

Annual Report & Financial statements

For the year ended 31st March 2022

COMPANY REGISTRATION NUMBER 03979511; CHARITY NUMBER 1088641



The trustees, who are also directors for the purposes of company law, have pleasure in presenting their report and the financial statements of the charity for the year ended 31 March **2022**.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name African Health Policy Network

Charity registration number 1088641

Company registration number 03979511

Registered office Durning Hall, Earlham Grove, Forest Gate
E7 9AB

Bankers Barclays Bank plc
Barclays Business Centre
1 North End
Croydon
Surrey

THE TRUSTEES

The trustees who served the charity during the period from April 1st up to the date of approval of these financial statements were as follows:

Mr Danmore Sithole – Chair
Ms Tendai Ndanga - Treasurer
Pastor David Owusu
Ms Eureka Dube

CEO: Deryck Browne

Independent Examiner: TNK & Accountants Elsinore Road London
SE23 2SH

The Trustees present their report and the examined financial statements of the charity for the year ended 31 March 2022. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" in preparing the annual report and financial statements of the charity. The financial statements have been prepared in accordance with the accounting policies set out in notes to the financial statements and comply with the charity's governing document, the Charities Act 2011, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland published in October 2019. The Directors of the charitable company are its Trustees for the purposes of charity law. The Trustees who have served during the year are listed on page 2.

STRUCTURE, GOVERNANCE, MANAGEMENT AND OBJECTIVES

1. Constitution, policies and objectives

The charitable company is a company limited by guarantee and was set up by a Memorandum of Association on 18th April 2000 and as charity on 27th September 2001.

The principal objects of the charitable company for the public benefit are:

- 1 To advance the health and well being of African descent communities in the United Kingdom
- 2 To influence policy and practice relating to the health and well being of African descent communities in the United Kingdom
- 3 To influence policy and practice on wider determinants that impact on the health and well being of African descent communities in the United Kingdom
- 4 To influence, promote and provide training, support, research, campaigns, programmes and information for African descent Communities in the United Kingdom.

2. Method of appointment or election of board of Directors

The management of the charitable company is the responsibility of the board of directors who are appointed and co-opted under the terms of the Articles of Association. Currently the AHPN Board of Directors (Trustees) are appointed by open recruitment and by Co-option, based on skills and experience.

3. Policies adopted for the induction and training of board of trustees

Newly elected board members are encouraged to attend a series of training sessions led by the Chair of the Board and the Chief Executive officer. The courses attended equip the board members with skills to carry out their duties as trustees. The training enables them to understand:

- 1) Their obligation as trustees;
- 2) The importance of the main documents which set out the operational framework for the charity including the memorandum and Articles of association;
- 3) The control of resources and current financial position using the management accounts;
- 4) Their responsibility of the statutory accounts;
- 5) How to translate future plans and objectives into budgets and plans;
- 6) Use of budgetary control.

During induction, they meet key employees and other trustees. As part of the induction training, they are encouraged to attend appropriate external events where these will facilitate the undertaking of their role.

4. Organisational structure and decision making

AHPN has a Board of Directors (Trustees) who are appointed by open recruitment. The work of the Board is supported by

sub-committees and task groups. The organisation has operational staff headed by a Chief Executive and other members of staff as well as interns. Volunteers support various projects within the organisation at both strategic and operational levels.

5. Risk Management

The Board of Trustees have assessed the major risks to which the charitable company is exposed. In particular those related to the operations and finances of the organisation, and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

6. Public Benefit

AHPN has referred to the guidance in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular the trustees consider how planned activities will contribute to the public benefit and the aims and objectives they have set and cover all of these matters in the following detailed pages.

ACTIVITIES, ACHIEVEMENTS AND PERFORMANCE TO MARCH 2022; How our activities delivered public benefit

During the financial year ending **March 2022** AHPN continued to implement its strategy ensuring that policies which affect the health and wellbeing of African descent communities living in the UK are addressed in a meaningful way. The teams within the organisation have worked on differing and dynamic initiatives to strengthen and represent the health needs of African descent communities and the wider BME community in the UK. Covid has continued to have an impact but this is now less than previously.

The Continuing Impact of Covid

Covid19 presented innumerable challenges both for our organisation and for the communities we serve. Much of the work and projects that we have carried out in this financial year were a 'carry-over' from our community-based efforts during the pandemic.

