services are available 24 hours a day.



“I didn’t know if I would have made it without support from the medical team here; my daughter and I are alive because of the medical service we got.”

Cecilia, a mother of 11 from Terekeka.



The opening (above) of the health facility we renovated in Aweil West County, South Sudan.



39% of pregnant women attended all 4 antenatal healthcare visits

Of 57,689 pregnant women who attended the 1st antenatal healthcare (ANC) visit, 39% completed the whole ANC process, getting to the 4th visit (vs 35% in 2022). The small increase is attributed to community awareness on important of completing all the ANC visits.

How do we improve health?

By strengthening maternal and child health

Maternal and child healthcare is a critical issue in many parts of the world, especially in developing countries such as Afghanistan and South Sudan. These two countries face significant challenges in providing adequate healthcare services to women and children, which can lead to high rates of maternal and child mortality. As HealthNet TPO works in both countries, it has been vital in improving access to healthcare services and reducing maternal and child mortality rates. Their efforts have not only helped to save lives but have also contributed to building a stronger healthcare system in these countries.

However, there is still a long way to go to ensure that all women and children in Afghanistan and South Sudan have access to the healthcare services they need to stay healthy and thrive.

Afghanistan

In Afghanistan, the maternal mortality rate is among the highest in the world, with an estimated **638 deaths per 100,000 live births**. Similarly, the child mortality rate is also high, with an estimated **55 deaths per 1,000 live births**. The country has struggled with decades of conflict and political instability, which has had a significant impact on its healthcare system. The latest bans on women preventing them to work for NGOs or in the health sector worsened the problem, as our female colleagues were the only ones allowed to cure and help other women and their children.

We focused on training midwives and providing support for safe deliveries in rural areas, where access to healthcare is limited.

In Afghanistan, HealthNet TPO has focused on training midwives and providing support for safe deliveries in rural areas, where access to healthcare is limited. They have also established community-based health programmes to increase awareness about maternal and child health issues and promote preventative healthcare practices.



Total number of women supported by skilled birth attendants in health facilities:

AFGHANISTAN

71,018

SOUTH SUDAN

13,748

8%

of 1,133 health facility workers trained in South Sudan were midwives

21%

of 1,516 health facility workers trained in Afghanistan were midwives

South Sudan

In South Sudan, maternal and child mortality rates are also alarmingly high, with an estimated **789 deaths per 100,000 live births and 78 child deaths per 1,000 live births**. The country has faced significant challenges in providing healthcare services due to ongoing conflict, lack of infrastructure, and limited access to healthcare facilities. Furthermore, patriarchal norms deny women the opportunity to make decisions about their own sexual health, such as when to become pregnant and the freedom to seek health care without a man accompanying them.

In South Sudan, HealthNet TPO has been working to improve the quality of healthcare services by training healthcare providers and establishing community-based health programmes, like the Boma Health Initiative.

“With the help of the Boma Health Workers my baby was saved from malaria. I didn’t need to travel 20km to the health facilities and it is free of charge.”

Nyadeng, a mother living in the Waralel village in Aweil North, South Sudan.

END OF BOMA HEALTH INITIATIVE

December 2023 saw the end of the Boma Health Initiative (BHI), a project that began as a government initiative in 2017, and was rolled out by HealthNet TPO until 2018 as part of the Health Pooled Fund programme.

Boma Health Workers work within communities, identifying and treating, completely free of charge, common childhood illnesses including malaria and diarrhoea. For mothers who live in remote and hard-to-reach areas, this means they do not have to travel 15-20km to take their sick child for treatment, and do not have to wait until it is too late to seek help.



“This system is so good in contributing to the management of childhood illness and saving lives.”

Boniface Duku, Programme Manager, South Sudan.



Above: Raja - Midwife training
Below: Bikes for Boma Health Workers, aiming to provide bikes to 80 Boma Health Workers to reach sick children in South Sudan.



Spotlight SGBV PREVENTING AND RESPONDING TO SEXUAL AND GENDER-BASED VIOLENCE

Sexual and gender-based violence (SGBV) is a tragic reality in conflict zones, especially affecting women and girls. Our efforts involve supporting survivors, raising awareness, and training health staff.

Globally, we have trained 116 health workers on managing SGBV cases and established 23 safe spaces for women and girls. We have treated and supported 17,784 SGBV cases, providing them with the proper care and support.

Raising awareness is also key to preventing SGBV. We have trained 913 local agents of change and provided direct support to 6,072 survivors through counselling and referrals.

Breaking the stigma surrounding SGBV is essential for all survivors to receive proper care and support.

Empowering women in healthcare leadership is vital for SGBV survivors' rights. All supported health facilities in South Sudan have female chairs/co-chairs. Go to page 36-37, *(All) of our People*, and read the interview of Florence Eimani and Yunis Karmelio and see how they are leading through change!

How do we improve health?

57,089
children under 5
treated for severe
acute malnutrition

35,427

Afghanistan

9,500

Burundi

12,162

South Sudan

Through nutrition initiatives

Nutrition is a critical aspect of public health that plays a vital role in the overall wellbeing and development of individuals, particularly in countries facing economic challenges and political instability. On top of these issues, climate change also poses significant challenges to agriculture and nutrition in poor countries, exacerbating the already dire situation for small-scale farmers in countries like Afghanistan and Burundi, who face mounting difficulties in sustaining agricultural production.

But why is nutrition a pillar of HealthNet TPO's work, and how does it impact maternal and child health in the country where we work?

HealthNet TPO adopts a holistic approach to tackle malnutrition in Afghanistan, Burundi, and South Sudan. By addressing immediate nutritional needs and implementing long-term solutions, they enhance the health and wellbeing of vulnerable populations.

A mother feeding her child under the Twiteho Amagara programme in Burundi.

Afghanistan

According to data from the Human Response Plan, as of 2023, over 17 million Afghans suffer from food insecurity, with an estimated 4 million children under five and pregnant or lactating women facing acute malnutrition (2022 National Nutrition Survey). Unfortunately, child malnutrition cases in Afghanistan have surged by nearly 50% in the past year, exacerbated by a crumbling economy, rising unemployment, poverty, and soaring food prices.

Throughout the country, HealthNet TPO raises awareness about balanced nutrition, breastfeeding, weaning practices, micronutrients and healthy eating habits. We especially focus on rural areas where healthcare access and information are limited. By advocating for good nutrition, we lay the foundation for a healthier society.



“In the province of Laghman, community health workers and nutrition counsellors empower mothers to better care for their children and families.”

In Afghanistan, initiatives like providing nutritional support for pregnant and lactating women, promoting exclusive breastfeeding, and collaborating with local healthcare providers are key.

Burundi

Similarly, in Burundi, according to the World Food Programme, approximately 57.6% of children under the age of five are affected by stunting. Additionally, acute malnutrition affected around 5.6% of children in the same age group, making it a pressing concern for the country. Factors such as food insecurity, limited access to clean water, and inadequate healthcare infrastructure contribute to the high prevalence of malnutrition in Burundi.

In Burundi, HealthNet TPO focuses on providing therapeutic feeding to malnourished children, educating caregivers, and establishing community-based surveillance systems. For instance, in the Twiteho Amagara project, 9,500 children were treated for moderate chronic malnutrition, and a consortium led by HealthNet TPO trained 104 community health workers and 22 Mamans Lumières in nutrition and child health monitoring.

By training health facility workers

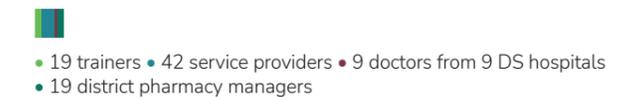
To bridge the gap in care, in countries where people cannot access health services, HealthNet TPO focuses on training health workers and community-based health workers. These health workers are the first point of contact for communities and play a critical role in promoting healthy behaviours. Reaching those most in need is possible with the aid of mobile clinics.

In 2023 we supported and trained 2,866 health facility workers:

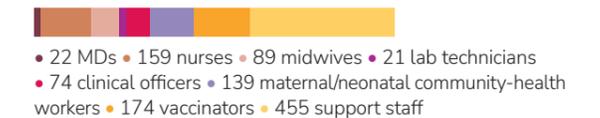
Afghanistan: 1,644



Burundi: 89



South Sudan: 1,133



The Mobile Surgical Team saving lives in South Sudan

To ensure timely medical care and prevent loss of life in remote and hard-to-reach parts of Raja county in South Sudan, HealthNet TPO started employing Mobile Surgical Teams. Conceived by Dr. Otien Ownar, this initiative sends out teams to remote areas within Raja County. These teams perform emergency and life-saving surgeries, addressing critical medical needs in challenging environments. This innovative approach directly addresses the urgent demand for timely and quality medical intervention in complex situations, which, for our team, embodies the core of medical professionalism.

Dr. Diana David, the Medical Director of Raja County Hospital, collaborates closely with HealthNet TPO staff and has commended the mobile surgical team as “an essential move” to intervene in worst-case scenarios.

“We used torches and candles for lighting during surgical operations to save lives.”

The mobile surgical team that carries out life-saving operations in remote and hard-to-reach areas in South Sudan.

Dr. Charles Okidi, South Sudan Country Director, stated that the initiative is not only lifesaving but also cost-effective in terms of fuel and time. “The organisation is in full support of this initiative and looks forward to expanding it in its other areas of operation.”

How do we improve health?

2,002,329

people were successfully treated by us for diarrhoea

Afghanistan: 705,909
South Sudan: 931,543

54,616

individuals at the community level were referred to health or other services, out of which

7,847

were identified as tuberculosis suspected cases

14,380

people were successfully treated by us for tuberculosis

Afghanistan: 14,232
South Sudan: 148

By preventing & treating common diseases

Diseases like malaria, tuberculosis, and diarrhoea remain significant challenges, particularly in less developed nations like Afghanistan and South Sudan, where access to quality healthcare services is limited.

The impact on public health

These diseases not only spread rapidly in such countries but also claim millions of lives worldwide annually, with elderly, women and children being particularly vulnerable.

Through our programmes and dedicated team of healthcare professionals and laboratory technicians, we work to combat and mitigate the spread of communicable diseases while supporting individuals throughout their journey to recovery. Our efforts focus on strengthening healthcare infrastructure, which includes enhancing community health centres and mobile clinics. Furthermore, we aim to prevent the spread of communicable diseases through awareness initiatives, ensuring timely diagnosis, and implementing effective treatment protocols.

Moreover, we recognise the importance of addressing the psychological impact of these diseases and fostering community engagement. By doing so, we aim to improve the detection of the diseases and reduce the stigma associated with it, thereby enhancing overall efforts in disease control and prevention.

Tuberculosis

Amidst the COVID-19 pandemic impact and limited medical resources, the fight against tuberculosis in Afghanistan has encountered obstacles, hindering the goal of reducing TB-related deaths by 75% by 2025. However, HealthNet TPO, with the support of UNDP, continues in its efforts to reduce the prevalence of TB in Afghanistan, working towards the goal of creating a TB-free nation. Despite Afghanistan's annual TB incidence remaining at approximately 74,000 cases, our projects have made a significant impact. In 2023, we ensured timely prevention and treatment for nearly 20% of all reported TB cases in Afghanistan.



“My dream for the future? That HNTD will eradicate this disease and that the nation will soon be tuberculosis-free.”

Abdul Nasir, lab technician performing microscopic examination for tuberculosis, Herat province, Afghanistan.

Malaria

With nearly half a million cases annually, malaria remains a significant public health concern in Afghanistan, particularly in the eastern and southern provinces. Adding to this, limited access to effective treatment and preventive measures, along with environmental factors such as stagnant water and poor sanitation, further exacerbate the challenge. HealthNet TPO, operating through the Malaria Control Programme, implemented in high-risk provinces since April 2019, aims to enhance and expand diagnosis, treatment, and prevention efforts, including the distribution of long-lasting insecticidal bed nets (LLINs) and antimalarial drugs.



KHADĪJA STORY OF CHANGE:

Khadīja, a mother of three living in Laghman province, became aware of malaria through one of HealthNet TPO's mass campaigns. When her child fell ill, she promptly sought medical assistance at the hospital, where he was diagnosed and treated with anti-malaria drugs, leading to recovery within three days. Thanks to the health education received, Khadīja learned about obtaining free anti-malaria drugs from the clinic and the proper use of LLINs, as well as nets for windows and doors. Now, with her child healthy and equipped with knowledge, Khadīja feels more confident in caring for her family, while holding onto hope for a malaria-free Afghanistan for all.

