

HEALTHNET  TPO

ANNUAL REPORT 2024



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Foreword

It has been an honour to serve my first full year as President of the Board of HealthNet TPO since my appointment in November 2023. Over the past year, I have gained a profound appreciation for both the immense challenges faced by the communities we serve and the extraordinary commitment of those within our organisation who work tirelessly to support them.

At the heart of our mission is a clear and powerful goal: to support and strengthen communities affected by conflict or disaster so that they can reclaim ownership of their health and wellbeing. We believe in a world where even the most vulnerable people possess the inner strength and support necessary to (re)build a better future.

In 2024, we continued our work in Afghanistan, Burundi, Colombia, and South Sudan—regions where fragile health systems and persistent insecurity continue to endanger lives and erode hope. Each context brought unique challenges, requiring adaptive, locally driven solutions. Through it all, our dedicated teams—whether in the field, in-country management, or at our head office in Amsterdam—rose to meet these demands with compassion, courage, and resilience.

This annual report is a testament to their constant commitment. The data and stories within reflect not only our impact, but also our values in action: humanity, integrity, and perseverance.

I would like to extend my sincere gratitude to our donors and partners. Your continued trust and support empower us to stand alongside those in crisis and to work toward lasting, systemic change.

Finally, on behalf of the Board, I express heartfelt thanks to every member of the HealthNet TPO community. Your dedication drives our mission forward and ensures that, even in the most difficult circumstances, hope and healing are never out of reach.

Peter Engelen
Chair of the Board

Our vision

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 mission

to create an inclusive world by supporting and strengthening the healthcare and mental health system in communities affected by conflict or disaster so they may regain control of their own health and wellbeing.



Our approach



Essential healthcare

We offer essential health services, because in times of need access to regular healthcare is often withdrawn.



Mental health and psychosocial support

We offer mental health support, because people who are mentally healthy can cope with challenging situations better.



Safe spaces and services

We offer safe spaces and services for women and children, since they are often the ones suffering the most from conflict.



Community resilience

We build community resilience by helping communities to regain trust in themselves and in their future.



Our impact in 2024



6M

Essential healthcare
Outpatient consultations



141k

**Mental health and
psychosocial support**
Beneficiaries of services



15k

Safe spaces and services
Survivors of sexual and gender
- based violence treated and supported



1.7M

Community resilience
E.g., people reached with health
awareness sessions



Afghanistan

As one of the largest NGOs operating in Afghanistan, we have been a key partner in the country's health system strengthening since 1994. In these 30 years, our work spanned across health system strengthening, including mental health services, protection, and community resilience, and ensuring access to essential care in a complex and challenging context.

In 2024, despite growing restrictions on women's rights and access to services, we continued delivering life-saving healthcare, strengthening mental health support, and emergency response. We tackled infectious diseases, malnutrition, and expanded psychosocial care, ensuring critical health services reached the most vulnerable—especially women, children, and displaced populations.

18

projects

4,176

local colleagues

7,811

*trained in healthcare
and MHPSS support*

5.2M

beneficiaries

Story of change

Maulalad's journey back to vision

For years, Maulalad's world slowly faded into darkness. At 65, cataracts had taken his sight, forcing him to rely entirely on his sons.

In Afghanistan, where up to 800,000 people suffer from blindness—many due to preventable causes—access to eye care remains a challenge, especially in remote areas. Cataract surgeries are often unavailable or unaffordable for those who need them most.

Through HealthNet TPO's Accessible Eye Health Care Project, in partnership with Afghanistan's Ministry of Public Health and the Fred Hollows Foundation, Maulalad received a free cataract surgery. He was one of 610 women and men who regained their sight in the last quarter alone.

No longer dependent on his sons for daily tasks, Maulalad has reclaimed his independence. His story is just one of thousands. Every year, despite limited resources, HealthNet TPO conducts over 5,000 cataract surgeries, restoring not just vision, but dignity and hope.

With continued support, we can bring sight—and a brighter future—to thousands more Afghans.



“ I depended entirely on my sons, who already struggle to provide for our family. But after my surgery, I can finally see again. Regaining my sight transformed my life and the one of my family.

Mauladad, 65-years-old

Burundi

HealthNet TPO has been present in Burundi since 2000, supporting people affected by conflict, refugees, and survivors of sexual and gender-based violence. More than two decades later, we remain committed to strengthening the Burundian health system, ensuring it can meet the country's growing health and psychosocial needs.

In 2024, Burundi faced ongoing humanitarian challenges, a fragile healthcare system, and public health emergencies. In response, HealthNet TPO provided primary healthcare and nutrition services in existing refugee camps, ensuring support to vulnerable populations while adapting to emerging crises.

3

projects

2,031

*deliveries supported by
skilled birth attendants*

153

local colleagues

106k

beneficiaries

Story of change

Healing through nutrition

Judit, a dedicated nutritionist at HealthNet TPO, witnesses this reality every day. She works on the frontline, identifying and treating cases of acute and severe malnutrition.

Through a partnership with the government and support from UNHCR, HealthNet TPO provides life-saving nutritional treatment to those who need it most. But addressing malnutrition is not just about survival—it's about recovery and resilience.

Alongside food support, HealthNet TPO integrates healthcare, mental health, and reproductive services to ensure a holistic approach to wellbeing.

With these efforts, approximately 98,000 refugees, asylum seekers, and returnees receive essential care, giving families the strength to rebuild their lives. "When we treat malnutrition," Judit says, "we're not just saving lives—we're giving people a chance at a healthier future."

By continuing to support these interventions, we can break the cycle of hunger and help communities thrive.



“

At the refugee camp, we treat more than 50 malnutrition cases per month. People get stronger, healthier and children and families can improve their health to prevent death.

Judit, nutritionist

Colombia

Since 2016, HealthNet TPO works in Colombia to enhance protection services for women and promote health by expanding access to psychosocial care and fostering safer communities. Through collaboration with community agents, we strengthen mental health capacities, restore social cohesion, and work to prevent gender-based violence.

With Colombia ranking as the third country globally with the highest number of people forcibly displaced by armed conflict, our work remains crucial. Within the Women Advocate Peace project (2021–2025), we develop collaborative research and advocacy initiatives with communities and civil society, promoting awareness, technical training, and psychosocial support to help women claim their rights and wellbeing.

1

project

106

*trained on healthcare
SGBV support and MHPSS*

335

*female
beneficiaries*

7

*local
colleagues*

Story of change

‘Somos Voz’ – ‘We Are Voice’

In a small theater in Bogotá, 24 women gathered, each carrying stories of resilience, pain, and strength.

They were feminists, activists, dancers, journalists—women from different backgrounds, yet bound by the shared experience of gender-based violence. This was *Somos Voz*, a space designed by HealthNet TPO Colombia, GOAL, and Buen Ayre Visual to heal, empower, and transform, becoming a place where voices merged, creating a tide of collective power.

The workshop was a blend of movement, storytelling, and emotional release. Some women danced, others spoke about their struggles, and many shed tears. But at its heart, it was about reclaiming joy.

“This space was a gift,” Fabrina Acosta, one of the participants, shared. “It wasn’t just about pain—it was about finding new ways to live beyond it.”

As the event ended, a powerful realisation settled among the women: they were no longer just survivors—they were voices. “We are voices” - Fabrina said, - “Let no one forget it.”

The gathering was not just a moment but the start of a movement. From the raw, honest conversations emerged 16 short documentaries, set to be the foundation of an audiovisual campaign advocating for safer spaces for women and girls.



*Women, like the waters,
when they gather, they grow.*

-Fabrina Acosta, participant

South Sudan

Since 1995, HealthNet TPO has provided primary healthcare and hospital services in South Sudan, focusing on strengthening the health system, improving mental health, and preventing gender-based violence. By working closely with local authorities and community leaders, we help build resilience in the face of ongoing challenges.

