

ANNUAL REVIEW

2017/18



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**HEALTH
POVERTY
ACTION**



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

WELCOME TO OUR ANNUAL REVIEW

Progress should never mean imposing change – it should be about enabling people to advocate for their own rights and take charge of their own health. For us that means building long term relationships with communities and responding to the local problems they face. We don't simply focus on a single issue; we take a combined approach. This holistic way of working is not just at a local level – we address the wider political and social issues which are often the root causes of poverty and poor health.

Sharing expertise with Find Your Feet over the past year has enhanced our work, whether that be improving livelihoods through sustainable farming methods, engaging local governance, or supporting communities to set up local businesses. We have also shared our expertise in health with Find Your Feet, and our first combined project has seen us expand our work to communities in Malawi, to address the challenges they face accessing clean water. Water is not only crucial for growing crops, but it is also important for sanitation, health and hygiene.

Together we have also been pioneering new approaches to tackle the global challenge of mental illness. Mental health is closely linked to poverty, discrimination and overall health and wellbeing, so medical treatment alone is not enough. Whilst mental illnesses are recognised as an urgent health challenge, they are often severely neglected due to a lack of awareness, resources and funding; it is a silent epidemic, and those suffering are often not in a position to demand action. Together we have launched a project in Zimbabwe on strengthening services for better mental health. We have also started integrating mental health into our work in Somaliland.

We want to thank all of those who continue to support us as we work together with those pursuing change in their own communities, and campaign for policy change to create a more equal world for everyone. Change is possible, and it is happening. Thank you for being part of the movement.



Martin Drewry,
Director

WHERE WE WORK



NICARAGUA

80% of pregnant women in the area stayed at birth waiting homes before delivery.

GUATEMALA

385 TBAs from across eight health districts attended training on danger signs in pregnancy and violence against women.

NAMIBIA

More than 90% of expectant mothers we work with delivered at health facilities.

ETHIOPIA

The percentage of women attending at least four antenatal care visits during pregnancy increased from 19% to 37%.

MALAWI

45 Lead Farmers were trained in sustainable agriculture technologies, spreading their knowledge to 2,344 Follower Farmers.

SIERRA LEONE

48 radio programmes were produced to spread health messages.

ZIMBABWE

19,871 people were trained on how to add value to their produce through processing and are now selling their products for a higher price at market.

INDIA

406 local Self-Help Groups were established with 5,168 members.

MYANMAR

4,209 pregnant women received delivery services by skilled birth attendants in health facilities and at home.

LAOS

8,192 people were tested for malaria, and the 612 found positive were provided with treatment.

CAMBODIA

3,612 key village members and 19,060 members of mobile migrant populations were trained on malaria prevention and access to malaria services.

SOMALILAND

We provided almost 80,000 children and pregnant or breastfeeding women with basic and emergency nutrition services.

VIETNAM

Over 24,000 people were tested for malaria, and 663 cases were treated and reported.

RWANDA

Five 'one-stop centres' were established, which supported 469 survivors of sexual and gender-based violence.

KENYA

10,413 children were immunised, and a further 21,786 were given vitamin A supplements and deworming tablets.

MATERNAL HEALTH

In remote areas, women and children are often the most vulnerable to health problems. Health centres can be difficult to reach, and are often underequipped. These factors discourage mothers from visiting health centres during pregnancy, and they instead rely on traditional birth attendants (TBAs) in the community as their only source of maternal health support and knowledge. The position of TBA is passed down through generations of women and is a highly respected role in the community, however, these women very rarely have access to health training, leaving them without the skills or tools to identify and treat difficulties in childbirth. Your support is allowing us to provide training to TBAs to ensure they can provide appropriate healthcare and know their rights.

“YOU NEED TO SEE DANGER SIGNS, OR THE MOTHER AND BABY COULD DIE. I HAVE SEEN CHANGES THANKS TO TRAINING AND IF WE SEE DANGER SIGNS, WE GET THE WOMAN TO THE HOSPITAL. BOTH SIDES ARE VITAL IN REDUCING MATERNAL DEATHS.”

ANASTACIA, A TRADITIONAL BIRTH ATTENDANT

SPOTLIGHT ON GUATEMALA

This year in Guatemala, we supported 385 TBAs across eight districts with training to detect danger signs early in pregnancy, and to give them the skills to provide antenatal care and nutritional advice to mothers. We have also trained 352 Ministry of Health staff on culturally appropriate care to ensure health services are accessible to indigenous groups and work alongside TBAs.



Angélica, a Health Poverty Action project health facilitator, demonstrates some of the most common risk signs in pregnancy.



Hawa's youngest child, Hamse, is just two and a half years old, and has been diagnosed with anaemia, pneumonia and severe malnutrition.