Our mobile surgical team in South Sudan provides a temporary but effective and cost saving solution to otherwise dramatic situations.



In Afghanistan

51,588

people were successfully treated by us for malaria

313,289

people were successfully treated by us for pneumonia

spotlight: youth education

Empowering youth: navigating challenges for a brighter future

We believe in the transformative power of youth in shaping our collective future. In countries like Colombia, Afghanistan, and South Sudan, where youth represent a significant majority, their involvement is essential for fostering sustainable change, particularly in fragile and post-conflict settings.

Primary and secondary school students in South Sudan after participating in the Champions of Change programme, in collaboration with PLAN International.



Youth represents the lens through which we must envision the future. With projections indicating that half of the world's population is under the age of 30, rising to 57% by 2030, and even higher in countries like Burundi (60%), Afghanistan (63%), and South Sudan (74%), it's clear that the involvement of youth is crucial for building a healthier, more peaceful, and prosperous tomorrow. Despite increasing attention, numerous obstacles persist, including limited access to quality education, unequal opportunities, and discrimination based on gender, ethnicity, or socioeconomic status. These barriers must be dismantled to unlock the full potential of our youth.

Empowering youth through health awareness

We actively engage young people in health awareness-raising initiatives, such as establishing youth corners within health facilities and deploying community-based youth educators. By equipping young individuals with the knowledge, skills, and resources to make informed decisions about their health, we empower them to promote healthy behaviors among their peers.

Champions of Change in South Sudan

In South Sudan, we collaborate with PLAN International to empower youth as change agents within their communities. Through comprehensive programmes, we enhance their understanding and proficiency in critical areas such as sexual and reproductive health rights, mental health awareness, positive coping mechanisms, and gender equality. Equipped with these essential skills, primary and secondary school students are empowered to instigate positive transformations in their lives, families, and communities. In 2023, we proudly supported the development of 80 young individuals, both boys and girls, as Champions of Change in Terekeka, South Sudan.

Afghanistan's Youth Health Line

The Youth Health Line (YHL), established in Kabul in 2012 with support from the UNFPA, serves as a vital resource for Afghan adolescents and young people, offering free and confidential counselling on various health concerns. In 2023, **over 144,000 individuals received services from YHL**, facilitated by 16 professional male and female counsellors in two shifts, ensuring privacy and confidentiality.

PALWASHA'S EXPERIENCE:

A mother of six at 28, Palwasha* sought guidance from the YHL on family planning. Amidst financial strains, she made the decision to not have more children. Through YHL, Palwasha explored various contraception options, having an open discussion with her husband to determine the most suitable choice for them both.

* Palwasha is not her real name.



INDIGENOUS RADIO IN COLOMBIA

Radio programmes play a crucial role in strengthening awareness among listeners and the community regarding issues such as mental health and gender-based violence. We have collaborated with local residents to enhance 'Waishanyá,' the indigenous and community radio station in Sibundoy, Putumayo, amplifying the voices of young indigenous women. Furthermore, through additional workshops, we empower youth to utilise radio for peacebuilding, political participation, and effective communication.



“Thanks to the radio, I can contribute to strengthening and reinforcing our mother tongue, so that young people are neither afraid nor ashamed to speak Kamëntsá.”

Erika Jacanamejoy is a 25-year-old indigenous woman who hosts a radio show in the Kamëntsá Biyá traditional language.

our impact:

MHPSS (Mental Health and Psychosocial Support)

HealthNet TPO has been dedicated to delivering quality MHPSS services in conflict-affected countries for over three decades. Through implementing specific measures and developing local capacities, our goal is to safeguard and enhance psychosocial wellness while addressing and mitigating mental health disorders.

What is mental health?

According to the World Health Organisation (WHO), mental health encompasses a state of wellbeing where individuals can realise their full potential, effectively navigate life's challenges, engage in productive work, and make meaningful contributions to their communities. **Mental health is not just about the absence of mental disorders; rather, it reflects an individual's capacity to thrive within their surroundings.**

What is psychosocial support?

The term **psychosocial** encompasses the interplay between our psychological experiences (thoughts, emotions, and behaviours) and our social experiences (relationships, family, community, and culture), emphasising the dynamic relationship between the two.

So, what is MHPSS?

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

MHPSS refers to measures that aim to protect or promote psychosocial wellbeing and prevent or treat mental health conditions.

MHPSS training

In 2023 we trained 291 facility-based healthcare workers on mental health:

Afghanistan: 168

- 122 psychosocial counsellors (62 female and 60 male) received one month class based upgrading training across the country.
- 30 medical doctors (14 female and 16 male) trained on mhGAP for 6-days through EU funded project.
- 16 technical staff trained on MHPSS from Kabul mental health hospital staff.

South Sudan: 123

- health care workers trained both under the MSP and HPF project.

Psychosocial Focal Points

At the community level, we train selected individuals as PFPs to identify mental health issues and offer counselling, with a focus on supporting women and girl survivors of sexual and gender-based violence (SGBV). PFPs play a crucial role in assessing community needs, developing referral systems, and raising awareness of mental health, self-care, available MHPSS services, legal protections, and SGBV support services. They provide psychosocial support to survivors of SGBV and those with mental health concerns, while also conducting outreach activities through women and youth groups, schools, and community programmes to promote mental health awareness and healthy living practices.



“The training prepared me with just the right knowledge to return to my community and create awareness on women's and girls' rights. I want them to notice all the bad practices they have normalised.”

Modong Ronah, 25, Psychosocial Focal Point in Nimule Payam, Magwi County, South Sudan.

Born in Eastern Equatoria, South Sudan, Modong Ronah swiftly recognised the persistent challenges faced by girls in her community. Determined to alleviate these struggles for future generations, she embraced the belief that when society denies you your rights, you must fight for them. Upon discovering the opportunity to become a psychosocial focal point through HealthNet TPO, Modong realised her potential to effect tangible change within her community.

1,396

people with mental health problems were identified at community level and referred to specialised services

Afghanistan 488
South Sudan 908

69,992

people received mental health and psychosocial services (including self-care)

Afghanistan 51,839
Colombia 90
South Sudan 18,063



How do we improve MHPSS in Afghanistan?

349
health workers, community health workers, and local agents were trained on MHPSS in Afghanistan

144
health facilities in Afghanistan have staff trained on MHPSS



Mental Health Day celebrations in Afghanistan.

By incorporating mental health into the healthcare system

Training staff

Our objective is to incorporate mental health into the healthcare system. To achieve this, we focus on training various medical professionals such as doctors, nurses, and midwives in fundamental mental health principles. This training equips them with the skills to identify, address, and appropriately refer mental health and psychosocial concerns within public health facilities. HealthNet TPO offers training to clinical staff using the WHO-approved mental health Gap Action Programme (mhGAP) curriculum.

Stigma surrounding MHPSS-related illnesses

In Afghanistan, the prevalence of mental health disorders is alarmingly high, with the enduring impact of conflict, poverty, and personal losses exacerbating the situation, leading to significant psychological and social stress within entire communities. The experiences and responses to loss, pain, and violence vary greatly and can increase vulnerability to developing mental health problems. Unfortunately, stigma surrounding mental health often discourages people from seeking treatment, compounded by limited availability of mental health services, creating barriers to access care for those in need. Furthermore, within the public health system, the lack of mental health knowledge among staff hinders effective detection and treatment of mental illness.

Our efforts

Since 2015, HealthNet TPO, with support from the EU, has been actively working to address these challenges. Our efforts focus on increasing the availability and quality of MHPSS services within public health facilities, as well as improving access to and quality of services at the community level and in schools.



Strengthening MHPSS Services in Afghanistan, with the EU (2022- 2025)

Through this EU-funded programme, HealthNet TPO aims to bridge the gaps in mental healthcare services within Afghanistan's public health system. Specifically, the objective is to provide short-term training courses to 400 medical doctors from Community Health Centers to equip them with essential mental health skills. Additionally, the programme will train 12 psychiatrists in Regional Hospitals in mental health Gap Action Programme (mhGAP) and Child Psychiatry to offer specialised services to children referred by the School Mental Health Programme. Furthermore, HealthNet TPO will introduce mental health services within schools for the first time, with the aim to enhance mental wellbeing of children, ultimately improving their educational achievement.

Mental health services within schools will enhance mental wellbeing of children, improving their educational achievement.

By acknowledging the importance of self-care

What is self-care?

Traditionally, self-care has been viewed as an individual practice focused on self-control and self-management. However, it is equally influenced by power dynamics, communication structures, decision-making, and conflict resolution within communities, groups, and organisations. Thus, HealthNet TPO recognises that self-care practices are shaped not only by individual routines but also by collective behaviours, emphasising the significance of mindfulness and emotional regulation in navigating emotional overload.

Self-care practices are shaped by individual routines and collective behaviours, emphasising the significance of mindfulness and emotional regulation in navigating emotional overload.

The importance of self-care for mental health

Prioritising self-care plays a pivotal role in effectively managing stress and anxiety, thus reducing the risk of burnout and other mental illnesses. It is not only essential for our physical wellbeing but also to address our emotional and psychological needs. However, numerous obstacles can hinder the adoption of healthy self-care practices, especially in conflict-affected regions where self-care is frequently stigmatised. Internalised shame surrounding mental health conditions often hinders individuals from openly embracing self-care practices that could significantly benefit their overall well-being. In response to this, HealthNet TPO is actively incorporating self-care as a key element in our projects, seeking optimal ways to integrate it to positively impact the lives of beneficiaries and HealthNet TPO colleagues in the future.

Incorporating self-care into programmes

Self-care is essential for aid workers who support survivors of trauma, violence, and abuse. It plays a pivotal role in maintaining their ability to provide effective services, uphold human rights, and foster peaceful relationships within communities. Given the demanding nature of their work environment, self-care must be seamlessly integrated into all health and humanitarian projects undertaken by HealthNet TPO. This proactive approach to self-care aims to enhance both physical and mental wellbeing among humanitarian workers, incorporating psychosocial therapies, appropriate medication usage, and lifestyle adjustments that promote health. By prioritising self-care, aid workers can effectively manage stress, prevent burnout, and sustain high levels of energy, thereby enhancing the success and sustainability of numerous projects while safeguarding the overall wellbeing of individuals involved.

51,839
people in Afghanistan received MHPSS services, including self-care



STORY FROM AFGHANISTAN

Abdul Shakoor, the Programme Director of HealthNet TPO in Eastern Afghanistan, is intimately familiar with the pervasive stigma surrounding self-care in his native country. Despite this, he acknowledges the crucial role self-care plays in effectively managing stress and anxiety. Even with his demanding work schedule, he prioritises integrating self-care practices into his life. Furthermore, he extends this understanding to all HealthNet TPO staff members by advocating for self-care during training sessions, emphasising its profound potential to enhance their overall wellbeing and productivity.

“Even simple practices like enjoying a healthy meal, engaging in exercise, going for a walk, having a cup of tea or taking a bath can significantly improve one’s mood and wellbeing.”

Abdul Shakoor, HealthNet TPO Programme Director.

How do we improve MHPSS in Colombia and South Sudan?



A Psychosocial Focal Point talking at a meeting under the Leaders of Peace programme.

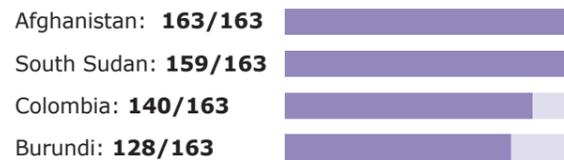
270
SGBV cases were treated and supported at our health facilities in South Sudan

All of our **105** health facilities in South Sudan have staff trained on SGBV management, including counselling

By investing in women, peace and security

Recognising the disproportionate impact of conflict and violence on women and girls, we prioritise their pivotal role in fostering peace. Our initiatives in Colombia and South Sudan are dedicated to cultivating an enabling environment where women and girls can flourish. We achieve this by empowering women's groups and community leaders, enabling them to provide vital support to those most in need and drive positive transformations within their communities.

