HEALTH POVERTY ACTION USA

Annual report and accounts 2022-2023

Message from Chair

Dear supporters,

As we reflect on the past year at Health Poverty Action USA, amidst significant global challenges, we are reminded of the commitment needed to address health disparities and systemic injustices both locally and globally.

In our first full year of operations, the escalating cost of living has impacted our work, particularly affecting the most marginalized communities around the world. These communities, alongside our dedicated staff and volunteers, navigate the daily repercussions of economic instability, exacerbated by severe funding cuts and the compounding impacts of climate change. The toll on health systems has been staggering; exacerbating poverty, gender-based violence, and the resurgence of diseases like malaria and tuberculosis.

Yet, amidst these challenges, we are heartened by the solidarity demonstrated by those who have chosen to stand with us. Your financial contributions and advocacy efforts have been instrumental in supporting our work and amplifying the voices of those on the front lines of global injustice.

Looking ahead, we remain committed to adapting, innovating, and advocating for change. In the coming year, we will continue our efforts to address pressing health issues, including our work on HIV in Cambodia, maternal and child health in Guatemala, and improving healthcare access for marginalized groups in Ethiopia.

We extend our deepest gratitude to all who stand in solidarity with us as we navigate the complexities of an inequitable world. Together, we will continue to strive for health equity and social justice for all.

