

# HEALTH POVERTY ACTION



2016/17

# Join the movement - health for all in a just world

## Our work around the world aims to:

- Emphasise the need for justice rather than charity
- Prioritise those missed out by others
- Take a comprehensive and integrated approach to improving health

Cover image: Assistant midwife Sarah Noah visits Laugi La Village in Myanmar to perform a medical check-up on a pregnant woman.

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# Welcome to our 2016/17 annual review

Sometimes it feels like we are living in a world that is defined by division, when we should be collaborating to improve health and livelihoods. None of our achievements can be reached alone, and we are grateful to have you by our side as we continue to build bridges instead of walls.

With your help, we are making links between our programmatic work and our campaigns to change the policies and structures which cause poverty and poor health. We are strengthening existing health structures and local organisations. We are providing a platform for marginalised communities across the world at a local, national, and global level. And most of all, we are ensuring that healthcare is a right afforded to all, no matter where you are born.

One of our most exciting achievements this year has been developing a new partnership with Find Your Feet. Find Your Feet works with rural families in Asia and Africa to help them grow enough food so they don't go hungry, to strengthen their voice so they can speak out against injustice, and to earn enough money so they can find their feet. By sharing our expertise, we will create stronger, more holistic health and livelihoods projects that will directly benefit the communities we work with.

We want to thank you for your support over the past year – together we can continue to ensure real, lasting change.

Thank you,



**Martin Drewry, Director**



# Key highlights

Key beneficiary figures from 16/17

## Guatemala

89 women received safe motherhood training to help them detect danger signs in pregnancy

## Nicaragua

25% increase in the number of women accompanied by qualified health personnel during childbirth in the areas where we work

## Sierra Leone

Community health volunteers referred 25,052 women to health facilities

## Rwanda

70% of Rwandans follow our broadcasted radio health messages at least two times each week

## Namibia

55% reduction of multi-drug resistant TB cases compared to the previous year



**Myanmar**

**10,000** pregnant and breastfeeding women received nutritional support

**Vietnam**

**1,106** migrants were tested for malaria, and 330 confirmed cases were treated

**Laos**

**1,264** livestock were provided to help improve nutrition and livelihoods

**Cambodia**

**5,658** people received support to access TB diagnostic services through events held at 366 villages

**Somaliland**

**168,004** people received treatment as outpatients in the area we work

**Ethiopia**

**7,412** women were able to access government health services in the areas we work – an increase of 38% since the start of the project

**Kenya**

**54** circumcisers stopped practicing FGM due to community conversations

## Improving maternal and child health

Maternal healthcare is a key focus of our work around the world. Many of the areas where we work are extremely remote and lack resources. Women, newborns and children are often the most vulnerable to serious health problems. We target this group as a priority, and focus specifically on improving maternal and child health services.

### Spotlight on: Myanmar

In Myanmar, we work in the remote and mountainous areas of Kachin and Shan States. Healthcare provision is extremely limited in these regions. To improve the quality of care at existing clinics, we provided 300 health workers with training on emergency obstetric and newborn care.

3,300 women were supported with at least four antenatal care sessions during their pregnancy, and more than 3,000 were supported during their deliveries by trained traditional birth attendants (TBAs) and midwives. In some areas the number of women giving birth in health facilities has increased by 15%, which reduces complications and ensures appropriate care in the face of an

emergency. This year we have also expanded our sexual and reproductive health projects in Myanmar, to raise awareness about family planning and safe pregnancy.

In the past year we trained

**150** TBAs and **164** midwives as community health agents in Myanmar to visit remote villages and provide healthcare in people's homes.

Ze Ram, a locally trained birth attendant from Kachin, Myanmar, provides medical assistance to a woman in her home as she goes in to labour.



## Increasing access to healthcare

Improving people's ability to access quality healthcare is a priority everywhere we work. By providing training, medical supplies and equipment to local health centres, we strengthen existing health systems. Where these health centres are sparse, or difficult to access, we provide locally managed ambulance services, as well as supporting mobile health clinics and outreach health workers.

### Spotlight on: Guatemala

In Guatemala, we have developed 'Community Health Committees', led by indigenous community leaders, to monitor health facilities and improve the quality of services. They are holding authorities to account, and last year they helped to obtain essential equipment for health centres. They have also taken up grievances regarding service hours and mistreatment of indigenous patients.

Language is another barrier to healthcare access in Guatemala. We have worked with the Ministry of Health to develop new translation software, which enables Spanish speaking health workers to share important health messages with indigenous people who speak K'iche' and Mam. However, we recognise that there is more work to do to end prejudice and ensure all health centres in the areas we work use this software.



“There’s a great difference now, thanks to the project. The Jocote Seco Health Commission helps increase the number of referrals of pregnant women to the hospital. Thanks to the project, we have also been able to coordinate sexual and reproductive health education with the Ministry of Education for secondary school pupils every fortnight. We never used to be able to do this before; teachers had ignored reproductive health until they were trained in its importance by Health Poverty Action.”