Global Peace Index Ranking (2023)



Leaders of Peace in South Sudan (2021-2025)

Background: In South Sudan, women and girls face significant barriers to participating effectively in efforts to build lasting peace. Widespread insecurity, entrenched gender stereotypes, and limited economic opportunities hinder their ability to contribute meaningfully. The persistence of conflict, compounded by pervasive trauma, economic hardships, and widespread alcohol abuse, has deeply impacted societal dynamics, particularly affecting the treatment of women and girls. Sexual and gender-based violence looms large as one of the gravest threats to their safety and wellbeing, with a staggering 65% having endured physical and/or sexual violence, a majority of whom are under 18 years old.

Programme: In partnership with UNICEF, HealthNet TPO is dedicated to highlighting the positive impact of women and girls on sustainable peace in South Sudan. Our programme aims to establish resilient community-based psychosocial services, focusing on enhancing the resilience of women, girls, and affected communities. Specific objectives include: enhancing the implementation of policies and regulations on gender-based violence (GBV) and women's protection, fostering attitudinal change within civil society to promote gender equality and inclusion, and facilitating increased and meaningful participation of women and girls in leadership, decision-making, and peacebuilding initiatives.

"After training to become a psychosocial focal point, I now support young girls in secondary school to voice their concerns. In my community, there are not enough female teachers who could listen to the young adolescent girls and the challenges they go through."

Alice, an Agent of Change and Psychosocial Focal Point in Nimule, South Sudan.

"We cannot talk about women's participation in decision making when they are emotionally, physically, sexually and economically violated, and without mental health we cannot address women's issues."

Boniface Duku, Programme Manager.

Women Advocate Peace in Colombia (2021-2025)

Background: Despite the 2016 Peace Agreement in Colombia, violence and conflict persist in many regions, causing widespread psychosocial and mental health distress among individuals, families, and communities. Women and girls are particularly vulnerable to instability and the pervasive threat of sexual and gender-based violence, further exacerbated by the COVID-19 pandemic and lockdown measures. Speaking out against armed groups puts women at risk of health and safety threats, including increased incidents of sexual violence. Since 2016, HealthNet TPO has been dedicated to establishing a safe environment in Colombia where women and girls can assert their rights and feel secure.

Programme: With support from the Dutch Ministry of Foreign Affairs, our project aligns with the Dutch National Action Plan for implementing UNSCR 1325 on Women, Peace, and Security. Our aim is to foster a protective environment where women and girls of diverse backgrounds can exercise their rights, access psychosocial care, and engage in peacebuilding processes. We achieve this by: strengthening community-based psychosocial support mechanisms, including safe spaces for women and girls, building capacities in community agents and institutional actors to address mental health issues, supporting women's organisations, caregivers, and community leaders in self-care strategies and establishing an advocacy fund for women's groups.

"If we have a sick mind, we will not contribute to the peacebuilding process. Conflict affects the peace of mind, and the collective impact of the armed conflict on mental health is particular and deeply painful."

Woman intervention in a focus group, empirical study conducted in Colombia.

"We fight for women's rights, for justice and to give other women the courage to escape abusive relationships."

Sonia, a participant of the project.

110
health workers, community health workers, and local agents were trained on MHPSS in Colombia

90
women in Colombia received MHPSS services, including self-care



Women participating in one of our workshops in Colombia.



spotlight: insights from the field

Tackling psychosocial wellbeing, peacebuilding and gender-based violence

Step into the worlds of South Sudan and Colombia through the eyes of community leaders Harriet Awate and Loly Juajibioy. In this interview, they reveal the challenges they face in safeguarding women and girls, shedding light on the vital role of MHPSS and peacebuilding efforts in these regions.



Harriet Awate is a South Sudanese woman trained by HealthNet TPO as a Psychosocial Focal Point (PFP). She is an entrepreneur, writer, MHPSS advocate, trauma healer and a case worker. Harriet is passionate about education, health and mental health access for minority and under-represented communities.



Loly Juajibioy belongs to the Kamëntsá Biyá community and lives in the Sibundoy Valley, Putumayo, Colombia. Loly is a sociologist, legal representative of the Jajañ Corporation and has extensive experience as social leader in the work for human rights, GBV and indigenous and rural communities.

Which conditions are needed to live in an environment conducive to peace and wellbeing?

Harriet, South Sudan: To promote peace and wellbeing in the community, we engage with women and youth to discuss these concepts in their own language and foster a deep understanding. We established safe spaces for women and girls to share experiences and access information and support to improve their mental wellbeing through stress management, self-care practices and positive coping skills, like exercise and socialisation. Additionally, we support community activities that contribute to trust-building and peace, including sports, recreation, income-generating initiatives, traditional cultural competitions, and religious events.

Loly, Colombia: The conditions for peace and wellbeing we need in the Kamëntsá Biyá community are rooted in our deep respect for and preservation of cultural heritage and our ongoing efforts to address the impacts of historical violence. Central to this is our commitment to gender equality and community organising, a tradition that dates back to our resistance against colonisation, evangelisation, and dispossession of our land and culture. Programmes like “Women Who Advocate for Peace” further support our objectives by bringing Kamëntsá women and girls together to address psychosocial issues, emphasising mental health and social problem-solving as critical components of peace and wellbeing in the community.

What are the impacts of gender-based violence (GBV) in your community and the challenges it poses to peacebuilding and peacekeeping?

Harriet: Women and girls who suffer violence experience profound adverse effects, from depression to physical harm and the risk of disease transmission, especially in cases of rape. GBV hinders their participation in community development, making them more vulnerable, and it has ripple effects on children who too often become victims. It generates further violence within the community, complicating efforts for resolution and management.

Loly: The impacts of GBV are felt throughout our community. They are exacerbated by patriarchy, which perpetuates the oppression of women and often results in various forms of violence, amplified by alcoholism, which have become normalised in the daily lives of Kamëntsá people, significantly undermining peace, and wellbeing.

What strategies could contribute to effectively combat and respond to GBV, with the participation of boys and men?

Harriet: To effectively combat gender-based violence (GBV), it's crucial to address harmful norms through legal frameworks and engage male champions in communities for change. Raising awareness about GBV and promoting community accountability are vital steps, alongside empowering women through livelihood programmes. Implementing affirmative actions like ensuring girls' education and providing boys with training further advances toward a more equitable society.

Loly: Promoting dialogue and knowledge exchange between men and women is essential, fostering understanding and collaboration in combating GBV. Implementing psychosocial support and training programmes, grounded in diverse approaches, provides comprehensive assistance. Empowering women to express opinions and resolve conflicts, while

enhancing their GBV prevention skills, is pivotal. Integrating Kamëntsá men into GBV efforts supports peacebuilding and enhances community wellbeing.

What recommendations would you like to give to organisations that want to set up projects to promote MHPSS and peacebuilding?

Harriet: For organisations setting up projects to promote Mental Health and Psychosocial Support (MHPSS) and peacebuilding, key recommendations include prioritising community participation throughout the project's lifecycle, collaborating closely with existing community structures, embracing an integrated approach addressing both MHPSS and GBV issues, aligning project activities with government and national plans for sustainability, and conducting thorough surveys and assessments to inform evidence-based planning and development. These steps ensure effectiveness, relevance, and impact in addressing community needs.

Loly: To effectively promote mental health, psychosocial wellbeing, and peacebuilding within the Kamëntsá community, it is recommended to collaborate with indigenous-led initiatives like the Jajañ Corporation, ensuring alignment with community needs and cultural context. Additionally, empower local communities, particularly women and girls, to engage in decision-making processes and community gatherings, ensuring their voices are heard and concerns addressed. Cultural sensitivity is crucial, acknowledging the significance of preserving and understanding the Kamëntsá culture. Employ interdisciplinary approaches, drawing on intercultural knowledge, to address complex issues such as alcoholism and gender-based violence (GBV). Furthermore, implement capacity-building programmes and utilise audio-visual materials to document community history and experiences. Finally, commit to long-term engagement to achieve lasting positive impacts on mental health, psychosocial wellbeing, and peacebuilding within the Kamëntsá community. •



Women participating in a workshop to address SGBV in Colombia.

our impact:

Emergency health response

During 2023, ongoing humanitarian crises in our field and neighbouring countries forced emergency health responses from our staff. Among them, in South Sudan, our teams provided vital assistance to refugees and returnees fleeing the war in Sudan while, in Afghanistan, they supported those affected by the October earthquake in Herat.



Sudan conflict: Supporting refugees, returnees and IDPs in South Sudan

The ongoing conflict in Sudan has sparked a humanitarian crisis of immense proportions marked by political unrest and violence. As of January 2024, more than half a million have fled the war in Sudan to South Sudan, meaning that more than one third of all refugees and returnees from Sudan have been forced to flee to find protection in one of the poorest places on earth. HealthNet TPO is supporting the thousands of people entering South Sudan with vital health and mental health services.

More than half a million have fled the war in Sudan to South Sudan, looking for protection in one of the poorest places on earth.

Emergency healthcare and MHPSS support

Operating in key health facilities, such as Wedweil primary healthcare unit and Gok Machar primary healthcare centre, HealthNet TPO delivers vital healthcare services, including trauma care, disease treatment, and mental health counseling. These facilities cater to individuals crossing the border from Sudan, with Wedweil serving as a temporary settlement for those awaiting transfer to refugee camps.



“The primary healthcare unit is currently seeing more than 200 patients a day, a **fourfold increase** from the previous caseload of less than 50 patients a day.”

Julius Opio, HealthNet TPO Programme Manager.



New refugees transit site is being constructed to support the large influx of refugees, returnees and asylum seekers.

Vaccinations, nutrition and SGBV programmes

In addition to healthcare, HealthNet TPOs county mobile vaccination teams administer emergency Expanded Programme on Immunisation and COVAX vaccinations to vulnerable populations, safeguarding them from infectious diseases like COVID-19.

Moreover, HealthNet TPO actively engages in risk communication initiatives to prevent diseases, promote hygiene and sanitation, provide nutrition education, and combat sexual and gender-based violence (SGBV). Leveraging a network of Boma Health Workers and health facility staff, we disseminate crucial information to empower individuals and protect communities.

Julius Opio, HealthNet TPO Programme Manager, explains: “The health situation of returnees and refugees in Wedweil transit site is so dire. The number of people here increases daily as more people keep coming from Sudan. The Shelter and WASH situation among returnees and refugees is very worrying and is leading to high levels of morbidity. It is putting a lot of pressure on the existing, and already overstretched, healthcare system in Aweil West and Aweil North. At the transit site, there is only one primary healthcare unit supported by HealthNet TPO which is currently seeing more than 200 patients a day, a fourfold increase from the previous caseload of less than 50 patients a day. With more people arriving daily, there is need for more and urgent funding to strengthen the response and provide the overarching and lifesaving needs of these population.”

How we respond to emergencies:

In the first two days after the earthquake...

122

individuals were supported by two mobile health teams providing emergency health services and mental health support

150

women and girls affected by the earthquake received psychological first aid at Babji School area

Afghanistan Earthquake Emergency Response

On October 7th, 2023, a devastating series of earthquakes struck Afghanistan's eastern province of Herat, resulting in tragic consequences. The initial earthquake, measuring 6.3 magnitude and occurring 40km from the city of Herat at 11am on Saturday 7th October, was followed by a series of aftershocks, some of which were equally powerful. More than 1,500 individuals lost their lives, while over 2,000 sustained injuries. Entire villages, including more than 21,500 homes, were devastated. Over 154,000 people were directly impacted, grappling with the shock of the events and enduring trauma from the loss of homes and loved ones.

In response to this crisis, HealthNet TPO quickly mobilised its mobile health team and psychological counsellors across the affected region to deliver critical emergency healthcare and psychological first aid to those impacted. Collaborating with other humanitarian organisations in the area, they worked diligently to provide emergency shelter, nutrition, WASH (Water, Sanitation, and Hygiene), and protection services. Their primary mission was to provide support to those affected, **offering psychological first aid and psychosocial counselling to over 440 individuals.** Through this intervention, we aimed to help people cope with the traumatic event and begin the process of healing and rebuilding their lives. HealthNet TPO continued distributing dignity kits, tarpaulins, and blankets to families through mobile health teams and psychosocial counsellors.



