



A deeper understanding

How Health Poverty Action is working with the world's poorest and most forgotten people to improve their health

HEALTH
POVERTY
ACTION 



'Improving health is not just a medical challenge; it's a fundamental issue of justice. Our work is more profound than an act of charity; it's a recognition of human rights.'

Martin Drewry, Director

Deeply rooted change is driven by deeply inspiring people

Meet some of them now...

Health Poverty Action works alongside people for whom daily life is a struggle for survival. As well as inspiring us with their courage, creativity, dignity and determination, they constantly impress us with their ability to succeed against the odds.

Over the next few pages, you'll meet just a few of them.

We currently work with communities in 13 countries in Africa, Asia and Latin America, helping many millions to access their health rights. And while our work is diverse, it is guided by three overarching values:

- Tackling the problem in its entirety
- Prioritising those missed out by others
- Addressing the root causes of poor health

Of course, that we can do this at all is down to our supporters; those who provide the means and the motivation to keep us going, as well as sustaining the people we work alongside.

To those of you who are already on board, a massive 'thank you'. To those of you who would like to be part of an organisation that truly goes deeper, a very warm welcome.

...and count yourself in



Tackling the problem in its entirety

Bringing health benefits to 100,000 of the most destitute people in Somaliland

In the self-declared Republic of Somaliland (North Western Somalia), Health Poverty Action is working with partners to improve health and reduce mother and child deaths in settlements for people displaced by conflict.

Saving lives, shifting attitudes

When we started this work in 2007, life in these settlements was extremely tough. Women and children were particularly vulnerable to rape and other forms of violence, and maternal mortality was the worst in the world.

98% of girls in Somalia endure female genital mutilation (FGM) which leads to a higher risk of complications and death during childbirth. Women stuck in difficult labour might be carried to the roadside in a home-made hammock to wait in agony for public transport. Now, thanks to our supporters' generosity, there are ambulances for emergency cases and a proper hospital referral system - described by the European Commission as 'an extraordinary accomplishment' in a country deeply affected by war.

We have also provided equipment and trained hospital staff in emergency obstetric care and extended clinic opening hours from 4 hours a day to 24-hours, six days a week.

In addition, Health Poverty Action is training nurses to counsel women who've experienced rape, tackling the 'shame culture' via taboo-busting radio programmes heard by millions and working with our partners to feed thousands of the most malnourished children.

After a successful first phase, this work has recently been expanded to cover 500,000 people in Somaliland.

80% of women in the areas where Health Poverty Action is active now give birth in a clinic or hospital



'She was lying on the sandy floor in a pool of blood'

'I bought plastic paper to use as gloves and was able to assist. The mother had not felt the foetus movements in four days. It was still born but the mother was saved.'

Muna was travelling in one of our vehicles when she was flagged down by the roadside and asked to assist with a difficult birth. The mother, Aamina, had been in labour for many hours and was utterly exhausted.

'I was dying' says Aamina; 'Suddenly a lady appeared... She helped me, and her presence reignited my hope... Health Poverty Action saved my life. They gave me a second chance and I thank Allah for them.'

Thankfully, Aamina recovered and has since had a healthy baby boy at her new local health centre. She has also become a champion for change – advising other pregnant women to attend these 'life-saving centres', where care is offered free of charge.

With 250,000 people in the Sahil region still lacking access to health services of any kind, many women still 'die quietly and are buried quietly', says Muna. We are working hard to change this. For example, we are currently building another seven health centres to give more people access to the care they need.



Why work in this way?

The poorest and most marginalised face so many threats to their health that tackling one in isolation may do nothing more than change the cause of death. To really improve health requires a joined-up approach.

Here are just a few examples from Somaliland:

- 1 hospital and 11 health facilities are being refurbished and equipped for safe childbirth
- 80 nurses and medical officers have been trained in emergency obstetric care, including caesarean section and newborn resuscitation
- In the last two years, we have directly helped over 10,000 women to give birth safely



Muna Shabcan, a trained midwife working for Health Poverty Action in the Sahil region of Somaliland.

Prioritising those missed out by others

Establishing a primary health care system for the 77,000 forgotten people of Special Region Four in Myanmar/Burma

When we first came to Special Region Four in Myanmar/Burma, the health system had collapsed after years of conflict.

Poverty was extreme. Women had no pregnancy checks and there were no disinfection measures during delivery. Many children died, while others became malnourished or infested with parasites. Some even lacked clothes to cover their bodies. The situation was about as dire as you can imagine.

Valuing people, raising expectations

In 2006, Health Poverty Action started an ambitious primary health care project, to bring immunisation, maternal and children's health, water and sanitation, and health education to this remote region.

The results have been remarkable. For example:

- Malaria deaths are down by 70%
- Infant deaths (of children under two) are down by 68%
- Immunisation coverage has increased by 75%

As local doctor Ai Di Dan explains, without Health Poverty Action alongside them, these people would feel 'forgotten by the whole world.'

Since Health Poverty Action started working in this region, deaths among children under five have gone down by 77%



'He just lay on the bed not moving'

'It was last winter when Meng got sick. He had a very bad fever. He suffered for three days before a team from Health Poverty Action came to the village. They did some tests and found that he had malaria. He was given medicine immediately and is better now.'

'They came back one month later to check up on Meng and said that he is healthy again. We were told how best to care for Meng and our other children. We are all so happy; I was scared he would die because he was so sick.'

Meng's mum, Yammin



Meng, now recovered, at home with mum, Yammin ▲



Why work in this way?