**- Clemente Lopez, Auxilliary Nurse in Guatemala**

## Improving knowledge of health issues

We work with communities to provide health training sessions to educate them about hygiene and disease prevention, whilst raising awareness of symptoms and warning signs. These sessions not only help people live healthier lives, but also build awareness of their health rights, and the services available to communities. This creates demand, encouraging people to use the health centres and services they are entitled to.

### Spotlight on: Ethiopia and Kenya

In Ethiopia and Kenya, we are working with communities to challenge entrenched cultural practices related to sensitive issues such as family planning, Female Genital Mutilation (FGM) and early marriage.

In Ethiopia, we trained 40 community members to facilitate community conversations; an approach which helps communities come together to discuss challenging issues and come to communal decisions about the way forward. 3,500 people took part in the community conversations, which focused on family planning, HIV/AIDS and FGM. As a result, the number of community members who said they supported the use of family planning methods rose to over 60% this year, from just 7% in 2015.

In Kenya, community conversations resulted in six community groups developing anti-FGM plans, and 54 circumcisers have stopped their practice of FGM.

“Through community conversations I learnt that if a woman has undergone FGM she might have problems in giving birth and might lose blood which might lead to death. I vow not to let my daughters go through this”  
- Fardowsa, mother of eight in Rhamu, Kenya.

A community theatre group performs in a village in Ethiopia to spread health messages.



## Food and nutrition

Health Poverty Action works with communities around the world whose food supply is unreliable. We work to increase the supply of nutritious food by improving knowledge about sustainable farming. We also help to improve understanding about nutritious foods, for example through cooking demonstrations.

### Spotlight on: Laos

In Sepon, the poorest district in Laos, we worked to improve food security and nutrition across 25 villages. Here 80% of ethnic minority households practice farming, but 90% still experience food shortages for up to ten months a year. We trained communities in key skills, such as financial literacy, opening bank accounts, developing micro-enterprises and building livestock shelters.

We provided 1,264 livestock, including goats, pigs and poultry, whilst others chose to grow crops such as bananas. This range of crops and livestock has helped families to diversify their diets and improve their nutrition. It has also helped them increase their income, so they can buy more food and support their families. A total of \$6,752 (USD) was generated by households through the sale of produce, which could then be reinvested to develop their micro-enterprises.

“My country is still developing and there is education in the cities but not in the rural districts. The remote regions are really far from the cities, that is why there is a problem with nutrition. Before people didn’t know about nutrition for children, and now people know about it. People have learnt a lot about pregnancy, what they should eat and shouldn’t eat, which before we didn’t know about.

A big change because of this project is the impact it’s had on women. In Laos, often women are shy and don’t express themselves, but they take part in the training and it gives them confidence. They talk to each other and are not afraid to express themselves, and they go away and explain what they have learned to men.”

**- Seng Halun Gen Hala, Lao Women’s Union**



## Clean water and sanitation

From supporting communities experiencing drought across the Horn of Africa, to improving sanitation infrastructure in remote regions of Myanmar, our work on water and sanitation is crucial for good health everywhere that we work. Without a supply of clean water, disease can spread quickly.

### Spotlight on: Nicaragua

In Nicaragua, we work with indigenous Miskito communities living in on the east coast of the country. This region is very remote, and it is often difficult to access clean water and health services. Our work to improve water and sanitation in this region is a crucial part of our aim to improve maternal and child health, and prevent maternal and infant deaths. We have therefore trained 168 Community Health Committee members, 88 midwives, 25 health personnel and 260 teachers how to disinfect water, both for drinking, and for use in medical procedures. Educational kits and filters have been supplied to health centres to back up this training.

We are also working with communities to test water quality, and facilitate discussions about the importance of clean water and hygiene, especially

for young children who may be more vulnerable to disease. 182 water sources were tested, and of those, 151 samples were unsafe to drink. This data is being used by Community Health Committees to demand cleaner water sources from authorities.

We provided training on handwashing and menstrual hygiene to

**912** primary school students in Nicaragua.

A group of primary school children play in one of the areas where we work in Nicaragua.



## Educating to prevent the spread of disease

Much of our disease prevention work starts at the most primary level with vaccinations of children under one year of age. We work on the prevention and treatment of diseases such as tuberculosis (TB) and malaria, with a particular focus on health education and community awareness.

### Spotlight on: Southeast Asia

In both Vietnam and Cambodia, we are working to tackle malaria by recruiting and training outreach health workers. These outreach health workers are raising awareness about the symptoms of malaria, and how to prevent it from spreading. In a new project in Vietnam we trained 50 village health workers on malaria diagnosis and treatment. We tested over 1,000 people who regularly cross the border to Cambodia, and 330 of those were diagnosed with malaria and sent for treatment. For severe cases of malaria, we are providing emergency transport – especially for pregnant women and young children.