Climate crisis in South Sudan

According to UNOCHA, one-third of the countries most at risk from climate change are located in Eastern and Southern Africa. The climate crisis worsens problems for affected communities, especially impacting the elderly, women, children and those with disabilities.

In recent years, South Sudan has felt the harsh effects of climate change, with flooding, droughts, and rising temperatures leaving a lasting impact. This, coupled with ongoing violence between communities, has led to many being displaced, loss of life, and damage to property and livelihoods. Shockingly, around 8 million people urgently need food assistance, with over one-third of the country's counties facing severe food shortages.

As communities struggle to cope with the devastation caused by climate change events, many find themselves grappling with anxiety, depression and post-traumatic stress disorder.

Our efforts in South Sudan, including mobile clinics funded by the HPF emergency fund, have provided essential health and nutrition support. These initiatives have targeted areas specifically affected by displacement due to climate-related disasters. Additionally, we are offering psychosocial support to those grappling with the mental toll of these crises.



"Every day we see how climate change disrupts lives through rising temperatures and erratic rains, escalating food insecurity, displacing families, and intensifying the health and social challenges our projects address in South Sudan."

Dr Charles Okidi, Country Director South Sudan.

Humanitarian refugees crisis in Burundi

In 2023, as reported by UNOCHA humanitarian dashboard, the humanitarian situation in Burundi was dire, with 1.5 million people requiring humanitarian assistance due to various crises, including displacement, food insecurity, and natural disasters. To address these needs, humanitarian partners devised a response plan targeting 1.1 million vulnerable individuals, encompassing internally displaced persons, returnees, and other affected populations. However, an IPC analysis in July revealed that 19% of the population faced acute food insecurity, prompting a revision of the plan to include an additional 500,000 people in need of emergency aid.

In line with these needs, HealthNet TPO has been selected by UNHCR, the UN Refugee Agency, for a partnership of 4 years to improve the conditions of health and nutritional needs in the refugees' camps and transit centers in Burundi starting in 2024. This partnership allows continuing operations in Burundi and use the experience we have gained in over 20 years of work in the country to support the population and work on structural development.

This partnership allows us to use the experience we have gained in over 20 years to improve MHPSS in humanitarian crisis situations.

People in need of humanitarian assistance (% of total population)

South Sudan: 9,000,000 =

82%

Afghanistan: 28,300,000 =

67%

Colombia: 8,300,000 =

16%

Burundi: 1,500,000 =

11%

Since our establishment in 1992, we have operated in over 45 countries. Today, HealthNet TPO operates in Afghanistan, South Sudan, Burundi, and Colombia, focusing on regions where our experience and expertise can have the greatest impact. In 2023, we implemented integrated programmes in healthcare, wellbeing, MHPSS, protection, and resilience across these countries, employing over 3,600 local staff. Additionally, we collaborate with various organisations, pooling expertise and resources to achieve shared objectives.

3,600
total staff



66/34
m/f ratio %

(All of) Our People

To perform our work and keep our organisation running smoothly, HealthNet TPO recognises that achieving gender equality across all levels is a key objective. In our new 2024-2028 organisational strategy, we will focus on ensuring women have equal representation in leadership roles, especially considering the increasing challenges they face globally. Equal representation serves as an incredible tool for women's empowerment within HealthNet TPO and contributes to breaking down patriarchal structures starting in healthcare.

Reflection on gender equality

The topic of women's rights is globally crucial, given the persistent gender inequality in education, employment, politics, and healthcare, which hinder human, societal and economic progress. Despite progress, global gender equality targets remain out of reach by 2030. It is vital to understand that gender inequality affects everyone, not just women. Recognising this is crucial for the wellbeing of all individuals, communities, and nations. At HealthNet TPO, women are central to our mission, contributing to programmes development and essential care provision.

Breaking the Glass Ceiling Advancing Gender Equality in South Sudan through the Healthcare Sector

Gender inequalities persist in South Sudan due to embedded patriarchal culture and sexist norms. Despite some progress outlined by the Sustainable Development Goals, global efforts toward gender equality are falling short. Traditional norms often marginalise women, excluding them from decision-making roles and prestigious job positions.

HealthNet TPO's initiatives, supported by the Health Pooled Fund, have been instrumental in empowering women to enter the healthcare sector. Through these projects, more women are breaking barriers in what has traditionally been a male-dominated field. Their courage and determination are gradually breaking the glass ceiling in healthcare, paving the way for greater gender equality in the country.

In addition, the increased inclusion of women in the health sector has led to a more diverse patient population. In this regard, more women in the health sector reflects an increase in the number of women and children seeking care, thus improving access to health services for these demographic groups, who are also the most vulnerable. By challenging the status quo and promoting inclusivity, HealthNet TPO's efforts are driving positive change and promoting more equitable access to health care in South Sudan, both professionally and as beneficiaries.



Florence Eimani (35), Mother Tereza Hospital Coordinator, Warrap state, South Sudan.

“We, as educated women, should change people's narrative and perception towards women and their idea that we are too weak to handle top management positions.”

Testimonies of local HealthNet TPO workers succeeding in a male dominated position

Florence Eimani's story is a powerful testimony about the consequences of gender inequalities in South Sudan. She overcame familial responsibilities and, after years of sacrifice, she got the opportunity to pursue her education, eventually becoming the Mother Teresa Hospital Coordinator. Despite facing challenges in a male-dominated field, she champions women's empowerment and fosters community change through awareness initiatives, inspiring others to challenge gender norms.

Yunis Karmelio is a laboratory technician at Terekeka Primary Health Care Center, breaking barriers as the sole female in her role. Her dedication and competence make her the backbone of the laboratory, advocating for women's education and aspiring for future female successors in the science field.



“Women and girls should go to school and prove themselves in the science field to support the community. It's only me handling the whole department, and I dream another woman will take over after me”.

Yunis Karmelio (45), Terekeka Health Facility Lab Technician, Terekeka County, South Sudan.



25%
of supported health committees chaired or co-chaired by women in Afghanistan



95%
of supported health committees chaired or co-chaired by women in South Sudan

	male	female
Afghanistan	2292	1189
Burundi	4	1
Colombia		4
South Sudan	66	31
The Netherlands	6	6

m/f ratio per country

Governance

COMPOSITION OF THE BOARD:

Carin Beumer

Chair of the Board up to October 31st, 2023.
Member of the Remuneration/Nomination Committee.
Term 2, 2019-2023
Co-founder and Chair of the Zaluvida Group
Member of the Board of Directors of Mercy Corps Netherlands.

Guus Eskens

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

Hans Moison

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

Noelle Ahlberg Kleiterp

Member, Chair of the Ethics Committee and Remuneration/Nomination Committee.
Term 1, 2021-2025
Non-executive Director of the Zurich International School.

Lander van Ommen

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

Peter Engelen

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

Charles Gerhardt

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

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

The board undertakes these responsibilities during five annual meetings. All board members work on a voluntary basis and lend their expertise and experience. They have no managerial responsibilities; however, they are responsible for assessing the quality of their contributions. The board appoints and appraises the managing director.

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

Recent developments

Guus Eskens stepped down from the board in February 2023. Charles Gerhardt joined the board as a new member in June 2023. Peter Engelen joined the board as a new member in June 2023 and became the new Chair of the Board starting November 1st, 2023. Carin Beumer stepped down from her position as Chair of the Board as of October 31st, 2023, and left the HealthNet TPO Board.

Rotation and election procedure

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

Board of Directors Members	Appointed as of	End of 1st term	End of 2nd term
Carin Beumer	Oct 2015	2019	2023
Guus Eskens	June 2017	2021	2023
Hans Moison	July 2018	2022	2026
Noelle Ahlberg Kleiterp	June 2021	2025	2029
Lander van Ommen	June 2021	2025	2029
Peter Engelen	June 2023	2027	2031
Charles Gerhardt	June 2023	2027	2031

Compensation

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

Board meetings in 2023

The board convened five times in 2023. The agenda items for the board meetings were as follows:

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

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

- Strategic partnerships and alliances;
- Strategic plan 2024 – 2028.

Self-evaluation of the board

In line with the Governance Code, the board evaluated its performance over 2023.

Evaluation of the Managing Director

Each year the board, through the remuneration committee, reviews the Managing Director's performance and key performance indicators for the coming year. The board expressed its confidence and is satisfied with the Managing Director. The board determines the remuneration policy, the level of executive remuneration and other fixed remuneration components. HealthNet TPO follows the guidelines of Goede Doelen Nederland. The BSD-score is determined by the remuneration committee of the board. The resulting BSD score is 450 points, indicating a maximum fulltime gross salary of €136,639 (excluding remuneration payable in future). In 2023, the Managing Director, Johannes H. Grootendorst, received a gross salary, including holiday allowance, of €107,565. This is well within the remuneration guideline of Goede Doelen Nederland. The Managing Director did not

receive any bonuses, loans, advance payments or guarantees. The 2023 employer's contribution to the pension scheme of the director amounted to €26,643.24.

The Audit and Risk Committee

The audit and risk committee (ARC) convened two times in 2023. The agenda of the ARC consists of the auditors (interim) report, internal and external evaluations and risk management. During the course of the year the members of the ARC are constantly kept informed on (security) incidents and management thereof.

The Remuneration Committee

The remuneration committee convened four times in 2023.

The Ethics Committee

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

Below: Our departing Chair of the Board Carin Beumer receiving a token of appreciation from the hands of Afghanistan Country Director Dr. Muhammad Naseem Naeem and Deputy Country Director Dr. Abdul Rahman Shahab at the strategy days held in Amsterdam in September 2023.



Risk management

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

HealthNet TPO manages its risks in a structured way, to optimise the chances of realising the strategy and organisational objectives. Adequate risk management forms the core of our countries' programme and project plans. All operational procedures are influenced by it and derived from it. While it is impossible to eliminate all risks and guarantee absolute security, vulnerabilities and risks can be reduced.

In October 2022, the board approved the Risk Management Policy which provides a logical and standardised methodology to ensure all facets of threats and risk in a particular context are identified, appropriate risk responses and mitigation measures are set in place, and all staff members are enabled to make informed decisions regarding their willingness to expose themselves to the residual risks. Thus, line managers must ensure the risk analysis is a thorough and inclusive process, allowing input from all staff.

For every country, a Security Management Plan is in place and updated annually or if the security situation requires. Field offices within a country have location specific security plans.

Operational risks

In 2023, a total of 33 security incidents were reported, a small decrease compared to 2022.

AFGHANISTAN

The De Facto Authorities (DFA) in Afghanistan maintain a very strict control over security and the numbers of incidents related to fighting between DFA and opposition groups has been nearly absent. There has been an increase in staff members being detained for several reasons, often being suspected of unacceptable behaviour. However, it did not lead to any prosecution or sentencing. In one of our provincial hospitals, an unprecedented revenge killing took place with resulted in the death of the patient. Three Road Traffic Accidents were reported with only minor injuries to our staff and others. Street violence and robberies, particularly in Kabul, remained a major risk. Next to the natural death of several national staff members, there have not been any incidents that have resulted in fatalities.

The situation with regards to the position of women in Afghanistan has not undergone changes for the better. In private life there have been more restrictions. With regard to women's working situation, we have been able to maintain all our female staff in the health facilities and in our country and field offices. Women hold management positions in several roles. Even though there is a shortage of female staff (especially in health care), we endeavour strongly to employ female staff at all levels.

BURUNDI

Burundi has remained a very stable country with little changes in the security situation. The severe shortage in essential commodities including diesel/petrol and sugar did continue in 2023. The country faces extensive electricity cuts. Inflation is high due to the shortages. This did not lead to unrest or big protests. Only one security incident was reported within our HealthNet TPO office in Bujumbura, where a laptop was stolen from the office.

COLOMBIA

Colombia faces regional unrest at times but no major security issues. The peace process is underway but moving forward slowly. No security incidents were reported in 2023.

SOUTH SUDAN

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

In 2023, three security incidents were reported, two road traffic accidents and a break-in within one of our provincial offices, where a considerable amount of equipment and cash was taken.

The peace process is not making any progress and preparations for national elections proposed at the end of 2024 have not started. The president's health situation is deteriorating which can have a huge impact in the security situation in the coming year.