ACCESS TO QUALITY HEALTHCARE

Improving access to healthcare is a priority in every area of our work and requires a range of approaches that are adapted to each local context. One way we do this is to strengthen existing health systems by providing training, medical supplies and equipment to local health centres. Where these health centres are sparse, or difficult for populations to access, we provide mobile outreach health services and ambulances to transport people to health facilities.

SPOTLIGHT ON SOMALILAND

The drought in Somaliland has left many families with less food and resources, causing malnourishment, and an increased vulnerability to disease. We've been working with over 50 health facilities and provided outreach health services to those living in remote areas, allowing more than 200,000 people to receive healthcare. Additionally, 26 mobile health and nutrition teams have visited hundreds of villages to share nutritional advice and treatment to those who can't always reach hospitals.

"WHEN I BROUGHT MY BABY IN TO BERBERA HOSPITAL, HE WAS GIVEN AN EMERGENCY BLOOD TRANSFUSION, AND NUTRITIOUS MILK TO MAKE HIM STRONGER. IF THIS SERVICE WAS NOT HERE, MY BABY WOULD HAVE DIED. THE STAFF ACTED QUICKLY AND PUT IN LOTS OF EXTRA EFFORT AND NOW HE IS RECOVERING."

HAWA, MOTHER OF HAMSE

In many of the remote places where we work, access to clean water and a lack of toilet facilities are some of the biggest health challenges faced by communities. As well as the lack of facilities themselves, there is often little opportunity for education about the importance of good hygiene and sanitation. Much of our work focuses on providing information and education sessions, so communities can use their knowledge to make improvements to hygiene.

SPOTLIGHT ON MALAWI

In partnership with Find Your Feet Malawi, we trained staff, governments and communities in the link between clean water, sanitation and health. Alongside the communities we repaired 21 boreholes, constructed five new shallow wells, 1,445 improved toilets, and 1,992 hand washing facilities. These new and improved water sources have particularly improved the lives of women and girls, who are frequently responsible for collecting water, and often walk long distances to collect it. To ensure these water sources are maintained, we supported the creation of 21 water point committees and trained their 194 members on borehole maintenance.”



“BEFORE WE HAD DIARRHOEA AND DYSENTERY. I AM EXTREMELY HAPPY THAT WE HAVE BEEN PROVIDED WITH A DEEP WELL AS IT WILL REDUCE DISEASE. THE WHOLE COMMUNITY FEELS THE SAME WAY - THE PROBLEM OF WATER HAS NOW BEEN SOLVED.”

ESTHER, LOCAL RESIDENT



Esther pumps fresh water using the new well built in December 2017.



A health worker in Kachin state visits a family in their home.

HEALTH KNOWLEDGE AND BEHAVIOUR CHANGE

We work alongside community health volunteers and local committees to provide health training and awareness sessions.

The aim is to educate communities about all aspects of health, including hygiene and disease prevention, whilst also raising awareness of symptoms and warning signs.

We use these education sessions to not only build awareness of health itself, but also to build awareness of health rights and the health facilities available.

SPOTLIGHT ON MYANMAR

In Myanmar we conducted a range of health education sessions with communities including high-risk groups such as adolescents, migrant workers, sex workers and prisoners. In Kachin State, we organised 731 sessions on hygiene and health in communities and camps for people displaced by conflict. We also arranged training sessions for Village Health Committees and teachers on how to deliver participatory health knowledge workshops in communities and schools; 594 school teachers were trained to be sexual and reproductive health educators in schools.

IN MYANMAR YOU HAVE HELPED TO TRAIN 248 TRADITIONAL BIRTH ATTENDANTS AND 187 MIDWIVES WHO CAN NOW TRAVEL TO REMOTE COMMUNITIES TO VISIT MOTHERS AND PROVIDE MATERNAL AND DELIVERY SERVICES IN THE HOME. AS A RESULT, 4,209 PREGNANT WOMEN LIVING IN REMOTE REGIONS WERE ABLE TO RECEIVE QUALITY PRENATAL CARE AND GIVE BIRTH SAFELY.



With her newfound knowledge, Loveness is growing a number of sustainable small grains - like amaranth.

NUTRITION AND LIVELIHOODS

One in nine people around the world still don't have enough food, and experience hunger every day. This problem particularly impacts those living in remote rural areas, where many people rely on farming small plots of land to feed their families and make a living. This can leave farmers in a vulnerable situation – especially as climate change continues to increase the frequency of unpredictable weather, with many of the communities we work with experiencing drought this year. Ensuring people have access to a nutritious diet all year round is essential if we are to tackle poverty effectively.