Development initiatives have a tendency to cluster together, with the same factors leading many organisations to certain trouble spots. This leaves large populations with almost no support at all. We go further to reach them.

Here are just a few examples from Myanmar/Burma, covering 2006 – 2010; the most intense period of transformation:

- 224 birth attendants trained – together reaching over 12,000 women a year
- 11,453 children under two vaccinated
- 42 villages (1,303 households) benefiting from improved water and sanitation

Addressing the root causes of poor health

Developing a culturally appropriate approach to safe childbirth in Nicaragua

In Nicaragua, we have developed an approach to safe childbirth that successfully blends local health practices and western medicine.

Crucially, we listened to what local people were saying and recognised why women were reluctant to give birth in local health centres; that the practices followed there compromised their culture and beliefs. For example, the husband, family and traditional birth attendant were excluded from the delivery room, while women want their husbands to actively participate in labour. Even more distressingly, the placenta would be thrown away, while tradition demands it be buried in a warm place.

This meant that mothers were staying away from clinics and giving birth at home, without medical attention. Their right to health was being denied and that meant needless loss of life and terrible suffering.

Fostering inclusion, building confidence

In consultation with local communities, Health Poverty Action developed a respectful new model that welcomes the husband into the delivery room, allows women to wear their own clothing, and ensures that the placenta is carefully handed to the family for burial.

For those women who cannot get to a health centre, we have trained traditional birth attendants to deliver babies safely themselves – and equipped them to do so.

The policy we developed to support this initiative has now been incorporated into the national health framework for the whole of Nicaragua.

By tackling the social and economic causes of poor health, Health Poverty Action is benefiting around 4,000 women each year in Nicaragua, including around 900 pregnant women and their babies



‘She had an intense headache and was bleeding badly’

Ernita Emilio started out as a traditional birth attendant 30 years ago. In her time, she has witnessed many births - and many tragedies. But with training from Health Poverty Action, she now has the confidence to match her experience.

Ernita no longer fears the unknown and the possibility of mothers developing a condition she doesn't understand and she is able to spot higher risk cases and quickly refer them.

Take 15-year-old Gabriela, for example, who was suffering from an intense headache and bleeding badly. Thanks to Ernita's quick thinking, she was immediately referred to a hospital where she was diagnosed with pre-eclampsia - and doctors were able to save her and her baby's life.



Why work in this way?

Emphasising the need for justice rather than charity keeps us focussed on tackling the root causes of poor health, not just the symptoms. In particular, we address the social and economic causes of poor health – hence our name, Health Poverty Action.

Here are just a few examples of what was achieved in Nicaragua in 2011:

- 135 health staff and traditional birth attendants were trained and equipped to develop their role
- 423 newborn babies were delivered safely
- 887 pregnant women received the care they needed

Ernita Emilio, traditional birth attendant ▲

Will you stand alongside us?

By supporting Health Poverty Action, you are partnering directly with deeply inspiring people.

They battle malaria, flooding, harsh jungle terrain, go without food and water, take on challenging tasks such as delivering still births and resuscitating newborns...

What keeps them going is a passionate belief that every person on the planet has a right to health. Here's how you can help.

By making a donation

Donations to Health Poverty Action save lives, strengthen capacity and bring about sustainable improvements for millions of people, often in communities that no other aid or development agency will ever reach.

If you would like to make a gift today, please call 020 7840 3777 or visit www.healthpovertyaction.org

By setting up a regular gift

Gifts by direct debit and standing order are particularly valuable as they enable us to plan ahead – and give us the means to respond to emergencies. For example, when extreme drought hit the Horn of Africa in July 2011 resulting in a major food crisis, we were able to respond with a new immunisation and targeted feeding programme to reduce sickness and death among women and children under five.

If you would like to make a regular gift, please call 020 7840 3777 or visit www.healthpovertyaction.org

By joining in our campaigning work

To successfully tackle the causes of poor health, we need people to join us in speaking up and pressing for change.

Visit www.healthpovertyaction.org/campaigns to make your voice count.

By leaving a legacy

Making a legacy gift to Health Poverty Action is a powerful way of ensuring your values live on through our work. If, after providing for your own friends and family, you would also like to brighten the lives of some of the world's poorest and most marginalised people, please consider including us in your Will. To talk to us in confidence about legacy gifts, please call us on 020 7840 3760 .



There is no justifiable reason why so many people should be denied their right to health.

As this report shows, there is so much we can do to challenge and change this in partnership with those most affected. So let's be hopeful for the future and keep on building a safer, fairer world – for all of us.

Thank you

Health Poverty Action's work with traditional birth attendants in Sierra Leone has been recognised by leading global advocacy organisation Women Deliver as one of the most innovative solutions delivering change for women and girls worldwide.



Will you stand alongside us?

Health Poverty Action (formerly Health Unlimited) was founded by a group of young British doctors in 1984, to meet the health needs of people in war-ravaged southern Afghanistan.

Today, we work in 13 countries in Africa, Asia and Latin America, and employ over 500 staff overseas, mostly recruited from the populations they serve.

Our joined-up approach includes food and nutrition, clean water and sanitation, education, shelter, access to health services, emergency response and enabling people to speak out and influence the decisions and practices that affect them. We also lobby and campaign for access to health rights and provide consultancy and services to others.

The change this brings is deeply rooted, sustainable and life-saving. We hope it inspires you to get involved.

www.healthpovertyaction.org

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