In 2024, South Sudan continued to grapple with conflict, a neighbouring war in Sudan, a fragile healthcare system, and limited infrastructure. Despite these hardships, our local team remained dedicated to expanding healthcare access, strengthening maternal and child health services, and supporting peace building efforts, ensuring that communities receive essential care and protection.

5

projects

2,122

*trained in healthcare
and MHPSS support*

675k

beneficiaries

87

*local
colleagues*

Story of change

Suicide prevention among youth

In 2020, South Sudan recorded the 13th highest suicide rate globally, with many cases affecting young people aged 15 to 29. Yet, stigma prevents open conversations, leaving families isolated and those at risk without help. A major obstacle to addressing suicide in South Sudan is the stigma surrounding mental health issues. Cultural perceptions often view suicide as a moral failing or as a hereditary sin, and families impacted by it may face social exclusion.

HealthNet TPO is working to change this paradigm, trying to create awareness and mobilising community support to prevent suicides. Beyond awareness, we train health workers and community leaders to identify and support those at risk while strengthening local support networks.

Trying to reach a wider audience Boniface Duku, HealthNet TPO Programme Coordinator for the Leaders of Peace Programme, participated in radio broadcasts on Eye Radio and Radio Miraya, spreading vital information on recognising warning signs and seeking help.

Lastly, trying to establish a systematic impact, HealthNet TPO, in partnership with the South Sudanese government, is also helping integrate mental health services into the national healthcare system. By fostering understanding and support, HealthNet TPO is making mental health care accessible and saving lives.



“

We aim to make mental health discussions part of everyday life, so people feel empowered to seek support when needed.

Boniface Duku, Programme Coordinator

Our projects - Afghanistan

Malnutrition prevention and treatment

Malnutrition remains a major challenge in Afghanistan, affecting children's growth and survival. HealthNet TPO implements nutrition programmes that provide targeted supplementary feeding, integrate nutrition services into hospitals, and support families with life-saving interventions. These efforts ensure that malnutrition is prevented and treated, particularly in crisis-affected areas.

Malnutrition programmes	Donor	Province
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Targeted supplementary feeding programme	WFP	Khost, Kabul, Kunar and Laghman
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Essential health services

Access to essential healthcare remains a challenge in Afghanistan, particularly for women and children. HealthNet TPO strengthens maternal, newborn, and child health services by supporting hospitals, emergency response mechanisms, and integrated healthcare programmes. These interventions aim to reduce maternal and child mortality, improve emergency care, and expand healthcare access in underserved regions.

Essential health services programmes	Donor	Province
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Provision of Essential Life-Saving Healthcare Services	WHO	Baghlan
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MSF support	Médecins Sans Frontières	Khost
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Eye Care System Integration for Sustainable Development	The Fred Hollows Foundation	Kabul, Nangarhar, Kunar, Khost and Laghman
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Assistance for Families & Indigent Afghans to Thrive (AFIAT)	MSH/USAID	Khost
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Provision of Essential Integrated Health Services in Areas of Return of Kunar and Laghman	UNOCHA	Kunar and Laghman
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Health Emergency Response	UNICEF/The World Bank	Khost, Kunar and Laghman
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Centre for IMPACT (Research project)	NIHR	
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Our projects - Afghanistan

Infectious disease detection, prevention and treatment

Preventing and controlling infectious diseases is critical to protecting Afghanistan's population, particularly vulnerable groups such as refugees, returnees, and mobile populations. HealthNet TPO focuses on early detection, vaccination, treatment, and strengthening healthcare systems to improve disease response. Our projects tackle tuberculosis (TB), malaria, polio, measles, HIV/AIDS, and COVID-19, ensuring that life-saving interventions reach those most in need.

Infectious disease programmes	Donor	Province
TB Resilient & Sustainable Systems for Health	UNDP/GFATM	Badghis, Farah, Ghor, Herat, Nimroz, Kandahar, Zabul, Uruzgan and Helmand
Combined grant on HIV/AIDS, TB, Malaria	UNDP/GF	Khost, Kunar, and Laghman
TB interventions refugees, returnees and mobile populations	UNDP	Herat, Nimroz, Kandahar, Khost, Laghman, Nangarhar and Bamyān
Provision of Hospital Services through Standalone Infectious Diseases Hospital	WHO	Nangarhar
Polio routine immunisation	Bill and Melinda Gates Foundation	East-regions Afghanistan

Mental health and psychosocial support

The worsening of mental health conditions is a growing crisis in Afghanistan. HealthNet TPO integrates MHPSS into healthcare services, ensuring access to community-based support, specialised mental health care, and hospital-based interventions. Through these projects, we provide psychological first aid, strengthen referral pathways, and improve access to care for those experiencing trauma and distress.

MHPSS programmes	Donor	Province
Youth focussed programme	UNFPA	Kabul
Increased access to integrated Mother and Child Health Services	UNFPA	Nangarhar, Herat, Nimroz, Farah, Kapisa, Laghman, Kunar, Parwan, Khost, Paktia, Ghor and Takhar
Mental Health and Psychosocial Support	UNHCR	Central, Eastern and South-Eastern Regions
Supporting Provision of Mental Health Hospital Care in Kabul Mental Health Hospital	WHO	Kabul
Strengthening Mental Health and Psychosocial Support Services in Afghanistan	European Commission	All provinces
Capacity strengthening and scale up of integrated MHPSS programming in Afghanistan	UNICEF	Kabul

Our projects - Burundi and Colombia

Burundi

HealthNet TPO is committed to strengthening primary healthcare, mental health, and child protection services while responding to emerging health crises. In collaboration with key partners, throughout 2024 we provided essential healthcare and psychosocial support for refugees and returnees, protected vulnerable children in humanitarian settings, and responded to infectious disease outbreaks like MPOX. Our work ensured that the most at-risk populations received the care and protection they needed to rebuild their lives in a challenging environment.

Burundi	Donor	Province
Enhancing Primary Healthcare and Nutrition Services for Refugees and Returnees in Burundi	UNHCR	Bubanza, Bujumbura, Cankuzo, Cibitoke Ngozi, Ruyigi, Muyinga, Makamba, Rutana, Rumonge,
Emergency response to MPOX outbreak in Burundi	Streetchild via UNICEF	Bujumbura
Strengthening Child Protection and Service Delivery for Children Affected by Humanitarian Emergencies in Burundi	Streetchild via UNICEF	Mubimbi

Colombia

After decades, Colombia still experiences the long-term effects of conflict, with women often at the forefront of peacebuilding efforts. Throughout 2024, HealthNet TPO supported initiatives that empowered women as key actors in conflict resolution and social transformation. Through the Women Advocate Peace project, funded by the Dutch Ministry of Foreign Affairs as part of the Dutch Women, Peace, and Security National Action Plan IV (under Security Council Resolution 1325), we strengthened women's leadership, promoted dialogue, and enhanced community resilience. By fostering inclusive peace processes, we contribute to sustainable stability and the protection of women's rights in Colombia. This important project will continue till the end of 2025.

Colombia	Donor	Province
Women Advocate Peace	Dutch Ministry of Foreign Affairs	Bolívar, La Guajira, Putumayo and Meta

Our projects - South Sudan

South Sudan

HealthNet TPO continued its commitment to improving healthcare access, strengthening maternal and child health services, and supporting peacebuilding efforts. In collaboration with key donors, in 2024 we provided essential healthcare services, enhanced medical infrastructure, and contributed to community-led peace initiatives. By integrating health and strengthening health systems and interventions, we worked towards building stronger, more resilient communities in South Sudan.