Financial Risks

With the regime change in Afghanistan on the 15th August 2021, the World Bank paused the funding arrangements. The World Bank does not maintain contact with the new DFA.

The World Bank takes no responsibility for payments for the work performed during the period between July and October 2021, even though contract negotiations were in the final stages for the Sehatmandi projects and for the COVID-19 projects from the 15th August 2021 until the contract ending date. This resulted in a receivable of AFN 173,870,766. At year end 2021, we have provided for €600,000 from our reserves. If no progress will be made in retrieving these receivables an additional provision of €1.3 million will need to be made. These receivables are related to valid contracts for programme implementation between the Ministry of Public Health (MoPH) in Afghanistan, funded by the Afghanistan Reconstruction Trust Fund (ARTF) which is administered by the World Bank, and HealthNet TPO as implementation partner for services and products delivered as per the agreed contractual terms.

We have tried to settle these outstanding amounts via the diplomatic route since August 2021, however and regrettably to no avail. We are currently addressing this issue directly at the highest level in the World Bank.

Quality Standards and Codes

The Central Bureau for Fundraising (CBF) conducted its regular annual review and concluded that we comply with the regulations and appendices for CBF recognition for charitable organisations, which also covers the CBF Good Governance Code for Charities and extended our official recognition. In addition to HealthNet TPO's own Code of Conduct, HealthNet TPO has committed itself to the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, and the Humanitarian Principles: humanity, neutrality, impartiality and independence.

Cyber Risk

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

Reputational Risk

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



Financial policy & results

HNTPO is dedicated to managing its programs and projects efficiently, ensuring it has enough reserves to handle financial challenges. The organisation primarily executes projects that are funded by specific income related to those projects. Contributions from sponsors and donors are allocated explicitly for these initiatives, which, despite potentially spanning several years, usually receive one-time funding. In Afghanistan, some contracts for projects include a performance-based bonus for employees. HNTPO does not focus on securing unrestricted public donations and engages in minimal promotional and fundraising efforts, primarily through its website and social media.

As of August 10, 2022, HNTPO had an outstanding claim of €1.6 million, for which a €600K provision was established in 2021 for cautious financial management. By the end of 2022, the value of the claim had increased to €1.75 million, prompting an additional €229K to be added to the provision that year. In 2023, the claim was further revalued, leading to an additional €170K provision. The board remains optimistic about recovering these claims, encouraged by the response of the donor, reopening, and reconsidering the dossier. Outcomes are still pending. The board plans to reassess the situation when preparing the 2024 annual financials to decide whether to fully provide for the receivables or release the provision upon receipt of payments.

In 2023, HNTPO's income significantly decreased by 33.0% from the previous year to €32,303,745 but only dropped 5.8% compared to the planned budget for the year. The 2023 fiscal year closed with a positive outcome of €276,382, although this was a decrease of €517,247 from the €782,196 positive result in 2022. This led to a 25.5% increase in reserves to €1,358,302.

Revenue, totalling €32,292,959, came predominantly from government contributions and was primarily project-based and one-off. Income from individual gifts and contributions was minimal at €10,786, up from €5,225 in 2022.

Project costs and income developments aligned, with a 33.1% decrease in project costs to €31,038,560 and a 38.1% reduction in the direct costs of generating income to €102,075. Operational and organisational expenses at the Amsterdam headquarters dropped by 31.2% to €376,245.

The board plans to allocate any surplus towards strengthening the organisation's mission to rebuild healthcare systems in conflict-affected regions.

In 2023, HNTPO allocated 96.1% of its income to direct objectives, matching the budgeted percentage and slightly down from 96.2% in 2022. Expenditure on income generation and management/administration represented 0.3% and 1.2% of total expenditures, respectively. Funds from sponsors and donors not immediately required were kept in bank accounts, as HNTPO holds no investments and only uses currency swaps to mitigate currency risks.

The 2023 financial year ended positively with €276,382, supporting organisational continuity into 2024. The board aims to maintain a continuity reserve based on three stress scenarios, determining that a minimum of €3.14 million is necessary. However, the current reserve stands at only €1.35 million, underscoring a need to increase reserves in the coming years, particularly considering the situation in Afghanistan and recent financial trends. The board anticipates a €40,000 positive result for 2024 and plans to allocate any surplus towards strengthening the organisation's mission to rebuild healthcare systems in conflict-affected regions.



Integrity & Corporate Social Responsibility

Throughout 2023, HealthNet TPO significantly emphasised reinforcing our integrity framework. This entailed comprehensive refresher training on integrity compliance for the Board, Country Directors, management teams across field offices, and the Amsterdam head office. Alongside these educational efforts, we reviewed, updated, and rolled out several key policies across our operational regions to further entrench our commitment to integrity.

A pivotal step in our integrity strategy was advancing our Protection from Sexual Exploitation and Abuse (PSEA) initiatives. This included appointing dedicated PSEA focal points within each project country to spearhead our efforts. Quarterly dialogues were established between the Country Directors and the Director's Office, focusing on integrity matters and the strategies to prevent sexual exploitation and abuse. To bolster our communication on this critical issue, we created and disseminated a 'responsible behaviour' leaflet in all relevant national and local languages. This resource provides clear guidance on recognising and addressing inappropriate behavior.

In addition to these proactive measures, we introduced a confidential reporting channel, responsiblebehaviour@hntpo.org, encouraging staff and external parties to report any incidents of misconduct. This reporting mechanism is also highlighted on our official website.

In 2023, we received 15 integrity-related complaints, with the majority stemming from Afghanistan and one from South Sudan. In Afghanistan, the complaints primarily involved job applicants contesting non-selection for vacancies. Each of these cases was diligently investigated and addressed accordingly. The complaint from South Sudan concerned an allegation of misconduct by a field staff member. After a thorough investigation, the individual was exonerated from all accusations.

Our management team and Ethics Committee meticulously oversaw the follow-up on these matters, adhering strictly to our internal procedures.

The Ethics Committee convened four times over the year, working closely with the management staff from the head office to oversee integrity matters. Additionally, the Confidential Contact Person in the Netherlands received one request for support in 2023.

To ensure transparency and accessibility, all of HealthNet TPO's integrity policies are published on our website, making them readily available to both our employees and external stakeholders. •

A pivotal step in our integrity strategy was advancing our Protection from Sexual Exploitation and Abuse initiatives. We created a 'responsible behaviour' leaflet in all relevant national and local languages.

The Ethics Committee convened **4** times over the year

Visibility

Although HealthNet TPO is a well-known name in the communities we serve, our public visibility and recognition in the Netherlands is limited. Throughout 2023, we participated in many local events, connecting with other experts and organisations in the field of humanitarian aid and development. Have a look at some of the events we are most proud of and follow us on social media to always be updated on the next events.

'A future for Afghanistan' meeting

On January 19th, 2023, we co-organised the meeting 'A future for Afghanistan', in Pakhuis de Zwijger, Amsterdam. This event, which included experts, grassroots activists, international organisations on the ground and a representative from the Ministry of Foreign Affairs, debated on how to approach the new challenges facing women in Afghanistan, who have been denied access to education at the end of 2022. An aftermovie of the event is visible on our YouTube channel.



Partos Innovation Magazine

In 2023, we created awareness of our projects by redacting many articles showcasing the incredible efforts of our team in the field. Noticing the great impact of our programmes, Partos selected our story of the Mobile Surgical Team saving lives in remote areas of South Sudan to be part of their Innovation Impact Stories Magazine! Immensely proud of this recognition, our story opens the chapter on inclusion, as "the act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate and bring their full, authentic selves to work".

healthnettpo.org

info@hntpo.org

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

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

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

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

Fundraising campaigns

WEWARD

In 2023, HealthNet TPO and WeWard joined forces to launch a collaborative fundraising initiative. The main goal of the project was to equip Boma Health Workers in South Sudan with bicycles, enabling them to reach sick children in remote areas more effectively. WeWard, an innovative app, revolutionises fundraising by converting users' steps into points, which can then be exchanged for virtual currency to support charitable causes. This project addresses a critical need in South Sudan, where children in isolated villages lack access to medical care. By empowering Boma Health Workers to provide essential treatment for common illnesses and offering health education on topics like hygiene, nutrition, and family planning, this initiative aims to improve the wellbeing of communities in need, while also addressing mental health concerns.

"I prescribe medication for simple cases and refer serious ones to the health facilities for further diagnosis and treatment."

James, a Boma Health Worker in Terekeka.

Experts in the field

ENSURING MOTHER AND CHILD HEALTH IN PROTRACTED CRISIS PRESENTATION AT KIT EVENT

Dr. Abdul Majeed Siddiqi, HealthNet TPO's MHPSS Coordinator, participated in the #ECTMIH2023 event at KIT Royal Tropical Institute, discussing Afghanistan's health system and how the country continues to absorb the shock of the change of regime in 2021, to ensure equitable access to health services. Dr. Siddiqi presented the decades long protracted crises in the country and, despite this, the achievements made by HealthNet TPO in twenty years, particularly on maternal and child health services.

COLOMBIA FORUM ON CARE & HEALTH WITH A GENDER AND ETHNIC APPROACH

The forum 'Care and Health with a Gender and Ethnic Approach' was established through a collaborative effort between HealthNet TPO and the Minister of Health and Social Protection, Guillermo Alfonso Jaramillo Martinez. Its primary objective was to address healthcare challenges faced by indigenous and Afro-Colombian women throughout Colombia. The forum aimed to offer recommendations for integrating a gender-sensitive and culturally responsive approach within the healthcare system. This significant initiative brought together representatives of indigenous and Afro-Colombian women from various regions, enabling them to share their firsthand experiences concerning the healthcare system and the cultural barriers hindering access to quality care. It served as a platform to promote health initiatives rooted in culturally situated practices and adopting an intersectional perspective.



Bicycles for Boma Health Workers.



Dr. Abdul Majeed Siddiqi.



The Forum in Colombia.



Experts in the field, online

ADDRESSING PSYCHOSOCIAL WELLBEING, PEACEBUILDING AND GENDER-BASED VIOLENCE WEBINAR

On September 21st, 2023, the inaugural webinar in a series focusing on MHPSS and Peacebuilding delved into the cultural and gender-specific nuances in Colombia and South Sudan, emphasising their pivotal role in advancing peace efforts and bolstering psychosocial wellbeing.

This collaborative effort was facilitated thanks to a collaboration with MHPSS.net and the IASC Reference Group on Mental Health and Psychosocial Support. A key takeaway from our discussions is the indispensable need to address the mental health and psychosocial needs of individuals in conflict-affected regions, especially women and girls, while acknowledging the unique contextual challenges prevalent in these environments.

STEP UP PODCAST WITH BONIFACE DUKU

In Step Up podcast episode 8, Boniface Duku, programme manager in South Sudan, delved into the critical topic of mental health within his country. He shed light on the concerning prevalence of mental health challenges and suicidal thoughts, particularly among young people. Boniface not only outlined these pressing issues but also offered potential solutions and emphasised the importance of seeking professional help. He stressed the collective responsibility we all share in suicide prevention, highlighting the crucial role of community-level interventions. Boniface underscored the necessity of providing engaging activities for youth and bolstering mental health support systems to identify and assist those in need. He concluded by emphasising the importance of prioritising mental health within governments agendas, recognising its fundamental impact on human wellbeing.



“Good mental health and wellbeing means having control over your life and the environment around you, and being able to respond appropriately to those events.”

Boniface Duku, HealthNet TPO Programme Manager in Juba.



Strategy meeting 2023 in Amsterdam

On September 27th and 28th, 2023, the head office, together with the Board and the country directors from Afghanistan, Colombia, Burundi and South Sudan, conducted a two-day event in Amsterdam to discuss the strategic plan for the next five years and the future of HealthNet TPO.

These inspiring days were an opportunity to reflect on improving collaboration between countries to enhance HealthNet TPO’s visibility in the future, as well as an opportunity for HealthNet TPO’s global team to meet and collaborate in person.

Building upon 30 years of experience, the new strategy will encompass the important topics of localisation, climate change and the triple nexus, alongside the need to further integrate MHPSS into our projects. Our mission remains to elevate our efforts to supporting communities affected by conflict and disaster so they may regain control over their health and wellbeing. Over the next five years, we will enhance programme quality through evidence collection, foster learning and drive informed decision-making.