Covid 19 has been a disruptor but, as we have said consistently, it has not operated in a vacuum. It has become one of the many intersecting and aggravating factors that our beneficiaries now have to contend with. And during the year cost of living issues silently pushed themselves to the fore. Issues around food and fuel poverty and anxiety around debt in the communities we serve intersected with the myriad of issues that preceded (and will outlast) the pandemic eg. migration paperwork issues, isolation, discrimination, mental wellbeing, racism and stigma.

The focus of AHPN is the reduction of health inequalities and improving health outcomes, across specific health conditions as well as the wider social, cultural, lifestyle and economic determinants of health for African descent people. The priority health conditions for AHPN are: HIV and sexual health; diabetes; cancer, especially breast and prostate cancer; stroke; mental health; and TB. The wider determinants of which focus on faith, migration and poverty.

The work of AHPN is divided into five core functions:

- Policy
- Research

- Membership & Networks
- Projects
- Campaigns

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POLICY

We have continued to take forward the foundations laid down by our established and published Policy Position document and continue work on the six main health conditions set out therein. Our policy work continues to be funded at the margins of some of our more substantive projects and campaigns work.

We have contributed to policy discussions with local and national Government representatives, policy makers and major pharmaceutical companies including Gilead and ViiV (GSK). We have taken on specific work supported by Viiv to alleviate the impacts being felt by African descent people living with HIV at this difficult time. Our work with Viiv has been showcased high level meetings in London. A key focus of this work was our ambition to place BAME people living with HIV (PLWH) at the fore of an initiative promoting positive messages and policy development around PrEP, the concept of U=U, early testing, and the challenging stigma.

AHPN held the Chair for this year of the newly launched One Voice Network, a policy collaborative of national Black health community organisations. [One Voice Network](#) (OVN) is an independent coalition of nine Black-led grass-roots community organisations, seeking to improve the health and wellbeing of Black communities in the UK who are affected by HIV.

The network aims to drive health equality and improve outcomes for black communities in the UK and particularly those affected by HIV. OVN provides clear vision and strategic leadership and a unique platform for black communities to play a more active role in HIV policy and practice.

The mission is to:

- End new HIV transmissions and to stop late diagnosis among Black communities, especially among people of Black African ethnicity and Black Caribbean ethnicity in the UK
- Empower, support and amplify the voices of Black people affected by HIV in the UK to have healthy and fulfilled lives

- Provide a mechanism for the voices and views of Black people to be shared, to shape the health and care services that are intended for them.

Partnerships and collaborations in various directions allowed us to meet policy objectives. AHPN, in the Chair at OVN, linked with the National Aids Trust and the Terence Higgins Trust to successfully lobby the Department of Health to change blood donation rules which were in effect discriminating against black would-be donors.

<https://www.theguardian.com/society/2021/oct/12/a-welcome-change-to-discriminatory-blood-donation-rules>

And AHPN were at the helm of a local (Newham) partnership bidding for funding under the King's Fund Healthy Communities Together scheme. Our consortia of local health, local authority and local community based organisations did succeed to Phase 2 of the grant process but was eventually unsuccessful. But the process of collaboration, policy development and working together was invaluable locally.

Our partnership was concerned with delivering access and outcomes for communities and groups who are frequently othered and did not engage with 'education'-based approaches, due to a lack of money, time, trust in the health and care system, or access due to language or disability barriers. And our plan for this work focused on a co-production and local VCSE supported, community-led prototype approach. This included learning from other models that have been effective in diverse communities, and building on community engagement developed through the COVID-19 Community Champions and #HelpNewham programmes to develop services that are closer to the people they represent.

Additionally, AHPN has continued to provide policy direction and policy interpretation within front line health interventions for African descent communities. This involves Peer Support initiatives & programmes, Mentoring, Point Of Care testing/health campaigns/Awareness raising/Anti Stigma & Discrimination initiatives/Mental health & Wellbeing strategies. The metrics utilised in monitoring and evaluating policy development and project work has yielded good quality information which has fed into our policy directives. AHPN has contributed to several virtual conferences and policy discussions on a national and international basis regarding the above.