South Sudan	Donor	Province
Leaders of Peace	Dutch Ministry of Foreign Affairs	Terekeka, Juba, Torit, Panyijiar, Yambio, Aweil, Magwi Counties
Providing Essential Healthcare Services	Health Pooled Fund	Terekeka, Nyamlel, Raja, Kuajok
Renovation, Electrification and Equipping/Capacity building of MCH in Lietnhom PHCC Gogrial East Warrap state	UNMISS	Eat Payman, Gogrial East
Completion of 5 rooms MCH	UNMISS	West Payman, Gogrial East
CCM Funding Recipient	The Global Fund	

Our partners



Governance

To ensure that HealthNet TPO fulfils its responsibilities from a governance perspective, the board maintains ongoing oversight of the organisation. The board is responsible for approving the organisational strategy, policies, annual plans, and reports.

These responsibilities are carried out during five scheduled meetings per year. Board members serve on a voluntary basis, sharing their knowledge and expertise. They do not have day-to-day management tasks, but they do evaluate the quality of their own contributions. The board also appoints and assesses the managing director. Board members are appointed for a four-year term and may be reappointed for a second four-year term. The Board Rules, outlining governance principles, are available on the HealthNet TPO's website.

Recent developments

Noelle Ahlberg Kleiterp and Lander van Ommen's first terms will end in June 2025, and both have agreed to continue for a second term.

Peter Engelen joined the board as a new member in June 2023 and took over as Chair of the Board on 1 November 2023.

Rotation and election procedure

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

Board of Directors Members	Appointed as of	End of 1st term	End of 2nd term
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. Board members do not receive any form of compensation. Any actual expenses incurred can be reimbursed.

Board meetings in 2024

The board convened five times in 2024. The agenda for these meetings included the following topics:

- Annual plan and budget;
- Annual report;
- Programme implementation;
- Formal audits, evaluations, and risk assessments;
- Self-evaluation;
- Risk management and fraud prevention;
- Progress on professionalising the organisation;
- Evaluation of the managing director;
- Approval of organisational policies.

In addition to these regular agenda items, the board also discussed:

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

Board self-evaluation

In line with the Governance Code, the board evaluated its performance for 2024.

Evaluation of the managing director

Each year, the board, through the remuneration committee, reviews the performance of the managing director and sets key performance indicators for the coming year. The board expressed its confidence and satisfaction with the managing director's performance.

The board determines the remuneration policy, the level of executive remuneration, and other fixed remuneration components.

HealthNet TPO follows the guidelines set by Goede Doelen Nederland. The BSD score is determined by the board's remuneration committee and has been set at 450 points, which corresponds to a maximum gross annual salary of €144.154 (excluding future payments).

In 2024, the managing director, Johannes H. Grootendorst, received a gross salary, including holiday allowance, of €111.603. This is well within the remuneration guidelines of Goede Doelen Nederland. The managing director did not receive any bonuses, loans, advances, or guarantees. The employer's pension contribution for the managing director in 2024 amounted to €27.629.

Audit and risk committee

The Audit and Risk Committee (ARC) met three times in 2024. The agenda included the auditor's (interim) report, internal and external evaluations, and risk management. Throughout the year, the ARC was kept informed of (security) incidents and how these were handled.

Remuneration committee

The remuneration committee met twice in 2024.

Ethics committee

The Ethics Committee oversees the organisation's integrity policies and complaints procedures. It consists of two board members and an independent external expert. The Ethics Committee met three times in 2024. More information can be found on our website.

Composition of the board

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). Hospital consultant and director for MSF in DRC, Former CEO of Zanob, Managing Director of Scheldezoom. Hospital director and consultant in several hospitals in The Netherlands. Former MSF Hospital Coordinator in DRC and South Sudan. Member of the board of Romeo Foundation.

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, Member of the Ethics Committee and Chair of the Remuneration/Nomination Committee. Term 1, 2021-2025

Non-executive Director of the Zurich International School.

Lander van Ommen

Member. Term 1, 2021-2025

Member of the board of the Initiatives for Peace and Human Rights Foundation, Member of the board of Grand Cru Global and Chair of the board of Stadsveteraan 020.

Charles Gerhardt

Member. Chair of the ethics Committee and member of the Audit & Risk Committee. Term 1, 2023 - 2027

Programme advisor for NABC (Netherlands Africa Business Council) Former Country Coordinator PUM (Netherlands Senior Expert) for Mali and Tunisia, Country Director for Cordaid in Burundi, Health Programme advisor in Ghana, Senior Health Management Consultant for Hera worldwide, Health Advisor for the EU in Egypt and Country Director for SNV in Mali, Cameroon, Senior Advisor at Globus Sante International (GSI) Limited, Ghana



Integrity and CSRD

This section of our Annual Report describes our sustainability approach and performance in accordance with the Corporate Sustainability Reporting Directive (CSRD) using Environmental, Social and Governance (ESG) reporting standards. Although it is currently not a legal requirement, HealthNet TPO have chosen to start reporting on our sustainability efforts through the ESG, underscoring our commitment to transparency and accountability.

Environment

Ensuring sustainable practices is a crucial element in the daily operations of our Amsterdam Head Office and in our country offices in Bogota, Bujumbura, Juba and Kabul.

Throughout 2024, we implemented measures to minimise our ecological footprint across various areas such as energy consumption, water usage, paper consumption, office supplies and transportation.

We have restricted travel to our project countries only to essential trips, recognising the importance of minimising our impact on the environment. We use the services of HumanitAir, a travel agency who advise us on the best and most sustainable travel options. The use of HumanitAir makes it easier to combine destinations and opt for a direct flight where it is possible to significantly reduce the Co2 footprint.

Social

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. 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.

Amidst the challenging and complex environments in which HealthNet TPO operates, the staff, caregivers and other professionals may overlook their own self-care needs while providing essential services to others. We will prioritise self-care, through the development and implementation of a staff wellbeing policy in order to ensure resilience and sustainability of our workforce and the interventions we deliver.

In 2024, there were 4,176 people working across HealthNet TPO in Afghanistan, Burundi, Colombia, South Sudan and the Netherlands with a ratio of women - 34.2% - and men - 65.8%.