SPOTLIGHT ON ZIMBABWE

In Zimbabwe we provided training on agricultural techniques and nutrition awareness to farmers and their families. This knowledge has helped communities to achieve a healthy and varied diet all year round with techniques such as crop diversification. To deliver this training, we created 30 demonstration plots in communities as learning centres to showcase best practice farming techniques. We taught farmers how to cultivate a range of nutritious crops, such as carrots, potatoes, tomatoes and beans.

“UNDER THE MUTOKO PROJECT I AM NOW A FOLLOWER FARMER. I LIKE BEING PART OF THE PROJECT BECAUSE, UNLIKE OTHER PROJECTS, IT DOES NOT ONLY WORK WITH THE HOUSEHOLD HEADS.”

LOVENESS, FOLLOWER FARMER

DISEASE PREVENTION

Our disease prevention work starts at the most primary level with vaccinating young children but is supported by our health education and community awareness work. Additionally, we work to specifically tackle diseases which are spreading at a high rate in certain areas such as tuberculosis and malaria.

SPOTLIGHT ON SOUTHEAST ASIA

Parts of Southeast Asia are currently experiencing a surge in drug-resistant malaria and cases are rising in Cambodia, Laos and Vietnam. We work with communities deep in the remote forest and border areas of these countries through mobile outreach teams. These teams provide diagnosis and treatment services for malaria and provide information on the prevention of the disease.

We also station trained village malaria workers in these remote communities to provide training, knowledge and support to local people. In Laos this year we established 48 malaria posts in remote border regions and trained 98 malaria post volunteers to staff these posts and provide information, testing and treatment.

“THE MALARIA POST HAS MADE IT EASIER FOR VILLAGERS TO SEEK OUT MALARIA TESTING AND GET THE CORRECT TREATMENT WITHOUT HAVING TO MAKE A TRIP TO THE HOSPITAL, WHICH IS OFTEN DIFFICULT TO ACCESS DUE TO BOTH THE DISTANCE, AND FINANCIAL COSTS OF TRAVELLING SO FAR.”

KEODUNE, MALARIA POST VOLUNTEER



Forest survival kits are distributed to malaria post volunteers in Nondeng Nuea village in Laos.



Odette is a counsellor at Nyagisozi one-stop centre in Rwanda where she supports survivors of sexual and gender-based violence. She has a good reputation in her community and is trusted and respected thanks to her work with families.

WOMEN'S RIGHTS

In many of the areas where we work, patriarchal practices are still dominant. This results in the oppression of women in already poor and marginalised areas and this power imbalance heavily impacts their health, education and economic status. For a society to truly be healthy and prosperous, all members of that society must have equal rights.

As well as working on rights for girls and women, you have supported the training of over 600 students in Rwanda in work readiness training and employability skills to ensure they have the opportunity to take charge of their futures.

SPOTLIGHT ON RWANDA

In Rwanda, we trained 24 youth champions from schools and community clubs in gender-based violence, and sexual and reproductive health. The youth champions used this training to hold their own awareness raising sessions in the community. We also trained 24 men from the communities to support women in responding to sexual and gender-based violence, and to be advocates to prevent such violence occurring. To raise further awareness of the issues, 26 radio chat shows were aired. These shows also talked about the services available in the community, and the rights people have.

SPEAKING OUT

The most effective way to bring about lasting change is to speak out against injustice, and support communities to do the same. We can't improve healthcare without dismantling the unjust policies that damage it in the first place. That's why we combine our healthcare work with global campaigns and advocacy training that ensure that we tackle the root causes of poverty and poor health.



Self-Help Groups have supported over 3000 women like Basanta to set up small businesses and increase their income.

SPOTLIGHT ON INDIA

In India, we work in Chhattisgarh and Jharkhand States with groups of Adivasi (tribal) people. We are providing education, information, and support networks to help these communities claim their existing rights and become more involved in political processes so that they can represent themselves. We have supported local women to set up a total of 406 local Self-Help Groups with 5,168 members.

These groups continue to provide a platform for women to discuss and solve issues, and gain information, training and support to access public government services and schemes. We focus on supporting the most marginalised members of society - particularly women - to form community groups which help them to understand and demand their rights and play an active role in decision-making processes.

IN THE UK, HEALTH POVERTY ACTION'S WORK ON DRUG POLICY CONTINUES TO LEAD THE WAY IN THE SECTOR. IN THE LAST YEAR WE DEVELOPED AND PUBLISHED SIX KEY RECOMMENDATIONS TO CREATE A HEALTHIER DRUG POLICY. WE ALSO CO-AUTHORED A REPORT LOOKING AT HOW TO BETTER MEASURE THE IMPACTS OF DRUG POLICY IN LINE WITH THE SUSTAINABLE DEVELOPMENT GOALS.