Read more about the outcome of the strategy meeting and our plans for the future on the next pages.

16 Days of Activism against GBV in South Sudan

During the 16 Days of Activism against GBV in South Sudan, HealthNet TPO organised a strong campaign under the call to “Act Now!”, aiming for a safer and more inclusive world. As part of these 16 days, three major events were held in South Sudan.

On November 27, 2023, HealthNet TPO called upon stakeholders to prioritise funding for GBV awareness programmes and legal aid support to empower survivors.

On November 29, the Trust Action Youth Association (TAYA) conducted a community outreach activity in Lojora Terekeka County, focusing on harmful practices that affect women and girls. With support from the LOP Project through HealthNet TPO, they emphasised the importance of empowerment, equality, and social justice for women and girls.

Moreover, on December 1, HealthNet TPO along with hundreds of young students, women in organised forces, parents, the Central Equatoria government officials, NGOs, INGOs, UN agencies and refugees from Sudan, got together in Juba under the theme “Act Now! Prevent and Respond to Violence Against Women and Girls.” The event was filled with speeches and messages that inspired people and showed how everyone needs to work together to stop GBV.



Left page photos: Activities in South Sudan for 16 Days of Activism. Above: Pictures from the strategy days event held in Amsterdam in October 2023.

Outlook 2024

HealthNet TPO anticipates a dynamic and impactful year in 2024, continuing its mission in regions marked by fragility and conflict. The organisation will remain active in Afghanistan, South Sudan, Burundi, and Colombia, with an emphasis on integrating Mental Health and Psychosocial Support (MHPSS) across its programmes.

Key highlights

Organisational Development: The implementation of a new strategic plan for 2024-2028, focusing on country-specific strategies to enhance operational support and financial stability.

Programme Initiatives: Expansion in programme development, especially in Colombia, and continuing support in Afghanistan and South Sudan. New project proposals are in preparation, aiming to address health and psychosocial needs comprehensively.

Financial Strategy: Strengthening financial health through diverse funding sources, including private donors and foundational support, while enhancing internal control mechanisms to improve budget utilisation and financial reporting.

Communication and Visibility: Increased efforts in enhancing internal and external communications, with plans to implement a comprehensive communications strategy to boost visibility and engagement with stakeholders.

Governance and Partnerships: Continued focus on developing robust partnerships and networks to support HealthNet TPO's strategic objectives, particularly in expanding to new thematic areas like Protection, WASH, and livelihoods.

Overall, 2024 is set to be a year of strategic growth and consolidation for HealthNet TPO, with a focus on enhancing organisational capabilities, expanding programme reach, and securing sustainable funding to support its mission in conflict-affected regions.

Economic position of the organisation

The result for 2023 was €276,382 positive, the actual continuity reserve at the end of 2023 amounts to €1,358,302. The intended continuity reserve is based on the risk of loss of turnover and loss of coverage for the costs of the Amsterdam head office, the risk of rejected projects and pre-financing of projects. Based on these criteria, the continuity reserve should amount to approximately €3.1 million at the end of 2023. Actions are already initiated in 2024 to structurally improve the profitability and financial position of HealthNet TPO for the long term.

The following options towards improving the (cost) efficiency, effectiveness and financial sustainability of the organisation will be explored and further operationalised in 2024, including:

- Continued contract and risk analysis in the acceptance phase of programmes and projects;
- Pursue sufficient IC-coverage for cost management & administration;
- Intensive risk monitoring during the implementation of programmes and projects;
- Acquire non-earmarked funds;
- Realise long-term cooperation with other NGO(s);
- Timely reporting of monthly results to the Audit & Risk Committee.

Financial outlook 2024

The total turnover in 2024 is expected to be around €30 million, a decrease of approximately €2 million compared to the realised expenditures in 2023. This decrease is partly to be found in the decrease of the project portfolio in South Sudan.

The expected indirect costs coverage is 4%, the backstopping 1,9% and the expected project result is €1.046 million. The total result for 2024 is budgeted at approximately €40,000.

How to move forward?

Strategic plan 2024-2028

The Strategic Plan 2024–2028 aims to drive the organisation towards increased sustainability, efficiency and impact. It is guided by five objectives, namely:

OBJECTIVE 1 Enhancing community resilience and equitable access to development and humanitarian assistance

OBJECTIVE 2 Improving the organisational PMEAL and knowledge capacities

OBJECTIVE 3 Increasing organisational visibility with general public, sponsors and donors

OBJECTIVE 4 Increasing cooperation and partnerships

OBJECTIVE 5 Strengthening and optimising organisational resources

“We envision a world where people living in fragile and conflict-affected settings can actively contribute to rebuilding their own lives, health and wellbeing.”



“In this dynamic new phase, HealthNet TPO embarks on a transformative journey, reinforcing our global commitment to improving people's lives in fragile and conflict settings. Together, we will build resilient communities and a healthier, more sustainable world.”

How do these five objectives translate into our work?

Mental health and psychosocial support

Our longstanding experience has demonstrated that addressing the underlying psychological and social factors that contribute to conflict are the cornerstone in achieving sustainable peace and development. We are committed to improving the mental health and psychosocial wellbeing of people living through and recovering from humanitarian crises. We have shown that there is no one-size-fits-all solution, and our approach integrates context-specific MHPSS care within all our programmes in health and the triple nexus.

Humanitarian assistance

The scale of humanitarian crises has significantly escalated in recent years. In 2022 alone, the number of people needing humanitarian assistance grew by a third, reaching an estimated 406 million. HealthNet TPO will extend its programming to humanitarian projects to support the growing need for assistance, particularly in our current countries of operation in Afghanistan, Burundi, Colombia and South Sudan. Beyond immediate relief, we aim to provide development, peace and climate financing - fundamental to upholding basic services and building resilience.

Climate change resilience

Fragile and conflict-affected settings bear the brunt of the climate crisis. There is an urgent need for comprehensive solutions that address the intertwined issues of climate, food, health, livelihoods, displacement and violence. We are committed to promoting inventive strategies and cross-sectoral collaborations to foster resilience capable of enduring climate-induced emergencies and confront its multidimensional challenges, in particular for more vulnerable populations who are at heightened risk of enduring the most of these impacts.

Building direct and meaningful partnerships

Over the next five years, building direct partnerships and cooperative relationships with international and local entities is paramount. Our emphasis on localisation will enable communities to be the drivers behind programmes and services supporting their own needs. We will explore pathways for increased localisation while acknowledging the continued disparities inherent in financial mechanisms.

Organisational development

Recognising internal strength as a prerequisite for external impact, we prioritise organisational development focusing on project monitoring evaluation, accountability and learning (PMEAL), operational research, communications, fundraising, human resources and IT.

In addition, financing the ambitions for the coming five years requires sustainable growth. Therefore, HealthNet TPO aims to build up its own constituency, improve financial procedures and grow private funding to strengthen the financial position of the organisation.

our donors

- Afghan Humanitarian Fund (AHF under UNOCHA)
- Bill and Melinda Gates Foundation
- Ministry of Foreign Affairs of the Netherlands (Buza)
- Civil Rights Defenders (CRD)
- Crown Agents
- European Union
- Foreign, Commonwealth and Development Office (FCDO)
- Fred Hollows Foundation
- Global Fund fighting Aids Tuberculosis and Malaria
- Health Pooled Fund (HPF)
- JHPIEGO
- Médecins Sans Frontières
- Swiss Cooperation
- United Nations Assistance Mission in Afghanistan (UNAMA)
- United Nations Development Programme (UNDP)
- United Nations Fund for Population Activities (UNFPA)
- United Nations International Children's Fund (UNICEF)
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Mission in South Sudan (UNMISS)
- World Bank
- World Food Programme



our partners

- Assistance Mission for Africa (AMA)
- Corporación de Apoyo a Comunidades Populares (CODACOP)
- EVE Organisation for Women's Development
- Interchurch Coordination Committee Development Aid (ICCO)
- Impact Health Organisation (IHO)
- Liga Internacional de Mujeres por la Paz y la Libertad (LIMPAL)
- medica mondiale
- Ruta Pacifica de las mujeres
- Pathfinder International
- PAX
- We World-GVC

our network

PLATFORMS

- IASC Reference Group on MHPSS
- Member of the IASC community-based approaches and MHPSS Technical Working Group Member of the IASC Peacebuilding and MHPSS Technical Working Group
- Member of the IASC Minimum Service Package Technical Working Group
- Member of IASC in country Technical Working Groups
- Afghanistan Platform
- Burundi Platform
- Dutch Security Network
- Mental Health forum WHO
- NAP 1325 Colombia Working Group and NAP 1325 South Sudan Working Group
- Partos
- Community of Practice on MHPSS in the Netherlands
- ACBAR Afghanistan Humanitarian Forum (AAHF)
- ACBAR Development Forum (ADF)
- Afghanistan Health Cluster Strategic Advisory Group (SAG)
- Afghanistan Nutrition Cluster
- Afghanistan MHPSS Technical Working Group
- Alliance of Health Organisations (AHO)
- UN security platform Burundi
- Network of international NGOs of Burundi (RESO)

ACADEMIC AND SCIENTIFIC RESEARCH PARTNERS

- Partners within the IMPACT Centre and CONTROL research project:
- Department of Health Sciences, University of York, UK
- Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK
- Centre for Global Mental Health, London School of Hygiene and Tropical Medicine, UK
- Office of Research, Innovation and Commercialisation, Khyber Medical University, Peshawar, Pakistan
- Department of Psychiatry, Postgraduate Medical Institute, Lady Reading Hospital, Peshawar, Pakistan
- Department of Social Sciences, Peshawar University, Pakistan
- Department of Chest Medicine, Khyber Medical College Peshawar, Pakistan
- School of Community, Primary Care and Social Sciences, Keele University, UK
- Keele School of Medicine, Keele University, UK
- Institute of Psychological Sciences, University of Leeds, UK
- Centre for Addiction and Mental Health, University of Toronto, Canada
- Faculty of Psychology, University of Burundi
- Ecole doctorale, University of Burundi
- Faculty of Psychology, Pontificia Universidad Javeriana, Bogotá, Colombia
- Faculty of Human Sciences, University of Nariño, Colombia



Financial Statements



Statement of income and expenditure

(in euros)	Actual 2023	Budget 2023	Actual 2022
Income			
Income from individuals	10,786	5,000	5,225
Subsidies from government grants	32,292,959	34,250,068	48,222,344
Income from non-profit organisations	-	20,000	-
Total	32,303,745	34,275,068	48,227,569
Expenditure on objectives			
Reconstruction and development	30,936,505	32,841,812	46,276,040
Awareness raising and public information	102,055	100,000	113,827
Total	31,038,560	32,941,812	46,389,868
Expenditure income generation			
Own fundraising efforts	21,549	45,000	41,225
Securing government subsidies	80,526	125,000	123,756
Total	102,075	170,000	164,981
Expenditure management and administration	376,245	560,000	546,474
Provision for doubtful debtors	169,704	-	229,408
Total expenditures	31,686,584	33,671,812	47,330,731
Financial income and expenditures	(340,779)	-	(114,642)
Result	276,382	603,256	782,196
Allocation of the result			
Continuity reserve	276,382	603,256	782,196)
Total	276,382	603,256	782,196

Percentage expenditure on objectives vs total income	96.1%	96.1%	96.2%
Percentage expenditure on objectives vs total expenditure	98.0%	97.2%	98.0%

Statement of financial position

(in euros)	December 31, 2023	December 31, 2022
Tangible fixes assets	27,644	30,790
Receivables and accrued income		
Work in progress	11,742,108	9,330,570
Receivables	1,830,151	1,795,736
Cash and banks	1,999,730	9,539,534
Total assets	15,599,633	20,696,629
Reserves	1,358,302	1.081,920
Provision	42,438	350,169
Short-term liabilities		
Project balances	8,535,790	9,610,116
Other short-term liabilities	5,663,103	9,654,423
Total reserves and liabilities	15,599,633	20,696,629

Statement of cash flow

(in euros)	2023	2022
Cash flow from operating activities		
Income resources	32,303,745	48,227,569
Resources expended	31,686,584	47,330,731
Operating result	617,161	896,838
Adjustments for:		
➤ Depreciation tangible fixed assets	8,130	5,964
➤ Interest	(4,464)	1,824
➤ Movement in provisions	(307,731)	(118,406)
Total	(304,065)	(110,618)
Movement in working capital:		
➤ Work in progress	(2,411,538)	(2,863,117)
➤ Receivables	(34,415)	353,762
➤ Project balances	(1,074,326)	6,515,143
➤ Other current liabilities	(3,991,320)	2,668,176
Total	(7,511,600)	6,673,964
Cash flow from operating activities	(7,198,503)	7,460,184
Cash flow from investing activities		
Investments in tangible fixed assets	(4,984)	(30,899)
Cashflow from investing activities	(4,984)	(30,899)
Cashflow from financing activities	4,464	(1,824)
Net cash flow	(7,199,023)	7,427,461
Realised exchanged gains and losses	(340,779)	(114,642)
Change in cash and cash equivalents	(7,539,803)	7,312,818

(in euros)	2023	2022
Cash and cash equivalents	9,539,532	2,226,714
Change in cash and cash equivalents	(7,539,803)	7,312,818
Cash and cash equivalents as of 31st Dec	1,999,730	9,539,532

Notes to the Financial Statements

Accounting Principles

General

The activities of HealthNet TPO consist mainly of health, protection, resilience and wellbeing. With these four areas, HealthNet TPO supports people who are affected by conflict and disaster to regain control over their own lives.