Governance

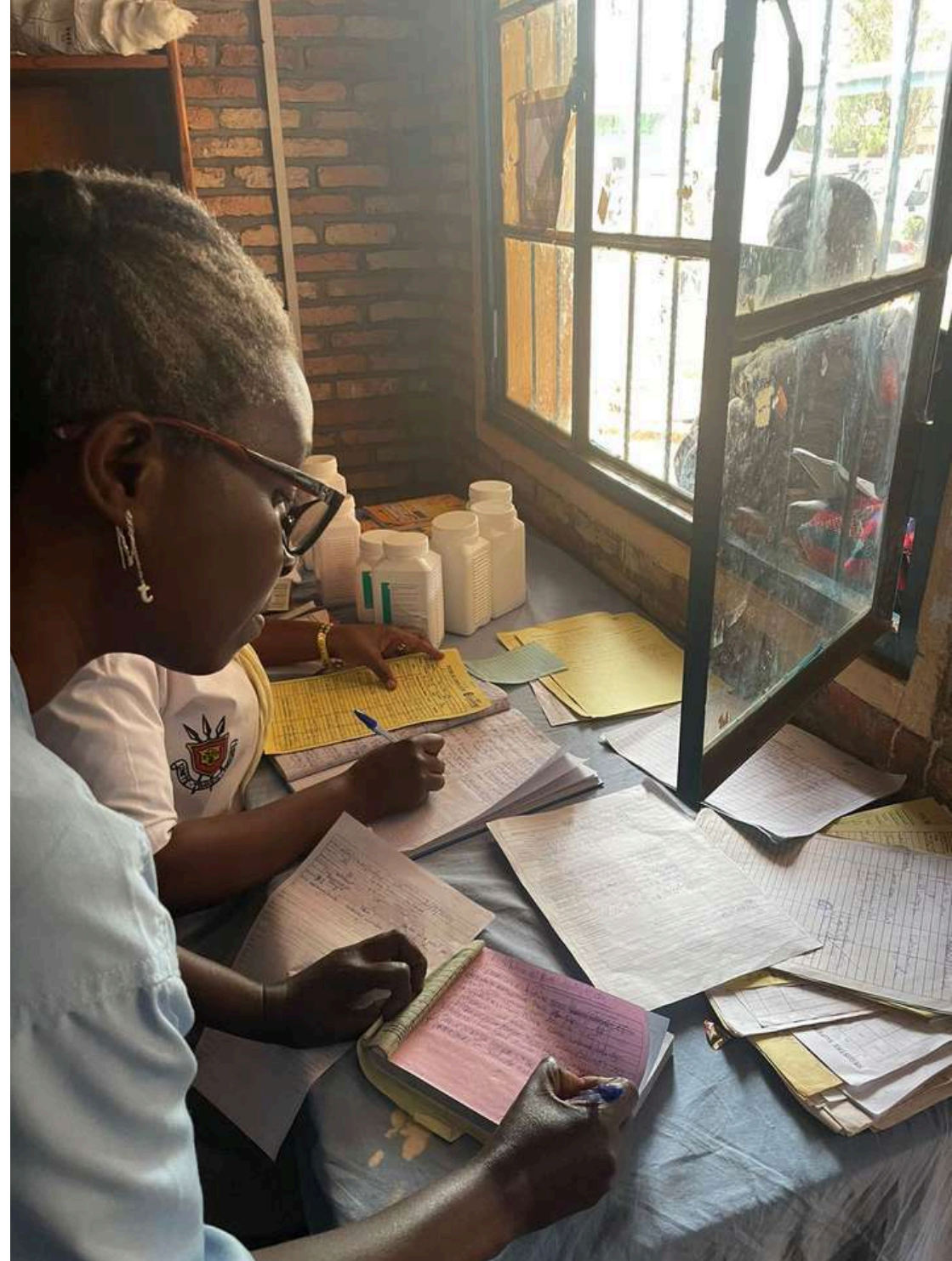
The Ethics Committee of the board held three meetings in 2024 in coordination with the management staff of the head office. The Confidential Contact Person did not receive any requests for support in 2024.

All integrity policies are published on the HealthNet TPO website and accessible for employees and external contact. No reports were received regarding integrity issues in 2024.

The confidential reporting channel, responsiblebehaviour@hntpo.org, is highlighted on our official website and we encourage staff and external parties to report any incidents of misconduct.

In 2024, we received 10 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 outside of the workplace.

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



Risks and uncertainties

At HealthNet TPO, we manage risks in a structured and thoughtful way, to give us the best possible chance of achieving our strategy and organisational goals. Risk management is at the heart of how we design and deliver our programmes and projects in each country. It shapes and guides our operational procedures, helping us work as safely and effectively as possible.

Of course, it's impossible to remove all risks or guarantee complete security. But by identifying vulnerabilities early, we can take steps to reduce them.

In October 2022, our board approved the Risk Management Policy, which sets out a clear and standardised approach for identifying risks, assessing their impact, and deciding how to manage them. This policy helps us ensure that appropriate risk responses and mitigation measures are in place, and that all staff can make informed decisions about their level of risk tolerance.

A thorough and inclusive risk analysis process is essential. Line managers are responsible for making sure all staff have a chance to contribute their insights and expertise, so that risks are properly understood and addressed.

For every country where we operate, there is a Security Management Plan in place. These plans are reviewed and updated every year—or sooner if the security situation requires. In addition, each field office has its own location-specific security plan.

Operational Risks

In 2024, we recorded a total of 33 security incidents across our operations—matching the number from 2023. While this stability in numbers is notable, the nature of the risks in each country reflects the complex and evolving contexts in which we work.

Afghanistan

The security situation in Afghanistan remained relatively stable throughout 2024, with the De Facto Authorities (DFA) maintaining strict control. Armed clashes between the DFA and opposition groups have been rare, though it is important to note that such incidents are often underreported or not publicly documented. One of the recurring operational risks in Afghanistan involves the detention of staff—typically related to perceived unacceptable behaviour or personal disputes. Tragically, we experienced the murder of one of our colleagues this year; while the perpetrator was initially arrested, they managed to escape from prison before prosecution could take place.

On the roads, we recorded two car accidents, with one resulting in injuries to two bystanders. Additionally, we mourned the loss of several national staff members due to natural causes over the year.

The situation for women in Afghanistan continues to be particularly challenging, especially in light of the new law on the Prevention of Vice and Virtue.

Despite these difficulties, we are proud to have retained all our female staff in both health facilities and our country and field offices. Women continue to hold key management positions across our organisation. While the shortage of female professionals in Afghanistan, particularly in healthcare, remains a significant issue, we remain firmly committed to recruiting and supporting women in all roles.

Burundi

The security situation in Burundi remains unpredictable. Fuel shortages have continued for a second consecutive year, creating logistical challenges, while inflation—exceeding 25% for a second year—continues to erode purchasing power. These economic pressures have contributed to an increase in road traffic accidents, although, fortunately, these incidents in 2024 resulted in material damage only. Within the refugee camps where HealthNet TPO operates, several thefts were reported, underscoring the risks that increased poverty poses in the form of theft and robbery.

Colombia

In Colombia, conflict has intensified in several regions, particularly as rival former opposition groups vie for control over drug trafficking routes. The peace process has suffered a setback, with a major faction withdrawing from the talks in April 2024. This development has heightened tensions and added new challenges to our work in affected areas.

South Sudan

South Sudan remains a highly volatile environment. Armed violence persists, fuelled by tribal conflicts and rival factions, while the planned national elections have been postponed yet again. The political process outlined in the peace agreement has stalled, with no constitution in place and no meaningful progress in integrating armed groups into a unified national army.

Political instability continues to grow. While there have been reports of violent incidents in the capital, Juba, HealthNet TPO experienced only one operational security incident in 2024: a looting event at our premises during the relocation to a new office. This incident, though isolated, reflects the general risks faced by organisations operating in such a fragile context.

Financial Risks

Afghanistan

The regime change in Afghanistan on 15 August 2021 led to the suspension of funding arrangements by the World Bank, which, as a policy, does not engage with the new de facto authorities (DFA). The World Bank has not assumed responsibility for payments relating to the period between July and October 2021, during which contract negotiations for the Sehatmandi and COVID-19 projects were in the final stages. Consequently, HealthNet TPO is left with an outstanding receivable of AFN 164,538,107.

At the end of 2021, we prudently provided for €600,000 from our reserves to cover potential losses. Should no progress be made in recovering these receivables, an additional provision of approximately €1.3 million will be required.

These receivables pertain to legitimate contracts for programme implementation between the Ministry of Public Health (MoPH) in Afghanistan, funded by the Afghanistan Reconstruction Trust Fund (ARTF) and administered by the World Bank, with HealthNet TPO serving as the implementing partner, delivering services and products in line with agreed contractual terms.

Despite our persistent efforts to resolve this matter through diplomatic channels since August 2021, no resolution has been achieved. We continue to address the matter at the highest levels within the World Bank to advocate for a fair settlement.

South-Sudan

On 1 August 2024, Crown Agents entered into compulsory liquidation. As a result, HealthNet TPO is left with an outstanding payment related to the Boma Health Initiative project, which ended on 31 December 2023. The final quarterly payments have not been received.

Crown Agents acknowledged the outstanding amount, and we had agreed on a payment plan. However, this was never implemented due to the liquidation process. The total amount owed to HealthNet TPO is USD 204,118.43.