FUNDRAISING

The enthusiasm and commitment of our fundraising champions never ceases to amaze us. Thank you for running, cooking, cycling and doing all you can to help us spread the word and raise vital funds. The generosity of our supporters is crucial in enabling us to stay focused on establishing and maintaining effective, high-quality programmes. We are especially thankful to everyone who has continued to support us with a regular gift, and those who generously increased this or made additional donations to our appeals during the year.

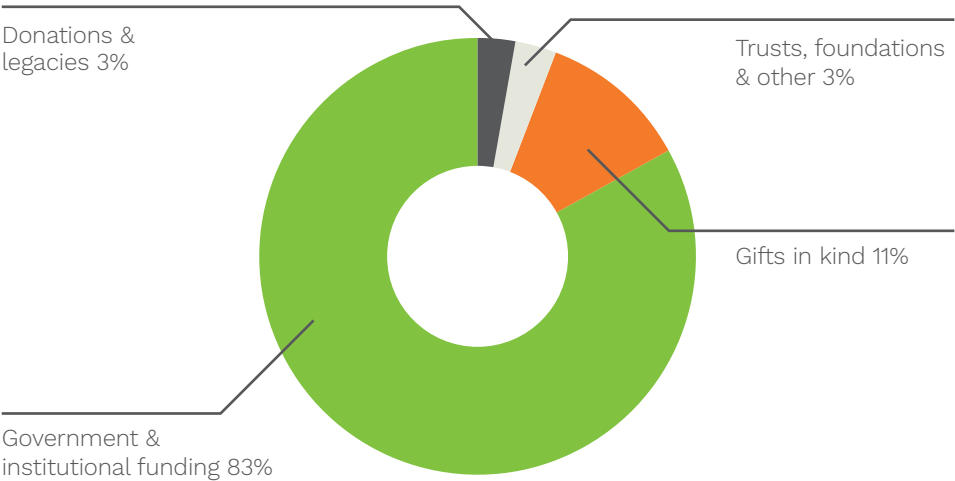
SOME OF YOUR ACHIEVEMENTS:

- Our flagship Curry for Change campaign raised a spicy total of £34,467. We're so excited to continue growing this as a joint campaign to reach even more curry lovers!
- A special thanks to the Mondrian Investment Service runners who raised an incredible £73,149 in the London Marathon and the Royal Parks Half Marathon.
- We were delighted to have almost 100 incredible choirs singing for us at train and tube stations across London, raising more than £14,000!
- Thank you also to all the super schools who have got their pupils involved in our fun School Stomp or Health Heroes initiatives throughout the year.

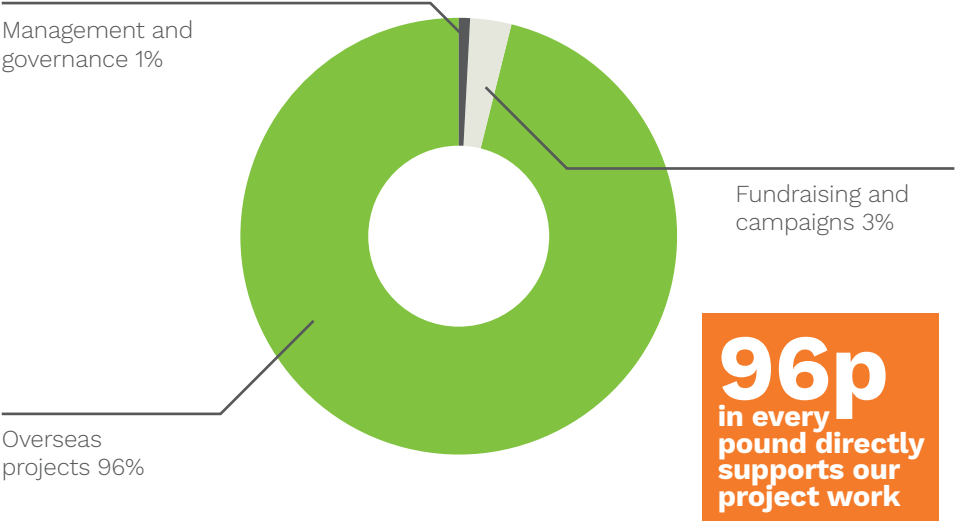
If you'd like to get involved in our fundraising, get in touch at fundraising@healthpovertyaction.org or 020 7840 3765.

FINANCIALS

WHERE THE MONEY COMES FROM



WHERE YOUR MONEY GOES



These accounts demonstrate the combined income and expenditure for Health Poverty Action and Find Your Feet. Separate accounts are available on our website or upon request.



Health workers update an educational notice board in the Kachin region of Myanmar.

**JOIN THE MOVEMENT -
HEALTH FOR ALL IN A JUST WORLD**

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