In our 2021 Annual report AHPN expressed a desire to seek funding to re-focus its policy approach with the following actions:

- a. Preparation of a communication strategy and messages, in which AHPN restates and clarifies its strategic focus, rationale, purpose, values and key priorities.
- b. Development of a robust fundraising strategy the gains from which will underpin the continuing process of change and the projects undertaken going forward
- c. Review of staffing structure, skills and capacity required and ensure appropriate HR systems etc are in place
- d. Recalibration of the organisational focus of AHPN, emphasising the critical process of change management that the organisation has been undergoing since the shift from DH funding and its role as an overarching grant managing body to an intervening, point of care, front line agency working with significant numbers of elder service users
- e. Development of AHPN as the 'Go To' information hub for African descent health issues. Identify and define key policy areas with some thoughts given to determining how best to disseminate them to a wider world and member organisations. This may be in the form of reports, consultation submissions, briefings, media stories and lobbying. It will also be necessary to develop a method to measure how successful AHPN is in imbedding these issues in those policy areas into the thinking and practice of policy making bodies (central Government, NHS), community organisations, forums etc; establish a policy/research think tank
- f. Redefinition and clarification of the membership; move towards a more informal process of incorporating members or affiliates
- g. Commence research activities and begin the process of creating and disseminating knowledge, in partnership with others; Convene a policy network/virtual think-tank
- h. Redevelop *Ffena* with extended membership and broader involvement /remit (elders/youth/LGBTQ2+)
- i. Step up the level of engagement with government (DH and beyond), politicians, health service bodies, international organisations and media.
- j. Review and update of Memorandum of Association and establish robust governance with the assistance of 'in-kind' contribution

- k. Raise the AHPN profile. Organise events, seminars and conferences both locally and nationally

These are long term objectives. Substantive progress against these, which require significant funding and support, remains to be progressed. We continue to search for ways in which this support and funding can be meaningfully achieved.

MEMBERSHIP & NETWORKS

AHPNs Community and Engagements lead officer continues to develop and facilitate programmes to enhance organisational membership. Along with the AHPN Grants Officer they have been instrumental in developing networks that include over 100 BAME community based organisations (CBOs) and also a service user network (**Ffena**) with also over one hundred members. Both networks receive regular newsletters and augment the work of AHPN with views, consultations, feedback and critique. The CBO network was developed and nurtured as AHPN under its BAME Healthy Communities Grant Programme worked with Comic Relief to fund grassroots BAME organisations in the eye of the pandemic.

FFENA

Ffena, our dedicated service user Network, continues to grow and strengthen.

AHPN/Ffena celebrated World Aids Day event in December **2021** with a major online event involving community partners based in Europe, with an online zoom link to USA where high-profile speakers and representatives were championing the U=U message in respect of HIV. In testimony to the empowering nature of our work one of our service users composed a poem with an ironic take on the widespread use of masks during the pandemic following the previous scorn afforded to veiled and hijabed women:

Stigmata (Poem)

Eyes darting left and right

Smiles hidden, scowls unknown

Perhaps rabid racists, resembling summer red English Pillar Boxes

Their messages and secrets posted silently

For we are all Hijab'd now.

My scarf used to mask me

While others mocked me

It used to mask my HIV

But now it's just me

Mainstreaming.

Community Engagement lead volunteers/Ffena contributed the following:

After the Covid era, AHPN had a very challenging task of bringing communities back to engage and participate actively as before. We had a strategic pathway we followed and most of the times we fell off the way. Communities were still not confident enough to expose themselves to any projects. Zoom meetings were very actively attended. We had 2 meetings per week due to high demand. We introduced community Lunches and breakfast just to bring them out. The vaccine uptake drive was so successful and built back confidence in many service users. We had 3 movie outings in the season. With all that effort we still had smaller numbers attending face to face meetings e.g. The annual Xmas party World Aids Day. Our strength was in Zoom only activities. So we infused a lot of Community forums to keep our circles closer. The most popular was the Valentine's Day event with a popular socialite from the international social media world, and our international online conference on the U=U issue with the founder of the movement Bruce Richman. Our engagement with international organisations has always been high. We attended the German Aids Hilfe migrant community meeting and facilitated an empowerment programme which was very successful. Our involvement in national activities with partner organisations in campaigns and national training events. We are still soldiering on. We are already doing great progress in confidence building and our community is bouncing back in numbers.

RESEARCH

AHPN has not received sole funding for research work as such, but we continue to monitor and evaluate our project work and our outcomes and outputs. Our numerous project reports constitute a body of research from which we can draw within our policy and campaigning work. Our work with MSD Pharmaceuticals which focused on Black women aging with HIV and what this meant to them drew on research carried out with and by AHPN service users and provided some very real additions to the broader national discussions about 'The greying of HIV'. A snapshot of the issues raised by focus groups of women whose discussions were content analysed includes:

- Isolation
- Menopause
- Relationships
- Stigma & discrimination
- Disclosure and support around this
- Migration & documentation issues
- Interaction with health professionals
- Socio-economic issues
- Sense of lack of utility

AHPN will utilise these markers as a platform from which to drill down into these issues of health and aging going forward.