We have filed a claim with the appointed liquidator for the full amount. Additionally, we contacted UNICEF, the back donor for this project, to discuss their position and explore the possibility of submitting a direct claim to them. Unfortunately, this did not lead to a solution.

As it is uncertain when the liquidation process will conclude and what funds will be available for creditors, we have created a provision of approximately 50% of the total claim, which amounts to USD 102,000 or €97,701.

Quality Standards and Codes

HealthNet TPO adheres to the relevant codes and regulations that apply to fundraising organisations in the Netherlands. Specifically, we comply with:

- The requirements for Public Benefit Organisations (ANBI), including the stipulation for maintaining reasonable reserves and funds to ensure the continuity of our work, and the Board Remuneration Policy, which guarantees fair and non-excessive compensation.
- The Regulation on the Remuneration of Directors of Charities, adopted on 4 December 2024 and effective as of 1 January 2025.
- The best practice provisions, Section E of the CBF-Recognition Scheme, also adopted on 4 December 2024 and effective as of 1 January 2025.

In addition to our own Code of Conduct, HealthNet TPO remains committed to the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, as well as the Humanitarian Principles of humanity, neutrality, impartiality, and independence.

Cyber risks

Cyber risk remains a critical and evolving threat to our operations. HealthNet TPO uses the Microsoft 365 cloud platform, ensuring both flexibility and robust security. We continue to reinforce the importance of data security across all levels of the organisation, embedding awareness and best practices in our day-to-day operations.

Reputational Risk

In today's climate of heightened accountability and the potential for immediate reputational damage, all organisations working with institutional or government donors face significant reputational risks. These risks can arise from internal or external ethical and legal breaches, moral inconsistencies, fraud, or corruption.

For HealthNet TPO, the risk is a loss of trust as an effective and credible organisation, which could lead to reduced donor confidence and financial support. To mitigate this, we have developed and implemented transparent policies and guidelines that set clear expectations for our staff, contractors, sub-grantees, and partners. These frameworks ensure accountability and ethical conduct, aligning with our commitment to integrity and professionalism in all aspects of our work.



Communications with stakeholders

'Somos Voz' – 'We Are Voice': A Journey from Violence to Healing

HealthNet TPO Colombia x GOAL x Buen Ayre Visual GBV Campaign

To mark International Women's Day on November 25, 2024, HealthNet TPO Colombia, in collaboration with GOAL and Buen Ayre Visual, launched the Somos Voz initiative. As part of the 16 Days of Activism Against GBV, the campaign featured 16 powerful videos, each highlighting a different form of gender-based violence. [Watch the campaign here.](#)

These stories of survival and resilience not only raised awareness but also fostered dialogue and solidarity within communities. By amplifying the voices of Colombian women and girls who have endured violence, Somos Voz empowered them to advocate for change and contribute to lasting peacebuilding efforts.

Through this collaboration with GOAL, the campaign reached more people, sparking wider conversations on gender-based violence. Working together enhanced both organisations' impact, highlighting the power of collective action in creating change.





Bikes to Empower Health Workers in South Sudan *HealthNet TPO x WeWard Fundraising Campaign*

In partnership with WeWard, HealthNet TPO launched a fundraising campaign to provide bicycles for health workers in South Sudan. These bicycles are a lifeline, enabling healthcare teams to travel long distances and reach remote communities where medical services are scarce.

By improving mobility, this initiative ensures faster access to essential care, from maternal health check-ups to emergency treatments. It not only strengthens healthcare delivery but also empowers frontline workers, reducing the physical strain of walking for hours to serve those in need.

Thanks to WeWard's platform and its engaged community, the campaign successfully mobilised public donations, demonstrating the power of collective giving.

Financial policy and results

HealthNet TPO is dedicated to managing its programmes 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. HealthNet TPO 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, HealthNet TPO 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 2023, the value of the claim had increased to €2.11 million, prompting an additional €170K to be added to the provision that year. In 2024, the claim was further revalued, leading to an additional €66K provision. The board remains optimistic about recovering these claims, encouraged by the response of the donor after we had paid all outstanding invoices of vendors. However, we are still awaiting payment by the Afghan Ministry of Finance. The board plans to reassess the situation when preparing the 2025 annual financials to decide whether to fully provide for the receivables or release the provision upon receipt of payments.

In 2024, HealthNet TPO's income decreased by 8.6% from the previous year to €29,529,780 but only dropped 4.7% compared to the planned budget for the year. The 2024 fiscal year closed with a positive outcome of €65,386. The reserves have increased by 4.8% to €1,423,688.

Revenue, totalling €29,500,071, came predominantly from government contributions and was primarily project-based and one-off. Income from individual gifts and contributions was minimal at €9,709, down by €1,076 from 2023. In 2024, we received a prepayment on a bequest of €20,000.

Project costs and income developments aligned, with a 8.2% decrease in project costs to €28,498,170. The direct costs of generating income increased by 10.2% to €112,459. Operational and organisational expenses at the Amsterdam headquarters increased by 14.4% to €430,494.

In 2024, HealthNet TPO allocated 96.5% of its income to direct objectives, 1.6% less than budgeted and slightly up from 96.1% in 2023. Expenditure on income generation and management/administration represented 0.4% and 1.5% of total expenditures, respectively. Funds from sponsors and donors not immediately required were kept in bank accounts, as HealthNet TPO holds no investments and only uses currency swaps to mitigate currency risks.

The 2024 financial year ended positively with €63,386, supporting organisational continuity into 2025. The board aims to maintain a continuity reserve based on three stress scenarios, determining that a minimum of €3.45 million is necessary. However, the current reserve stands at only €1.52 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 €4,020 positive result for 2025 and plans to allocate any surplus towards strengthening the organisation's mission to rebuild healthcare systems in conflict-affected regions.

Outlook 2025

Looking ahead to 2025, our focus remains steadfast on strengthening MHPSS integration, enhancing programme monitoring and evaluation, and broadening our advocacy efforts on critical issues such as gender-based violence prevention and health system improvements. We will also continue to build strategic partnerships, diversify funding sources, and invest in digital platforms to increase our global reach.

The expansion of our team in Amsterdam also marks a step forward in improving our operational effectiveness, ensuring that we have the expertise and resources needed to support our field teams effectively. However, we acknowledge that significant challenges lie ahead. The shifting landscape of international development funding, including reductions in government and institutional support, requires us to be more adaptive and financially resilient.

The political and humanitarian crises in regions where we work, particularly in Afghanistan and South Sudan, continue to place immense pressure on our teams and resources. While we have made progress in stabilising our financial reserves, the pace of recovery remains slow, underscoring the need for innovative funding strategies and operational efficiency.

Despite these challenges, we remain optimistic. HealthNet TPO has a long history of overcoming adversity, and our strength lies in our ability to innovate, adapt, and remain committed to our mission. HealthNet TPO will move forward with confidence, knowing that even in uncertainty, our impact remains strong.

Economic position of the organisation

As of the end of 2024, HealthNet TPO's financial position reflects both progress and persistent challenges. The 2024 fiscal year closed with a positive result of €63,386, marking a modest step towards financial stability. The continuity reserve increased by 4.8% to €1,423,688, yet this remains significantly below the targeted €3.45 million. This gap underscores the need for continued focus on improving financial sustainability through cost management, risk monitoring, and strategic partnerships.

Operational and organisational costs at the Amsterdam headquarters increased by 14.6% to €431,116 in 2024, reflecting investments in strengthening support systems for field operations. Direct project costs decreased by 8.2%, aligning with the reduced project portfolio, particularly in South Sudan. Income generation efforts remain limited, with a continued reliance on project-based funding, while income from unrestricted sources such as individual donations and legacies remains minimal. These trends emphasise the importance of diversifying funding streams to reduce vulnerability to shifts in project-based financing.