HealthNet TPO is a foundation. The Dutch Chamber of Commerce: 41211943

The annual report is prepared in accordance with 'Guideline 650 for Fundraising Institutions' of the Dutch Accounting Standard Board (RJ650). The purpose of this guideline is to provide users of the financial statements good insight into the activities of the entity and the results thereof, by means of a clear and transparent representation of the acquisition and the use of resources, reserves, and funds. The financial year coincides with the calendar year. Unless stated otherwise, items in the statement of financial position are shown at nominal value and income and expenditures are allocated to the relevant year. Purchase of assets or stock (e.g. vehicles or medicines) in the programme countries for projects are recognised on an accrual basis.

Assets and liabilities are generally measured at historical cost, production cost or at fair value at the time of acquisition.

The result is the difference between the realisable value of the goods/ services provided and the costs and other charges during the year. The results on transactions are recognised in the year in which they are realised.

Going concern basis

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

Functional and presentation currency

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

Foreign currencies

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

Tangible fixed assets

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

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

Work in progress and project balance

The project balance is presented according to the work in progress method. The balance for each project is determined based on project expenditures and received or to be received instalments and reimbursements up to reporting date. In determining the realised project income, losses due to budget overruns, ineligible costs or

unsecured co-funding obligations are considered. The fee for the project is, where applicable, allocated to the result in proportion to time or the services rendered. This considers the verification of the services provided by the donor and any issues under discussion. On this basis, the expected contributions not yet verified are recognised in the result. HealthNet TPO has concluded some multi-year performance contracts, partially at a fixed fee (lump sum) with a positive margin. A positive result on these projects can be realised if the realised costs are lower than the compensation received and a negative result if the compensation turns out to be lower than the costs for the services to be provided. A positive result on a fixed fee (lump sum) type of contract is freely disposable and can be added to the reserves.

Receivables

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

Cash and banks

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

Provisions

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

Other short-term liabilities

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

Allocation of organisational cost

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

Expenditure management and administration

This represents expenditures on managing the organisation. These costs are calculated in accordance with RJ650. Included are the direct costs of the human resources and administration departments and 60% of the director's office. 30% of the operational department costs are considered to be administrative expenses. Other costs are allocated on a pro rata basis based on the allocation of direct costs.

Financial income and expenses

Interest income and interest expenses

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

Currency translation differences

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

Statement of cash flow

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

Notes to the statement of income and expenditure

Income Fundraising

(in euros)	Actual 2023	Budget 2023	Actual 2022
Income from individuals			
Private donations	10,786	5,000	5,225
Total	10,786	5,000	5,225

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

Income institutional donors

(in euros)	Actual 2023	Budget 2023	Actual 2022
Subsidies from government grants			
Afghan Ministry of Health	-	-	(270,742)
Dutch Ministry of Foreign Affairs	358,830	343,793	333,213
Health Pooled Fund	7,344,558	6,580,200	6,454,433
European Commission	825,504	1,805,197	3,146,321
Global Fund	105,400	102,932	77,259
United Nations Organisations	19,061,413	22,746,463	31,604,399
Bill & Melinda Gates Foundation	206,824	-	-
Other governments	3,082,018	529,696	4,636,722
Coverage for organisational costs	1,308,412	2,166,787	2,240,739
Total	32,292,959	34,275,068	48,222,344

Expenditure on objectives

(in euros)	Reconstruction and development	Awareness raising and public information	Total expenditure on objectives	Own fundraising efforts	Securing government subsidies	Management and administration	Actual 2023	Budget 2023	Actual 2022
Average number FTEs	3.6	0.8	4.4	0.2	0.9	4.6	10.1	11.4	9.3
Personnel costs	392,397	54,644	447,041	20,676	99,353	442,779	1,109,940	1,097,218	906,183
Accommodation costs	15,404	3,470	18,874	1,041	3,846	19,880	43,641	39,500	38,220
Office and general costs	81,039	18,253	99,292	5,476	20,235	104,583	229,585	194,770	485,273
Depreciation	1,294	291	1,586	87	323	1,670	3,666	6,000	5,964
Total	490,135	76,658	566,793	27,371	123,757	568,911	1,286,832	1,337,488	1,435,640
Recovered organisational costs	(170,744)	(23,777)	(194,521)	(9,036)	(43,231)	(192,666)	(439,455)	(117,897)	(160,906)
Total	319,391	52,881	372,272	18,335	80,526	376,245	847,377	1,219,591	1,274,734
Subsidies and contribution	30,629,288	49,174	30,678,462	3,215	-	-	30,681,676	31,819,221	45,832,307
Local income	(12,174)	-	(12,174)	-	-	-	(12,174)	-	(5,718)
Total allocation	30,936,505	102,055	31,038,560	21,549	80,526	376,245	31,516,880	33,038,812	47,101,323
<i>Percentage of expenditure on objectives</i>				0.07%	0.26%	1.21%			
							1,308,412	2,166,787	1,263,034
							110%	178%	161%

Note: Coverage of indirect costs

In % of total organisational cost (incl. subsidies and contribution for Management and Administration)

The expenditures on objectives are divided into expenditure on reconstruction and development, and awareness raising and public information. The policy of HealthNet TPO is to spend at least 90% of the total expenditures directly on the objectives. In 2023, 98.5% (€31.1 million) of total expenditures (€31.5 million) was directly spent on the objectives. The majority (98.2%) of these expenditures related to reconstruction and development. Furthermore, it is the policy of HealthNet TPO to work with their own staff in the field as often as possible. Therefore, salary costs are the main part of the reconstruction and development costs. Medical goods form another large part of the expenditures.

Expenditure on objectives per region

	Actual 2023	Budget 2023	Actual 2022
Asia	70%	75%	79%
Africa	29%	24%	21%
Other	1%	1%	0%
Total	100%	100%	100%

Expenditure reconstruction and development per country

(in euros)	Afghanistan	Burundi	South Sudan	Other Countries	Total 2023	Budget 2023	Actual 2022						
Expat staff	9,216	0%	68,541	18%	406,002	5%	468	0%	484,227	2%	515,604	480,092	2%
Head office staff	415,203	2%	-	0%	-	0%	24,269	15%	439,473	1%	467,950	160,906	0%
Local staff	12,865,196	59%	66,719	18%	4,893,852	59%	79,107	48%	17,904,874	58%	19,065,072	20,753,368	47%
Field office costs	3,658,909	17%	21,551	6%	330,243	4%	16,777	10%	4,027,478	13%	4,288,450	6,272,182	10%
Transportation	1,723,200	8%	14,321	4%	1,010,329	12%	6,429	4%	2,754,279	9%	2,932,751	2,203,445	5%
Training and education	374,331	2%	19,524	5%	396,901	5%	30,892	19%	821,648	3%	874,889	1,214,489	4%
Medical and other goods	2,835,082	13%	-	0%	808,424	10%	-	0%	3,643,506	12%	3,879,597	12,153,318	24%
Consultancy	30,334	0%	24,890	7%	31,889	0%	8,240	5%	65,353	0%	101,531	76,606	0%
Local partners	-	0%	155,434	42%	409,958	5%	-	6%	565,392	2%	602,028	2,406,305	8%
	21,911,473		370,979		8,287,598		166,180		30,736,250		32,727,872	45,720,712	
Local income	-	(5,506)	(5,668)	-	(12,174)	-	(5,718)						
Total expenditures	21,911,473	364,473	8,281,930	166,180	30,724,056	32,727,872	45,714,995						
			Allocated organisational costs		319,391	310,840	496,891						
			Post project results		(106,942)	-	64,155						
					30,936,505	33,038,812	46,276,040						

Cost awareness raising and public information

(in euros)	Actual 2023	Budget 2023	Actual 2022
Website	43,006	15,100	23,741
Seminar	-	-	25
Other activities	6,186	22,900	11,210
Total	49,174	38,000	34,976
Allocated organisational costs	52,881	60,000	78,852
Total	102,055	98,000	113,827

Expenditure income generation

Own fundraising efforts

(in euros)	Actual 2023	Budget 2023	Actual 2022
Advertisement	-	-	14
Other fundraising cost	3,215	-	12,450
Total	3,215	-	12,464
Allocated organisational costs	18,335	20,000	28,761
Total	21,549	20,000	41,225

The costs for securing government subsidies consist entirely of allocated organisational cost. Within HealthNet TPO 0.9 FTE was engaged in securing government subsidies.

Organisational cost head office

The expenditures for management and administration consist entirely of allocated organisational cost. Staff of the departments finance, operational support and technical support, as well as the managing director spend a percentage of their time on management and administration. The average number of 4.6 FTE's was assigned for management and administration.

The total of the Amsterdam head office cost (€1,286,832) is split up into the categories personnel cost, accommodation cost, office and general costs, and depreciation and interest. The table shows further details.

Organisational cost head office

(in euros)	Actual 2023	Budget 2023	Actual 2022
Salary cost			
Gross salaries	665,333	741,542	577,867
Social security	126,627	138,529	106,644
Pension	131,682	128,647	109,001
Other personnel cost	86,253	88,500	112,671
Total	1.009,940	1.097,218	724,710
Average number of FTEs	10.4	11.3	9.7
Accommodation cost			
Rent	32,372	30,000	30,047
Service charges and move	4,946	3,000	2,345
Office maintenance	6,323	6,500	5,828
Total	43,641	39,500	38,220
Office and general cost			
Automation and telecom	17,366	14,000	28,686
Office cost	859	3,860	624
Insurance	(24)	3,000	3,414
Bank charges	3,958	4,000	4,516
Consultancy	49,786	43,040	144,356
Audit fees	112,247	117,370	264,607
Other general costs	45,393	9,500	14,676
Total	229,584	194,770	460,878
Depreciation and interest			
Depreciation	8,130	5,000	5,964
Cash differences	1	-	22,471
Interest expense	(4,464)	1,000	1,824
Total	3,667	6,000	30,359
Total organisation cost head office	1,286,832	1,337,488	1.435,640

Most of the 2023 head office costs are in line with the 2023 budget and with 2022 actuals.

The audit fees are significantly lower than the actual costs of 2022, due to a much longer audit process in 2022.

The consultancy costs are significantly lower than the 2022 actuals because of the appointment of the CFO per March 2023, but over budget by €5K.

In the other general costs an amount of €38K is included for the strategic meetings with the country directors, these costs were not budgeted for 2023.

Board and Director remuneration

The Board members are not employed by the organisation. Board members and former Board members do not receive any remuneration during the financial year. No loans or advances were granted, and no guarantees were issued to the Board members. The Board has determined the remuneration policy, the height of the executive benefits and the amount of remuneration components. The remuneration policy is updated periodically. HealthNet TPO has no bonuses, year-end bonuses, or gratuities. Expenses are refunded on a claim basis.