PROJECTS & CAMPAIGNS

AHPN was funded by Comic Relief and National Emergencies Trust to become an intermediary to assist with the provision of funds to grassroots BAME organisations nationwide as the pandemic began to impact Black communities disproportionately. The overall grant sum involved was considerable. AHPN put a great deal of effort into developing and delivering the project. Our approach is best summarised by our circulated grant information developed, below:

“We are particularly interested in supporting wellbeing projects by BAME led organisations that demonstrate that they are also people/service user centred. We are interested in learning how the people you work with are

involved in the design and delivery of your project. How have they influenced your project and how will they continue to shape its delivery? How will you utilise the skills and experiences of the people you work with? We want to know about the reach of your project, whether you are reaching, for example BAME LGBTIQ communities, those with no recourse to public funds or those living with disabilities or long-term conditions. Perhaps you are working with those seeking asylum or refuge. We want to know how you have been serving your beneficiaries since the start of the pandemic and how your project will make a real difference to their health and wellbeing as we journey through these difficult times.

We also want to learn how your project is connected with other relevant organisations and how your idea complements what they may be doing. There is no single definition of what a BAME led organisation is. For the purposes of this fund a BAME led organisation is a voluntary or community organisation, a charity or other form of social enterprise having a majority of its governing body (or staff make-up) from BAME communities, with its services designed, targeted and delivered to BAME communities.

We will:

Option 1 - Grants up to £5,000

We will fund projects by those smaller locally rooted BAME organisations that have been providing critical support to people at a community level to ensure that during this crucial pandemic /post pandemic phase grass roots BAME organisations can continue to work for their communities and survive the pandemic/post-pandemic period.

Under this fund groups with annual incomes below £50,000 can apply for up to £5,000.

Option 2 - Grants up to £10,000

We will provide a slightly enhanced fund for BAME led organisations that may be better surviving the constraints brought on by the pandemic and are looking at developing projects focusing on ways in which to work with their communities to rebuild and reimagine the future in respect of their supportive work in the wake of Covid-19.

Under this fund groups with annual incomes between £50,000 - £150,000 can apply for up to £10,000.

Option 3 - Micro-grants

Given the impact of the pandemic we also want to be flexible with our granting amounts. Where organisations would like to apply for **micro-grants of between £500 to £1000** for capacity building purposes, we will be able to make quick decisions following a short application form and Zoom interview.

If you would like to apply for a Micro-grant of between £500-£1,000 for capacity building purposes please go back to the website for full details: <https://www.ahpn.org.uk/micro-grants>”

AHPN received over 700 bid applications and ended up funding and working with 111 grassroots organisations which now comprise our Trusted Partners Network.

In addition AHPN also was co-opted on to a Fund Reference Group (for all 3 phases of the Global Majority Fund) tasked with providing oversight to the project evaluation, ongoing and undertaken by external consultants.

Hackney Giving; Crisis and Recovery Holding Hands Project

The AHPN Holding Hands project supported and connected 60+ Hackney based BAME adults who have lived experience of mental health and /or long term health conditions or who are at risk of worsening mental health due to the current crisis. Project champions and volunteers played a crucial role in the project.

Sante Sage Health Project:

The AHPN Sante Sage Project was provided peer support for members of the Francophone African communities based primarily in Hackney, although it drew in participants from further afield. It provided cultural safe spaces with health and wellbeing information, advice and activities. 75+ participants took part in the initiative.

Barrow Cadbury; Human touch Project

The AHPN Human touch project supported and connected 65 migrant adults, those seeking asylum and /or refuge. Many of these had lived experience of mental health or were at risk of worsening mental health due to both the current crisis (pandemic) and the intersecting issues of documentation, hostility, detention and anxiety. We focused on our borough of Newham but we did not exclude those migrants from adjoining east London boroughs. These were areas where AHPN had carried out projects and peer-support and where we were supporting several individuals who were shielding/self isolating.