We remain optimistic about recovering long-outstanding claims, particularly in Afghanistan, where cautious provisioning continues. In 2024, an additional €66,280 was allocated for provisions related to a long-standing claim now valued at €2.25 million. The board will reassess this claim in the 2025 financials.

Financial Outlook 2025

The financial outlook for 2025 reflects both cautious optimism and the realities of a challenging funding environment. Based on the revised 2025 budget, total turnover is projected to be approximately €30 million, comparable to 2024 levels despite ongoing pressures in key programme countries. A small positive result is anticipated for 2025, reflecting the organisation's prudent budgeting approach in an uncertain funding landscape.

While no significant growth in unrestricted income is expected, we aim to maintain our focus on cost control, risk mitigation, and strategic resource allocation. The organisation will continue to invest in its digital platforms to improve fundraising efforts, enhance global engagement, and strengthen donor relations.

Efforts to close the gap in the continuity reserve will remain a top priority. Building financial resilience through the diversification of funding sources, increased efficiency, and strong internal controls will underpin HealthNet TPO's long-term sustainability. The board remains committed to allocating any surplus towards strengthening our mission of rebuilding health systems in fragile contexts.

Despite the challenges ahead, we remain confident that HealthNet TPO's robust strategy, committed teams, and strong partnerships will enable the organisation to navigate the complexities of 2025, delivering critical services to the communities that rely on us.



Financial statements

Statement of income and expenditure

(In Euros)	Actual 2024	Budget 2024	Actual 2023
Income			
Income from individuals	29,709	15,000	10,786
Subsidies from government grants	29,500,071	30,969,049	32,292,959
Total	29,529,780	30,984,049	32,303,745
Expenditure on objectives			
Reconstruction and development	28,409,606	30,293,421	30,936,505
Awareness raising and public information	88,564	104,100	102,055
Total	28,498,170	30,397,521	31,038,560
Expenditure income generation			
Own fundraising efforts	22,062	23,200	21,549
Securing government subsidies	90,397	85,000	80,526
Total	112,459	108,200	102,075
Expenditure management and administration	430,494	439,700	376,245
Provision for doubtful debtors	163,981	-	169,704
Total expenditures	29,205,105	30,945,421	31,686,584
Financial income and expenditures	(259,289)	-	(340,779)
Result	65,386	38,628	276,382
Allocation of the result		-	
Continuity reserve	65,386	38,628	276,382
	65,386	38,628	276,382

Financial statements

Statement of income and expenditure

(In Euros)	Actual 2024	Budget 2024	Actual 2023
Allocation of the result			
Continuity reserve	65,386	38,628	276,382
	65,386	38,628	276,382
Percentage expenditure on objectives vs total income	96.5%	98.1%	96.1%
Percentage expenditure on objectives vs total expenditure	97.6%	98.2%	98.0%



Statement of financial position

(In Euros)	December 31, 2024	December 31, 2023
Tangible fixed assets	28,969	27,644
Receivables and accrued income		
Work in progress	11,452,205	11,742,108
Receivables	304,849	1,830,151
Cash and banks	3,616,403	1,999,730
Total assets	15,402,426	15,599,633
Reserves	1,423,688	1,358,302
Provisions	42,438	42,438
Short-term liabilities		
Project balances	10,394,955	8,535,790
Other short-term liabilities	3,541,345	5,663,103
Total reserves and liabilities	15,402,426	15,599,633



Statement of cash flow

(In Euros)	2024	2023
Cash flow from operating activities		
Incoming resources	29,529,780	32,303,745
Resources expended	29,205,105	31,686,584
Operating result	324,675	617,161
Adjustments for:		
- Depreciation tangible fixed assets	12,037	8,130
- Interest	(5,802)	(4,464)
- Movement in provisions	-	(307,731)
Total	6,235	304,065
Movements in working capital:		
- Work in progress	289,903	(2,411,538)
- Receivables	1,525,302	(34,515)
- Project balances	1,859,165	(1,074,326)
- Other current liabilities	(2,121,758)	- (3,991,320)
Total	1,552,612	(7,511,600)
Cash from operating expenses	1,883,522	(7,197,503)
Cash flow from investing activities		
Investments in tangible fixed assets	(13,362)	- (4,984)
Total	(13,362)	(4,984)
Cash flow from financing activities	5,802	4,464
Net cash flow	1,875,962	(7,199,023)
Realised exchange gains and losses	(259,289)	(340,779)
Change in cash and cash equivalents	1,616,673	(7,539,803)

Statement of cash flow

(In Euros)	2024	2023
Cash and cash equivalents	1,999,730	9,539,532
Change in cash and cash equivalents	1,616,673	(7,539,803)
Cash and cash equivalents as at 31 December	3,616,403	1,999,730



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, registered in the Trade Register of the Chamber of Commerce under number 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 2024	Budget 2024	Actual 2023
Income from individuals			
Private donations	9,709	15,000	10,786
Bequests	20,000	-	-
Total	29,709	15,000	10,786

Income institutional donors

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.

(In Euros)	Actual 2024	Budget 2024	Actual 2023
Subsidies from government grants			
Dutch Ministry of Foreign Affairs	321,933	310,322	358,830
Health Pooled Fund	3,968,372	3,260,250	7,344,558
European Commission	1,059,734	1,173,883	825,504
Global Fund	33,577	92,200	105,400
United Nations organisations	18,804,416	22,541,714	19,061,413
Bill & Melinda Gates Foundation	1,154,614	651,488	206,824
Other governments	3,045,853	1,723,636	3,082,018
Coverage for organisational cost	1,111,571	1,215,557	1,308,412
Total	29,500,071	30,969,049	32,292,959

Notes to the statement of income and expenditure

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 2024	Budget 2024	Actual 2023
Average number FTEs	4.1	0.8	4.9	0.2	0.9	4.8	10.9	11.5	9.5
Personnel costs	484,774	45,094	529,868	19,404	112,445	525,123	1,187,840	1,237,800	1,009,940
Accommodation costs	25,897	4,946	30,843	1,506	5,897	30,586	68,833	70,300	43,641
Office and general costs	66,723	12,743	79,466	3,879	15,194	78,804	177,343	209,800	229,585
Depreciation and interest	2,346	448	2,794	136	534	2,770	6,235	15,200	3,666
	279,740	63,231	642,971	24,925	135,071	637,283	1,440,251	1,533,100	1,286,832
Recovered organisational cost	(190,900)	(17,759)	(208,658)	(7,641)	(44,674)	(206,790)	467,763	(559,085)	(439,455)
	388,840	45,473	434,313	17,284	90,397	430,494	972,488	974,015	847,377
Subsidies and contribution	28,021,400	43,091	28,064,491	4,778	-	-	28,069,269	29,319,406	30,681,676
Local Income	(633)	-	(633)	-	-	-	(633)	-	(12,174)
Total allocation	28,409,606	88,564	28,498,170	22,062	90,397	430,494	29,041,123	30,293,421	31,516,880
Percentage of expenditures on objectives				0,08%	0,32%	1,51%			
Note: Coverage of indirect cost							1,111,571	1,215,557	1,308,412
In % of total organisational cost (incl. Subsidies and contribution for Management and Administration)							90.24%	124,80%	110.12%

Note: 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 2024, 98.1% (€28.5 million) of total expenditures (€29.0 million) was directly spent on the objectives. The majority (97.8%) 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

