## Annual Report of Mossy Foot UK for year ending 12 August 2020

## Administration

Mossy Foot UK achieved registration with the Charity Commission on 29 May 2009 under number 1129888. Its first full accounting year after that registration ended on August 2009 and that was its second year of operation as it was given charitable status by HMRC in October 2008 backdated to the date of its Trust Deed (13 August 2008).

This is Mossy Foot UK's twelfth year of operation. The Trustees of Mossy Foot UK are Dr Lucinda Claire Fuller and Graeme David Akhurst. The offices of the Charity are at Beacon Hill House, Little Mongeham, Kent CT14 0HW. They were the trustees at inception and expect to remain as the only trustees for the foreseeable future. Only the existing Trustees as a body have power to appoint new trustees. Mossy Foot UK does not have any employees. The Trustees held 5 meetings during the course of the year.

## **Financial Report**

Mossy Foot saw its receipts decrease this year from £13,624 last year to £12,244 (a little above the level it was two years ago). Mossy Foot UK has no reserves policy and is not in deficit. Its own website hosting and administration requires it to keep a small amount in hand (it has no other committed payments). This year Mossy Foot has migrated to a new web design company and paid for a new website which will be easier for the Trustees to update. It continued donations to "Action on Podoconiosis and Integrated Development Organisation" ("APA") <a href="www.actiononpodo.com">www.actiononpodo.com</a> which gained administrative approval at the beginning to 2012. Mossy Foot UK transferred £10,000 to APA during the year which it uses for general purposes (paying the staff who run its clinics in Southern Ethiopia and running training programmes in shoemaking, training on income generation. In addition to supporting training of government healthcare workers to take over the care of patients, APIDO is also support the logistical infrastructure of ensuring treatment package materials are available for the government run clinics">www.actiononpodo.com</a> which gained administrative approval at the beginning to 2012. Mossy Foot UK transferred £10,000 to APA during the year which it uses for general purposes (paying the staff who run its clinics in Southern Ethiopia and running training programmes in shoemaking, training on income generation. In addition to supporting training of government healthcare workers to take over the care of patients, APIDO is also support the logistical infrastructure of ensuring treatment package materials are available for the government run clinics). Further grants are expected to be made to APA in the future. None of Mossy Foot UK's funds are restricted and it holds no funds as custodian trustee. No payments were made to the Trustees. The amount in the account at the end of the year was £2,061.

## Objects, Activities and Public Benefit Statement

The objects of Mossy Foot UK are to relieve the condition of podoconiosis ("Mossy Foot") in sufferers in Ethiopia and to provide care and rehabilitation for such persons. It is also to promote the physical and mental health of Mossy Foot sufferers in Ethiopia through the provision of financial assistance, support, education and practical advice.

Mossy Foot UK has supported Action on Podoconiosis and Integrated Development Organisation (APIDO) with financial disbursements. Professor Paul Matts continues to visit and provide external governance support for APIDO.

He has confirmed the validity of the written report that Mossy Foot UK has have received from APIDO updating it on their activities in the six months from August 2019 and 31<sup>st</sup> January 2020. APIDO has embarked on a new Podoconiosis Prevention, Treatment and Rehabilitation Project in Southern Ethiopia focusing in new areas of the Dawuro zone. This new drive aims to improve health, psychosocial and economic wellbeing of 9,888 podoconiosis patients suffering and disabled by Podoconiosis as well as 226,154 indirect beneficiaries in these new areas.

So far mass health education on basic podo knowledge including prevention has been delivered by APIDO to the communities working with health post workers, schools and health centres.

In addition, screening for new patients has been undertaken followed by enrolment of these new cases in treatment programmes undertaken with APIDO support. APIDO staff train and mentor the government staff within the health centres within the Dawro zone. Severely affected new patients have been provided with custom made shoes.

From their recent report they share that in the 6 months from August 2019-January 2020, a total of 775 new patients have been identified and registered within these new programmes and provided with treatment packages. Additional achievements include:

- 1.1,225 established patients have demonstrated good progress in their self-management and have "graduated" from the intensive initial induction programme.
- 2. 1,010 pairs of custom made large sized shoes have been made and distributed to the patients with swollen lymphoedematous feet. (part of the podoconiosis problem)

Dr Fuller continues as Chair of the International Foundation for Dermatology (IFD) <a href="www.ifd.org">www.ifd.org</a> and is also on the board of International League of Dermatological Societies (ILDS) (<a href="www.ilds.org">www.ilds.org</a>) which is enabling her to keep Mossy Foot on the agenda of global health dermatology and ensure that it is included in the programme of dermatology and tropical health scientific agendas. Over the past year she has been working directly with the WHO Neglected Tropical Disease unit to develop a training package for community health care workers which will include care for podoconiosis patients.

The Trustees are pleased to see that ILDS DERMLINK scheme has awarded a podoconiosis project financial support to develop a sustainable skin care regimen focusing on using much less water than currently required which is highly relevant in this geographic region where water is in short supply. The project is called: "The Improve PodoCare Project": an exploratory field/ rural based project examining the facilities, clinical resources, logistics, stakeholder views to develop more effective simple clinical interventions for people living with podoconiosis in Ethiopia and using less water resource sponsored by the British Dermatology Nursing Group and lead by Dr Jill Brookes working with APIDO teams in Dawro, Ethiopia.

In addition Dr Fuller has used her IFD/ILDS role and membership of the Footwork International (<a href="www.podo.org">www.podo.org</a>) steering group to continue to work with the World Health Organisation (WHO). The intention of Footwork International is to submit a proposal to the WHO this year to adopt Mossy Foot as a target disease for eradication in the African region. Success in achievement of this classification will greatly increase influence with the larger global research funding bodies and enhance the chance of securing podoconiosis research funding to address some of the continuing unknowns of this disorder.

Dr Fuller has succeeded in securing representation for podoconiosis at the prestigious Coalition for Operational Research into Neglected Tropical Disease first virtual annual meeting. Podoconiosis work will be included in a session on reducing stigmatisation and disability in skin related Neglected tropical diseases.

Mossy Foot UK continues to update its website (<a href="www.mossyfootuk.com">www.mossyfootuk.com</a>) and has commissioned a new website which will be easier for Trustees to edit; thus increasing its educational contents and thereby raising awareness of persons to the condition.

The public benefit of these actions is (a) to improve the situation of Mossy Foot sufferers both financially and medically enabling reintegration into their communities with no dependence on begging and (b) to increase awareness of Mossy Foot amongst both the Ethiopian and non-Ethiopian populations thereby helping to reduce the stigma attached to the condition.

The trustees therefore confirm that they have complied with their duty to have due regard to the guidance on public benefit published by the Charities Commission in exercising their powers.