(From the project bid): We will escalate our work by providing during Phase 1 (first three months): • Regular food shopping drops and other essentials • Regular health check contact/checking mental health and wellbeing needs, any anxieties, fears etc • Online peer support activities; advice group meetings/quizzes/recipe swaps/poetry group/exercise&movement Counselling services (trained counsellor will be on hand to discuss matters relating to loss and bereavement during this period-service users have told us that this is one of the most distressing aspects of the crisis) • Assistance with navigating range of local services/information exchange/signposting/accessing online coping tools • Advice on issues which still cause stress and which will outlive Covid; eg.immigration, housing, debt, health needs • Creative diaries

Following on from our Phase 1(months 1-3), our Phase 2 (months 4-6 has also been discussed virtually with beneficiaries.

Our project work during the period also took in grants from London Communities Response, the Co-op Foundation, and the National Lottery Community Hands funds which were used to support our communities through the pandemic but also with issues of migration, stigma and poverty which were enduring.

AHPN is indebted to our supporters, Comic Relief, East End Community Foundation, Hackney Giving, Hackney CVS, Lee Valley Authority, the National Lottery, Independent Age, MSD Pharma, London Communities Response, Gilead, Viiv Pharmaceuticals, Janssen, Hackney Borough, MIND, MacAids Foundation, London Catalyst, Barrow Cadbury, Coop Foundation and others for the dedicated support that have given us throughout this financial year which has enabled our ongoing work.

Financial Report and Funding

AFRICAN HEALTH POLICY NETWORK

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

YEAR ENDED 31 MARCH 2022

Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2022 £	Total Funds 2021 £
INCOMING RESOURCES				
Incoming resources from generating funds:				
Voluntary income	51,786	63,022	114,808	697,378
Investment income	-	-	-	-
TOTAL INCOMING RESOURCES	<u>51,786</u>	<u>63,022</u>	<u>114,808</u>	<u>697,378</u>
RESOURCES EXPENDED				
Charitable activities	(40,530)	(228,321)	(268,851)	(466,891)
TOTAL RESOURCES EXPENDED	<u>(40,530)</u>	<u>(228,321)</u>	<u>(268,851)</u>	<u>(466,891)</u>
NET INCOMING RESOURCES FOR THE YEAR/NET INCOME FOR THE YEAR	11,256	(165,299)	(154,043)	230,487
RECONCILIATION OF FUNDS				
Total funds brought forward	<u>62,173</u>	<u>187,070</u>	<u>249,243</u>	<u>18,756</u>
TOTAL FUNDS CARRIED FORWARD	<u>73,429</u>	<u>21,771</u>	<u>95,200</u>	<u>249,243</u>

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

AFRICAN HEALTH POLICY NETWORK

BALANCE SHEET

YEAR ENDED 31 MARCH 2022

	Note	2022 £	2021 £
FIXED ASSETS			
Tangible assets		1	1
CURRENT ASSETS			
Debtors		15,197	-
Cash at bank		127,198	303,169
		142,395	303,169
CREDITORS: Amounts falling due within one year		<u>(47,195)</u>	<u>(53,926)</u>
NET CURRENT ASSETS		95,200	249,243
TOTAL ASSETS LESS CURRENT ASSETS		<u>95,200</u>	<u>249,243</u>
NET ASSETS		<u>95,200</u>	<u>249,243</u>
FUNDS			
Restricted income funds		21,771	187,070
Unrestricted income funds		73,429	62,173
TOTAL FUNDS	.	<u>95,200</u>	<u>249,243</u>

TENDAI MARJORIE NDANGA
31-Dec 2022
Treasurer



Charity Registration Number: 1088641

AFRICAN HEALTH POLICY NETWORK

Report of the Accountant's to the Members of AFRICAN HEALTH POLICY NETWORK

We report on the accounts of African Health Policy Network for the year ended 31 March 2022.

Respective responsibilities of Management Committee and accountants

As the charity's trustees you are responsible for the preparation of the accounts.

Basis of Independent Examiners Report

Our examination was carried out in accordance with the General Directions given by the Charity Commissioners. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any usual items or disclosures in the accounts, allied to the seeking from you as trustees' explanations concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently we do not express an audit opinion on the view given by the accounts.

Independent examiner's statement

In connection with our examination, no matters have come to our attention:

- (1) which gives us reasonable cause to believe that in any material respect the requirements
 - (a) to keep accounting records in accordance with section 41 of the Act; and
 - (b) to prepare accounts which accord with the accounting records and comply with accounting requirements of the Act have not been met.
- (2) To which in our opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.


Richard Takan

31 December 2022

TNK & Accountants
Elsinore Road
London
SE23 2SH