(In Euros)	Actual 2024	Budget 2024	Actual 2023
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		Actual 2024		Budget 2024	Actual 2023	
Expat staff	13,099	0%	133,920	8%	328,278	8%	2,034	1%	527,332	2%	557,240	484,227	2%
Headquarter staff	428,864	2%	21,285	1%	-	0%	17,613	9%	467,763	2%	494,292	439,473	1%
Local staff	13,264,048	60%	638,224	40%	2,846,449	64%	45,086	24%	16,793,807	59%	17,746,276	17,904,874	58%
Field office costs	3,338,944	15%	144,113	9%	207,378	5%	26,215	14%	3,717,650	13%	3,928,498	4,027,478	13%
Transportation	1,614,994	7%	8,342	1%	533,576	12%	15,964	9%	2,172,874	8%	2,296,109	2,754,279	9%
Training and education	628,420	3\$	184,098	11%	122,511	3%	33,290	18%	968,318	3%	1,023,237	821,648	3%
Medical and other goods	2,688,436	12%	461,166	29%	342,069	8%	=	0%	3,491,671	12%	3,689,702	3,643,506	12%
Consultancy	50,386	0%	23,855	1%	27,990	1%	46,073	25%	148,305	1%	156,716	95,353	0%
Local partners	-	0%	-	0%	-	0%	1,279	1%	1,279	0%	1,351	562,382	2%
	22,028,191		1,615,003		4,458,252		187,552		28,288,998		29,893,421	30,736,230	
Local Income	-		-		(485)		(148)		(633)		-	(12,174)	
Total expenditures	22,028,191		1,615,003		4,457,767		187,404		28,288,364		29,893,421	30,724,056	
Allocated organisational costs									388,840		400,000	319,391	
Post project results									(267,598)		-	(106,942)	
									28,409,606		30,293,421	30,936,505	

Cost awareness raising and public information

(In Euros)	Actual 2024	Budget 2024	Actual 2023
Website	37,495	39,115	43,006
Other activities	5,596	4,985	6,168
Total	43,091	44,100	49,174
Allocated organisational costs	45,473	60,000	52,881
Total	88,564	104,100	102,055

Expenditure income generation

(In Euros)	Actual 2024	Budget 2024	Actual 2023
Own fundraising cost	4,778	3,200	3,215
Allocated organisational costs	17,284	20,000	18,335
Total	22,062	23,200	21,549

Expenditure income generation

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 4.8 FTE's was assigned for management and administration.

The total of the Amsterdam head office cost (€1,440,251) 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

Most of the 2024 head office costs are lower than the 2024 budget and higher than the 2023 actuals. Mainly due to salary costs as we have hired additional staff later than budgeted. The consultancy costs are significantly lower than the 2023 actuals because of the appointment of the CFO per March 2023. The other general costs are lower as we only had one meeting with the country directors in 2024.

(In Euros)	Actual 2024	Budget 2024	Actual 2023
Salary cost			
Gross salaries	789,723	882,900	665,333
Social security	141,289	141,600	126,672
Pension	158,223	149,200	131,682
Other personnel cost	98,606	64,100	86,253
Total salary cost	1,187,840	1,237,800	1,009,940
Average number of FTE's	10,9	11,5	10,4
Accommodation cost			
Rent	59,668	49,200	32,372
Service charges	2,789	19,600	4,946
Office maintenance	4,566	1,500	6,323
Total accomodation cost	67,023	70,300	43,641
Office and general cost			
Automation and telecom	21,830	35,400	17,366
Office cost	2,754	4,300	859
Insurance	(691)	4,300	(24)
Bank charges	3,558	3,200	3,958
Consultancy	5,160	8,000	49,786
Audit fees	123,985	119,000	112,247
Other general cost	22,266	35,600	45,393
Total office and general cost	178,861	209,800	229,584
Depreciation and interest			
Depreciation	12,037	15,200	8,130
Cash differences	291	-	1
Interest (gains) expenses	(5,802)	-	(4,464)
Total depreciation and interest	6,526	15,200	3,667
Total organisation cost head office	1,440,251	1,533,100	1,286,832

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.

(In Euro)	2024	2023
Name	Hans Grootendorst	Hans Grootendorst
Position	Managing Director	Managing Director
Contract	Indefinite	Indefinite
Hours per week	40	40
Parttime percentage	100%	100%
Period	01/01-31/12	01/01-31/12
Gross wage/salary	103,463	99,641
Holiday allowance	8,140	7,521
	111,603	107,162
Pension	27,629	26,643
Total	139,233	133,805



Staff overview

	Actual 2024	Budget 2024	Actual 2023
Staff Head Office			
1st January	9.5	9.5	10.5
31st December	12.0	13.3	9.5
Average number staff	10,9	11.5	10.4
Personnel cost per FTE (in euros)	108,976	107,206	96,722
Other cost per FTE (in euros)	23,157	25,594	26,518
Hourly rate staff (budget only, in euros)	90	90	90
Accommodation cost			
Field staff per 31st December			
Afghanistan - Local staff	4.174	4.000	3,462
Afghanistan - Expat staff	2	2	2
Burundi - Local staff	142	140	2
Burundi - Expat staff	1	1	1
Colombia - Local staff	7	7	-
South Sudan - Local staff	82	88	88
South Sudan - Expat staff	5	5	5
Total	4.413	4.243	3.560



Financial income and expenditure

(in Euros)	Actual 2024	Budget 2024	Actual 2023
Exchange rate gains/losses HO Amsterdam	96,993	-	160,442
Exchange rate results project countries	40,702	-	66,124
Bank costs & interest	(396,983)	-	(567,346)
Total financial income and expenditure	(259,289)	-	(340,779)
Provision debtors			
Change during year	(163,981)	-	(169,704)



Budget 2025

(In Euros)	Budget 2025	Actuals 2024
Income		
Income from individuals	40,000	29,709
Subsidies from government grants	33,271,800	29,500,071
Total income	33,311,800	29,519,780
Expenditure on objectives		
Reconstruction and development	32,493,300	28,409,606
Awareness raising and public information	95,000	88,564
Total	32,588,300	28,498,170
Expenditure income generation		
Own fundraising efforts	20,300	22,062
Securing government subsidies	99,180	90,397
Total	119,480	112,459
Expenditure management & administration	600,000	430,494
Provision for doubtful debtors		66,280
Total expenditures	33,307,780	29,107,404
Financial income and expenditures	-	(259,289)
Result	4,020	163,088
Percentage expenditure on objectives vs total income	97,8%	96,5%
Percentage expenditure on objectives vs total expenditure	98,8%	97,9%



Notes to the statement of financial position

Tangible fixed assets

(In Euros)	Furniture	Office machines	Computers	Total
Purchase value				
Balance 1st January	18,771	8,421	76,645	103,837
Investments 2024	-	762	12,600	13,362
Total	18,771	9,183	89,245	117,199
Depreciation				
Balance on 1st January	18,771	4,144	53,278	76,193
Depreciation 2024	-	2,592	9,445	12,037
Total	18,771	6,736	62,722	88,229
Balance 31st December	-	2,447	26,522	28,969

Receivables

(In Euros)	Actual 2024	Actual 2023
Debtors	720	19,720
Prepaid expenses	34,596	16,615
Prepayments to subcontractors	260,414	1,793,816
Accrued assets	9,119	-
Total receivables	304,849	1,830,151



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 2024	Actual 2023
Cash at bank and in hand in Amsterdam	1,826,805	140,732
Cash at bank and in hand in project countries	1,789,598	1,858,998
Total	3,616,403	1,999,730



Cash and bank per country

(In Euros)	Actual 2024	Actual 2023
Afghanistan	1,010,683	1,553,991
Burundi	661,015	17,820
Colombia	1,205	-
South Sudan	116,696	287,187
Total cash and bank in countries	1,789,598	1,858,998

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 2024 this facility was not used.