Board and Director remuneration

(in euros)	2023	2022
Name	Hans Grootendorst	Hans Grootendorst
Function	Managing Director	Managing Director
Contract	Indefinite	Indefinite
Hours per week	40	40
Part-time percentage	100%	100%
Period	01/01 – 31/12	01/01 – 31/12
Gross salary	99,641	87,849
Holiday allowance	7,521	7,580
Holidays	-	8,412
Total	107,162	103,841
Pension	26,643	23,297
Total	133,805	127,138

Staff overview

	Actual 2023	Budget 2023	Actual 2022
Staff Head Office			
1 st January	10.5	10.4	8.2
31 st December	9.5	11.4	9.5
Average number staff	10.4	11.3	9.7
Personnel cost per FTE (in euros)	96,722	96,945	93,421
Other cost per FTE (in euros)	26,518	21,232	54,583
Hourly rate staff (budget only, in euros)	90	90	90
Field staff per 31st December			
Afghanistan – Local staff	3,462.0	3,567.0	5,736.0
Afghanistan – Expat staff	2.0	2.0	2.0
Burundi – Local staff	2.0	2.0	20.0
Burundi – Expat staff	1.0	1.0	1.0
South Sudan – Local staff	88.0	88.0	88.0
South Sudan – Expat staff	5.0	5.0	5.0
Total	3,560.0	3,665.0	5,852.0

Financial income and expenditure

(in euros)	Actual 2023	Budget 2022	Actual 2022
Exchange rate gains/losses Head Office	160,442	-	129,600
Exchange rate results project countries	66,124	-	(16,221)
Bank costs & interest	(567,346)	-	(297,067)
Change in provision	-	-	69,036
Total financial income and expenditure	(340,779)	-	(114,642)
Provision debtors			
Change during year	(169,704)	-	(229,408)

Budget 2024

(in euros)	Budget 2024	Actual 2023
Income		
Income from individuals	15,000	10,786
Subsidies from government grants	30,969,049	32,292,959
Total	30,984,049	32,303,745
Expenditure on objectives		
Reconstruction and development	29,924,321	30,946,109
Awareness raising and public information	110,000	102,055
Total	30,034,321	31,050,164
Expenditure income generation		
Own fundraising efforts	44,100	21,549
Securing government subsidies	125,000	80,526
Total	169,100	102,075
Expenditure management and administration	742,000	376,245
Provision for doubtful debtors	-	169,704
Total expenditure	30,945,421	31,698,188
Financial income and expenditure	-	(340,608)
Result	38,628	264,949
<i>Percentage expenditure on objectives vs total income</i>	96.9%	96.1%
<i>Percentage expenditure on objectives vs total expenditure</i>	97.1%	98.0%

Notes to the statement of financial position

Tangible fixed assets

(in euros)	Furniture	Office machines	Computers	Total
Purchase value				
Balance on 1 st January	18,771	8,421	71,661	98,853
Investments 2023	-	-	4,984	4,984
Total	18,771	8,421	76,645	103,837
Depreciation				
Balance on 1 st January	18,771	1,764	47,528	68,063
Depreciation 2023	-	2,380	5,750	8,130
Total	18,771	4,144	53,278	76,193
Balance 31st December	-	4,277	23,367	27,644

Receivables

(in euros)	Actual 2023	Actual 2022
Debtors	19,720	5,411
Donor receivables	-	382,706
Prepaid expenses	16,615	47,435
Prepayments to subcontractors	1,793,816	1,690,801
Accrued assets	-	23,144
Total receivables	1,830,151	2,149,497

Prepayments to sub-contractors

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

Accrued assets

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

Cash and bank

(in euros)	Actual 2023	Actual 2022
Cash at bank and in hand in Head Office	140,732	1,632,820
Cash at bank and in hand in project countries	1,858,998	7,906,713
Total	1,999,730	9,539,534

Cash in bank per country

(in euros)	Actual 2023	Actual 2022
Afghanistan	1,553,991	7,678,895
Burundi	17,820	19,292
South Sudan	287,187	208,527
Total	1,858,998	7,906,713

In 2020, HealthNet TPO obtained a current account credit facility from the Rabobank up to an amount of €500,000 for short-term liquidity needs. The credit limit has been reduced to €250,000 on the 15th December, 2022. HealthNet TPO has pledged the business assets, inventories, rights and claims, including rights under insurance contracts, to the bank as security. In 2023 this facility was not used.

Reserves

(in euros)	Actual 2023	Actual 2022
Continuity reserve		
Balance 1 st January	1,081,920	299,724
Result current year	276,382	782,196
Total	1,358,302	1,081,920
Total reserves		
Balance 1 st January	1,081,920	299,724
Result current year	276,382	782,196
Total	1,346,869	1,081,920

Reserves

The reserves will be used for its objectives. The Board determines the desired size of the continuity reserve on the basis of three stress scenarios: (i) 50% loss of income and loss of 5% head office expenses coverage for one year; (ii) upon verification, 5% of the contracted income for a year will be rejected; and (iii) 20% of the average balance sheet must be pre-financed. The desired continuity reserve is at least the higher of (i+ ii) and iii. Based on the figures of 2023, the desired continuity reserve is at least €3.14 million.

The continuity reserve at the end of 2023 amounts to €1.35 million. The continuity reserve is not yet at the desired level. This is due to the fact that the result has lagged behind the growth in income and balance sheet total in recent years. This means that in the coming years, HNTPO will use the profit that we are aiming for to increase the continuity reserve to the required level.

Provisions

(in euros)	Actual 2023	Actual 2022
Balance 1 st January	350,169	468,575
Correction opening balance	(1)	-
Allocation	-	368,858
Withdrawal	(307,730)	(420,339)
Release	-	(66,925)
Total	42,438	350,169
Post project provision	28,235	28,236
Social securities	-	301,511
Court cases Burundi	14,203	20,422
Total	42,438	350,169

(in euros)	Post project provision	Social securities	Court cases
Balance 1 st January 2023	28,236	301,511	20,422
Correction opening balance	(1)	-	-
Withdrawal	-	(301,511)	(6,219)
Balance 31st December 2023	28,235	-	14,203

HealthNet TPO's projects are regularly audited by donors after completion, and after the financial report has been submitted. These project audits can take place until five years after a project has been completed. Provisions are allocated based on expected outcome of the audits.

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

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

Work in progress and project balances

(in euros)	Actual 2023	Actual 2022
Balance 1 st January	(279,546)	3,372,479
Received subsidies	(27,247,708)	(49,382,738)
Subsidies spent	30,733,571	45,720,712
Total project balance	3,206,318	(279,546)

(in euros)	2023		2022	
	To be received from donor	Unspent project subsidies	To be received from donor	Unspent project subsidies
Dutch Ministry of Foreign Affairs	-	(100,692)	-	(87,859)
European Commission	-	(117,634)	-	(630,089)
GAVI	9,009	-	7,479	-
Global Fund	111,939	-	11,260	-
United Nations Organisations	5,897,362	(6,462,993)	4,021,308	(6,166,791)
World Bank	3,524,444	(1,355,588)	2,488,953	(1,190,782)
Health Pooled Fund	2,016,913	-	2,553,635	-
Bill & Melinda Gates Foundation	-	(365,632)	-	-
Other donors	182,442	(133,251)	247,934	(1,534,595)
Total	11,742,108	(8,535,790)	9,330,570	(9,610,116)
Total project balance	3,206,318	(279,546)		

The table above includes the balance of all projects in progress. This balance is determined based on project expenditures and received instalments and reimbursements up to the reporting date and realised income, based on the progress of projects. In determining the realised project income, losses due to budget overruns, ineligible costs or unsecured co-funding obligations are considered.

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

Short-term liabilities

(in euros)	Actual 2023	Actual 2022
Creditors	1,067,420	158,736
Invoices to be received	234,511	182,184
Provision holiday allowance and holiday hours	125,885	105,943
Accrued personnel costs Head Office	4,839	(585)
Accrued tax and social security Head Office	23,721	20,340
Accrued personnel costs in project countries	243,134	1,159,606
Accrued social security in project countries	306,916	546,910
Accrued liabilities	566,869	604,213
Accrued subcontractors	2,010,213	2,542,973
Accrued other cost in project countries	1,079,595	4,334,103
Total	5,663,103	9,654,423

Accrued personnel costs head office includes the salary and insurance commitments for staff at head office per the 31st December, 2023. Accrued tax and social security head office includes the tax and social security payables per the 31st December, 2023, for the staff at head office. Accrued personnel cost in project countries includes the salary and tax commitments for staff at field offices per the 31st December, 2023, in Afghanistan, Burundi and South Sudan. Accrued social security project countries includes reservations for paying social security and 'end of contract payments' in Burundi. Accrued sub-contractors are commitments to local partners for services they have provided, mainly in Afghanistan. Accrued other cost in project countries includes all, non-salary related, project commitments in the project countries. These commitments include received invoices and commitments for medicine, constructions of health facilities, fuel and other contracts. The accrued other cost in project countries is mostly caused by the situation in Afghanistan. Since no instalments were received, the liabilities increased accordingly.

Off-balance sheet rights and obligations

Per the 1st of July 2024, the head office will move from the Czaar Peterstraat in Amsterdam to the Wibautstraat in Amsterdam. The rental agreement for this office runs from the 1st July 2024, until June 30th, 2026. The average yearly rental cost amounts to €81,700. As this is a turn-key office solution in this rent amount the following is including utilities cost: gas-, water- and electricity costs, municipal charges, furniture, cleaning costs and internet costs.

For the EC project in Burundi, HealthNet TPO is the lead organisation and contract holder in a consortium with four partners. HealthNet TPO is responsible for the implementation and management of the programme. Therefore, partner contracts have been signed with the partners in which the roles and responsibilities have been defined, based on the contract with the EC. Out of the total amount of €9,325,425, 95% will be funded and 5% will be contributed by the lead organisation and its partners as contractually agreed. Funds to partners are disbursed under the condition of approval of quarterly reporting and provided six monthly forecasts, and only in case the EC has made the funds available to the lead organisation. Annual audits will include all partner and eventual subcontracted organisations. This project has been finalised per the end of February 2023. Final and audit reports have been submitted to the donor. The final payment is expected early 2024. Whereas HNTPO will then also undertake the final payments towards the partner organisations.

This report is approved by the Board on the 11th June 2024.

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



INDEPENDENT AUDITOR'S REPORT

To: The Board of Stichting HealthNet Transcultural Psychosocial Organization

Our opinion

We have audited the financial statements 2023 of Stichting HealthNet Transcultural Psychosocial Organization based in Amsterdam.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of Stichting HealthNet Transcultural Psychosocial Organization as at 31 December 2023 and of its result for 2023 in accordance with the 'RJ-Richtlijn 650 Fondsenwervende instellingen' (Guideline for annual reporting 650 'Fundraising institutions' of the Dutch Accounting Standards Board).

The financial statements comprise:

1. the statement of financial position as at 31 December 2023;
2. the statement of income and expenditure for 2023;
3. the statement of cashflow for 2023; and
4. the notes comprising of a summary of the accounting policies and other explanatory information.

Basis for our opinion

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

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

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

Emphasis of matter – operations in volatile countries

We draw attention to page 40 of the annual report, specifically the 'Risk Management' section, which describes the many potential risks associated with Stichting HealthNet Transcultural Psychosocial Organization's operations in volatile countries. Our opinion is not modified in respect of this matter.

Report on the other information included in the annual report

The annual report contains other information, in addition to the financial statements and our auditor's report thereon. Management is responsible for the preparation of the other information.



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

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

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

Description of responsibilities regarding the financial statements

Responsibilities of the board for the financial statements

The board is responsible for the preparation and fair presentation of the financial statements in accordance with the 'RJ-Richtlijn 650 Fondsenwervende instellingen' (Guideline for annual reporting 650 'Fundraising institutions' of the Dutch Accounting Standards Board). Furthermore, the board is responsible for such internal control as the board determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Our responsibilities for the audit of the financial statements

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

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

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

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



Our audit included among others:

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

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

The Hague, 20 June 2024

For and on behalf of
SCHIPPER & PAUL AUDIT

Signed on the original

J.G.M. Schipper MSc RA





HEALTHNET TPO

HealthNet TPO
Wibautstraat 137d
1097DN Amsterdam
The Netherlands
+31 (0) 20 620 0005
healthnettpo.org

restoring **health**
rebuilding communities