We are also working hard to prevent TB. Cases of this deadly disease are rising, and it represents a real threat to human life. We have set up village support groups and provided training on identifying the symptoms of TB. We are also helping communities to set up transport to health centres for those with TB symptoms to improve diagnosis and treatment rates. In Cambodia we supported staff at 93 health centres to improve the service provided and encourage proper tracking of TB cases. Last year 5,658 people received support to access TB diagnostic services during events at 366 villages, and 518 people were supported with transport to health centres.



A mobile clinic visits a community in rural Cambodia.

In Cambodia's  
northeast provinces we are  
working with over

**973,000**  
people on disease  
prevention.

## Supporting women's rights

In many of the countries we work, patriarchal practices oppress women, impacting on their health, education and economic status. We believe that for a society to be truly healthy and prosperous, all members must have equal rights.

### Spotlight on: Rwanda

In Rwanda, we are working to help victims of sexual and gender-based violence (SGBV), who are often unable to pay for their healthcare, and legal costs – meaning very few cases go to court. We have set up three SGBV one-stop centres to provide legal aid and counselling to women, and two safe houses where women can take refuge. We are supporting survivors of SGBV to start earning money through their own small businesses, and have trained police, health workers and judges so they can deal with cases effectively. During the past year, 40 cases of SGBV were reported to the one-stop centres, of which 30% were referred to the police and courts (compared to 17% at the start of the project). We are also working with communities to help set up Mother Daughter Clubs to raise awareness of the importance of girls' education, and increase communication about sexual and reproductive health.



“I dropped out from school when I was young, and I had no hope to be enrolled back as my family was unable to afford my basic needs as a girl. When the Mother Daughter Club began in our village, the community and local leaders helped my mother and myself to join the club. We heard that a girls’

room that was constructed at our neighbourhood’s school which has everything that girls need during menstruation. This motivated me to go back to school and, ever since, I’ve never missed classes.

Reaching the school, I found other facilities like the (ecosan) toilets. We’ve learnt how to use them - the sanitised waste from the toilets will be used to fertilise our school gardens and increase crop production. I will continue to attend school and I will never drop out since the facilities are still there. I have just started to improve my learning outcomes, I’m motivated.”

– **Claudine, 18 year old student in Rwanda**

## Strong and culturally appropriate health systems

We continue to push for strong, fairly financed and culturally appropriate health services. We also hold world leaders to account to their commitment to ‘Leave No One Behind’ in delivering the Sustainable Development Goals. In order to do this, we need to address how different forms of marginalisation – such as that based on ethnicity, race, gender, disability and sexuality – intersect. We are leading the sector on this issue and have established up a group of key organisations to drive this work forwards.

## The root causes of poor health

We recognise that illicit drug policy is a development issue. We coordinated advocacy across the sector, organised events, spoke at numerous conferences, and wrote chapters for two books soon to be published.

Our supporters wrote to their MPs to demand the UK implement the recommendations of the High-Level Panel on access to medicines. We also joined allies in demonstrating outside drug company

headquarters to protest about the costs of cancer drugs.

As well as working to change specific policies, achieving health justice requires us to radically rethink our approach to poverty, and develop new ideas to promote health. We updated our Honest Accounts report looking at the amount of money taken from African countries by the rest of the world each year, published a range of opinion pieces and letters in the press, and launched the Justice Jabber, our new supporter engagement initiative to facilitate conversations on complex issues of health justice.

A protest with allies outside the Philippines Embassy to demand an end to the brutal killings occurring in the Philippines in the name of the War on Drugs.



## Fundraising

Without our supporters, we would not be able to continue our vital work. In particular, the generosity of our regular givers is crucial in enabling us to establish and maintain effective, high-quality programmes in the world's poorest communities. Last year 97% of our total expenditure was spent directly on our programmes work, with the other 3% covering all administration, governance, fundraising and global financial management costs. We are also grateful to those who generously increased their regular gift or made additional donations to our appeals during the year. We will continue to strive to meet the highest standards of fundraising practice and keep our supporters close to the heart of our work.

Here are some of your top fundraising achievements of 2016-17:

- 25 runners took part in the London Marathon and raised more than £40k.
- Over 40 schools took part in our School Stomp and Health Heroes initiatives, raising almost £8k.



Pupils at Halstow School leading their Health Heroes Day.

- 118 incredible choirs sang around the country for us, raising more than £20k.
- We launched the 'As One' campaign – a doctor-led initiative to show solidarity with primary health care professionals in the communities where we work.
- Our Horn of Africa drought appeal raised over £20k, enabling us to respond quickly to the emergency in Kenya and Somaliland.
- £112k was donated from existing as well as new Trusts and Foundations.

Where the money comes from :



Where your money goes :



In every pound...

97p is spent on overseas projects

2p is spent on fundraising and campaigns

1p is spent on management and governance



Above: Three San mothers with their babies on their backs in a remote camp 40km west of Tsumkwe, Namibia. © Mauricio Vazquez / Health Poverty Action



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