Reserves

(In Euros)	Actual 2024	Actual 2023
Continuity reserve		
Balance 1st January	1,358,302	1,081,920
Result current year	65,386	276,382
Total	1,423,688	1,358,302

Total reserves		
Balance 1st January	1,358,302	1,081,920
Result current year	65,386	276,382
Total	1,423,688	1,358,302

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 2024, the desired continuity reserve is at least €3.45 million.

The continuity reserve at the end of 2024 amounts to €1.42 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, HealthNet TPO will use the profit that we are aiming for to increase the continuity reserve to the required level.



Provisions

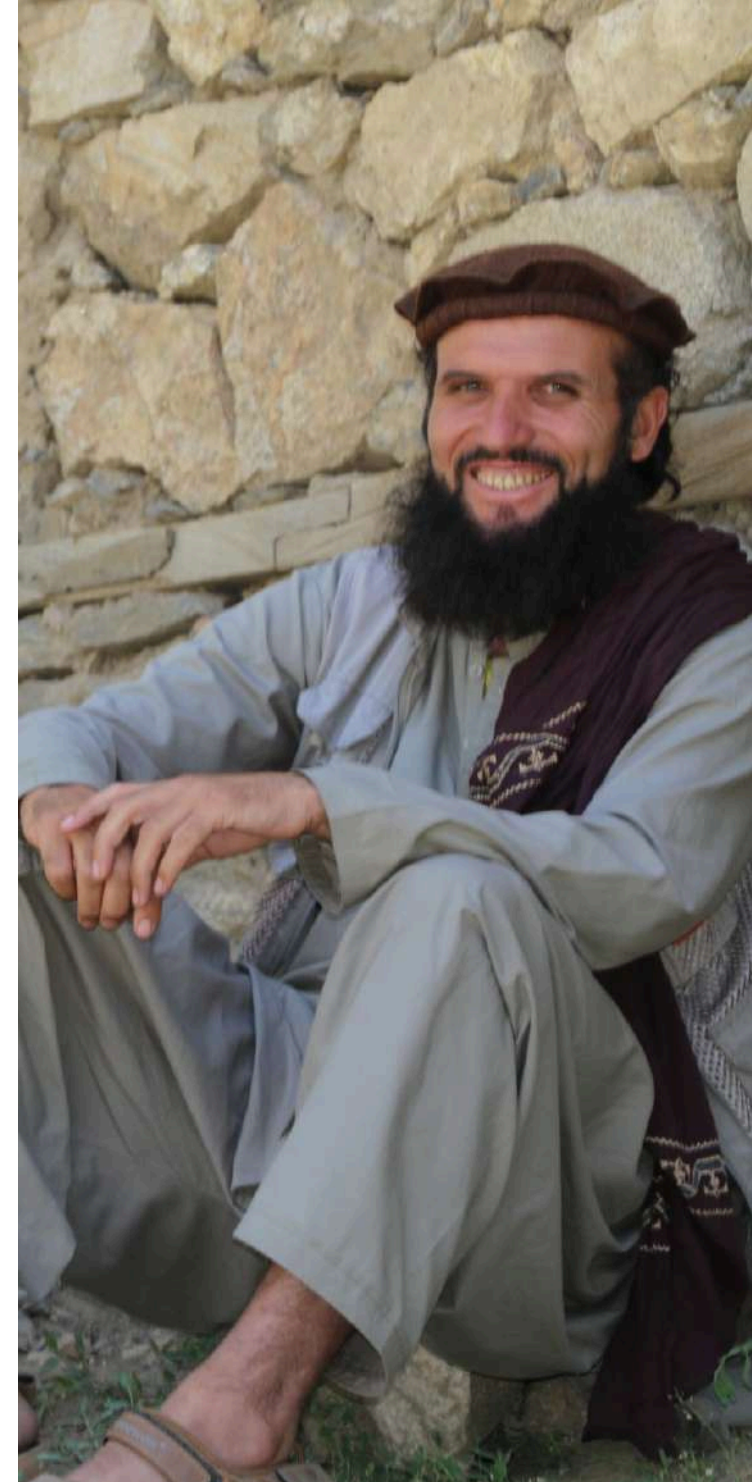
(In Euros)	Actual 2024	Actual 2023
Balance 1st January	42,438	350,169
Correction opening balance	-	(1)
Withdrawal	-	(307,730)
Total	42,438	42,438

Post project provision	28,234	28,234
Court cases Burundi	14,203	14,203
Total	42,438	42,438

(In Euros)	Post project provision	Court cases Burundi
Balance 1st January	28,236	14,203
Withdrawal	-	-
Balance 31st December 2024	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.

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 2024	Actual 2023
Balance 1st January	3,206,318	(279,546)
Received subsidies	(30,567,451)	(27,247,708)
Subsidies spent	28,418,383	30,733,571
Total project balance	1,057,250	3,206,318

(In Euros)	2024		2023	
	To be received from donor	Unspent project subsidies	To be received from donor	Unspent project subsidies
Dutch Ministry of Foreign Affairs	-	(247,795)	-	(100,692)
European Commission	-	(913,388)	-	(117,634)
GAVI	9,607	-	9,009	-
Global Fund	105,379	-	111,939	-
United Nations organisations	7,127,117	(7,378,975)	5,897,362	(6,462,993)
World Bank	3,802,439	(1,442,048)	3,524,444	(1,355,588)
Health Pooled Fund	54,051	-	3,016,913	-
Bill & Melinda Gates Foundation	-	(177,828)	-	(365,632)
Other donors	353,623	(234,920)	182,442	(133,251)
Total	11,452,205	(10,394,955)	11,742,110	(8,535,790)
Total project balance	1,057,250		3,206,318	

The table on the left 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 2024	Actual 2023
Creditors	1,570,925	1,067,420
Invoices to be received	355,207	234,511
Provision holiday allowance and holiday hours	141,925	125,885
Accrued personnel costs Head Office	936	4,839
Accrued tax and social security Head Office	29,110	23,721
Accrued personnel costs in project countries	367,393	245,134
Accrued social security project countries	342,329	306,916
Accrued liabilities	-	566,869
Accrued subcontractors	73,931	2,010,213
Accrued other cost in project countries	659,589	1,079,595
Total short-term liabilities	3,541,345	5,663,103

Accrued personnel costs head office includes the salary and insurance commitments for staff at head office per the 31st December, 2024. Accrued tax and social security head office includes the tax and social security payables per the 31st December, 2024, 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, 2024, in Afghanistan, Burundi, Colombia 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 Burundi. 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 fully caused by the situation in Afghanistan.

Off-balance sheet rights and obligations

Per the 1st of July 2024, the head office has moved 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, the rental cost includes 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 was received in May 2024, and in June we also made the final payments towards the partner organisations.

From September 2024 onwards two audits were carried out on this project. One by the European Court of Auditors and the other by the EC. Although very time consuming no major findings were reported so far and also not expected.

This report is approved by the Board on the 1st of July 2025. Peter Engelen, Chair of the Board, Hans Moison, Treasurer, Catharina Oosterbaan, Board Secretary, 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 2024 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 2024 and of its result for 2024 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 2024;
2. the statement of income and expenditure for 2024;
3. the statement of cashflow for 2024; 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

We draw attention to page 24 of the annual report, the 'Risk and Uncertainties' section, which outlines the operational and financial risks associated with the Stichting's activities in politically volatile and high-risk regions. A substantial portion of the Stichting's funding is provided by institutional donors. Changes in donor policies, combined with developments in the international geopolitical context, may affect the predictability of future funding levels and the Stichting's longer-term funding structure. 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, 4 July 2025

For and on behalf of
SCHIPPER & PAUL

Signed on the original

J.G.M. Schipper MSc RA



restoring **health**
rebuilding communities

HEALTHNET  TPO

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