In solidarity,

CHERI DUBIEL
Board President
Health Poverty Action USA

Board members

Cheri Dubiel, President

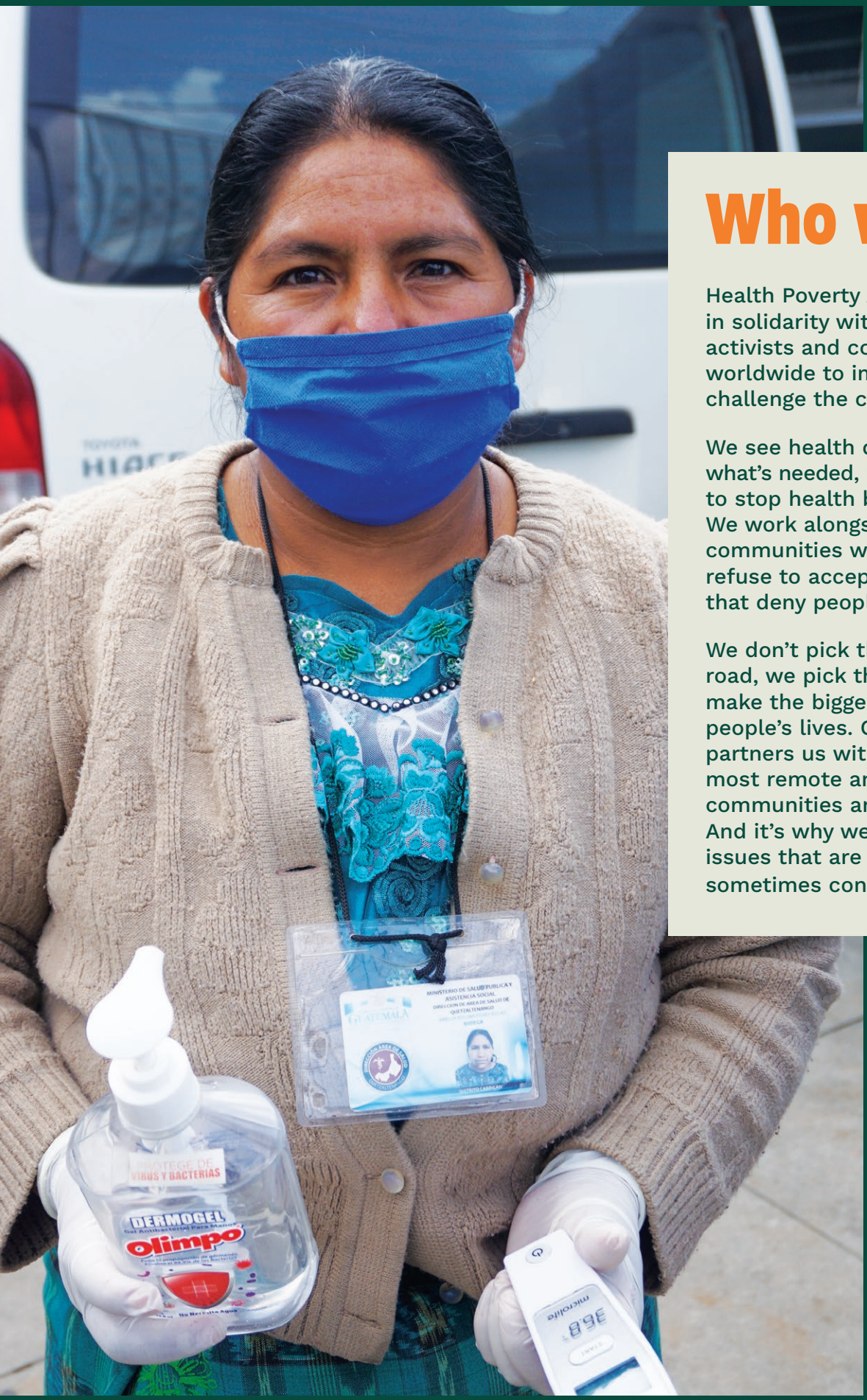
Oliver Kemp, Treasurer

Birgitta Larson Gamez, Secretary

Kathi Seiden-Thomas

Marie Justice

 Design & layout: www.causeffectdesign.co.uk



Who we are

Health Poverty Action USA acts in solidarity with health workers, activists and communities worldwide to improve health and challenge the causes of poverty.

We see health differently. We do what's needed, not what's easiest, to stop health being denied. We work alongside ignored communities worldwide who refuse to accept the injustices that deny people a healthy life.

We don't pick the easiest road, we pick the one that will make the biggest difference to people's lives. Our approach partners us with some of the most remote and marginalized communities around the world. And it's why we confront policy issues that are complex and sometimes controversial.

Country updates

This year we were able to support work being done in three different countries in different regions of the world – Guatemala in Latin America, Ethiopia in Eastern Africa and Cambodia in Southeast Asia.

Cambodia

Context

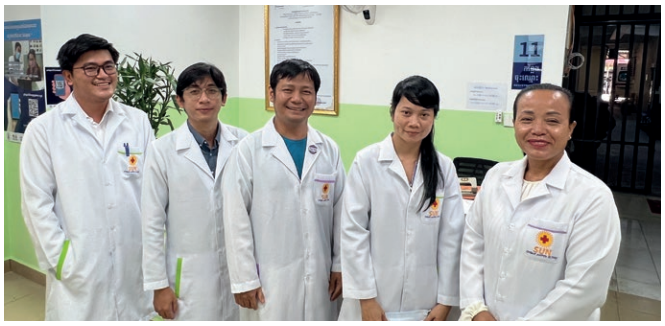
Cambodia previously endured many years of conflict and civil war. A low-middle income country, recent cost of living increases have thrust poor households deeper into poverty. Despite Cambodia making huge strides towards eliminating malaria in recent years, the disease still poses a risk for people living near forests in Northern regions. Cambodia has made very good progress in controlling HIV/AIDS through improved testing and treatment coverage, but prevention and control of communicable diseases such as Dengue fever and viral hepatitis lagged behind.

Political update

Cambodia has been politically stable in recent years, enabling additional developments and improvements. However, despite this stability the lack of any political opposition continues to affect processes of good governance, democracy and human rights.

Our work

Health Poverty Action USA supported work with a very marginalized group: People who use drugs and are living with HIV. We provide pioneering, integrated HIV, mental health and harm reduction services for people who use drugs. We screened over 1,000 patients for mental health issues and provided follow up treatment for those diagnosed with anxiety or depression.



Clinic staff who examine the intersection between HIV status and mental health

Ethiopia

Context

A violent civil war beginning in November 2020 resulted in mass displacement. There are claims that extrajudicial killings, rape, sexual violence and starvation have all been used as weapons of war. Poor communities frequently experience humanitarian crises, which expose them to a lack of food and medical treatment, increasing the likelihood of malnutrition. Women and girls are subjected to abuse and discrimination, and female genital mutilation is a common practice.

Political update

In November 2022 a peace agreement was announced between the Ethiopian government and Tigrayan forces. Climate crises, including droughts, floods, and other extreme weather occurrences, have become more obvious in the pastoralist community areas where we work, creating public health emergencies. Scarce foreign currency reserves, high inflation, and instability characterized the country's socio-economic conditions.

Starting conversations about women's health

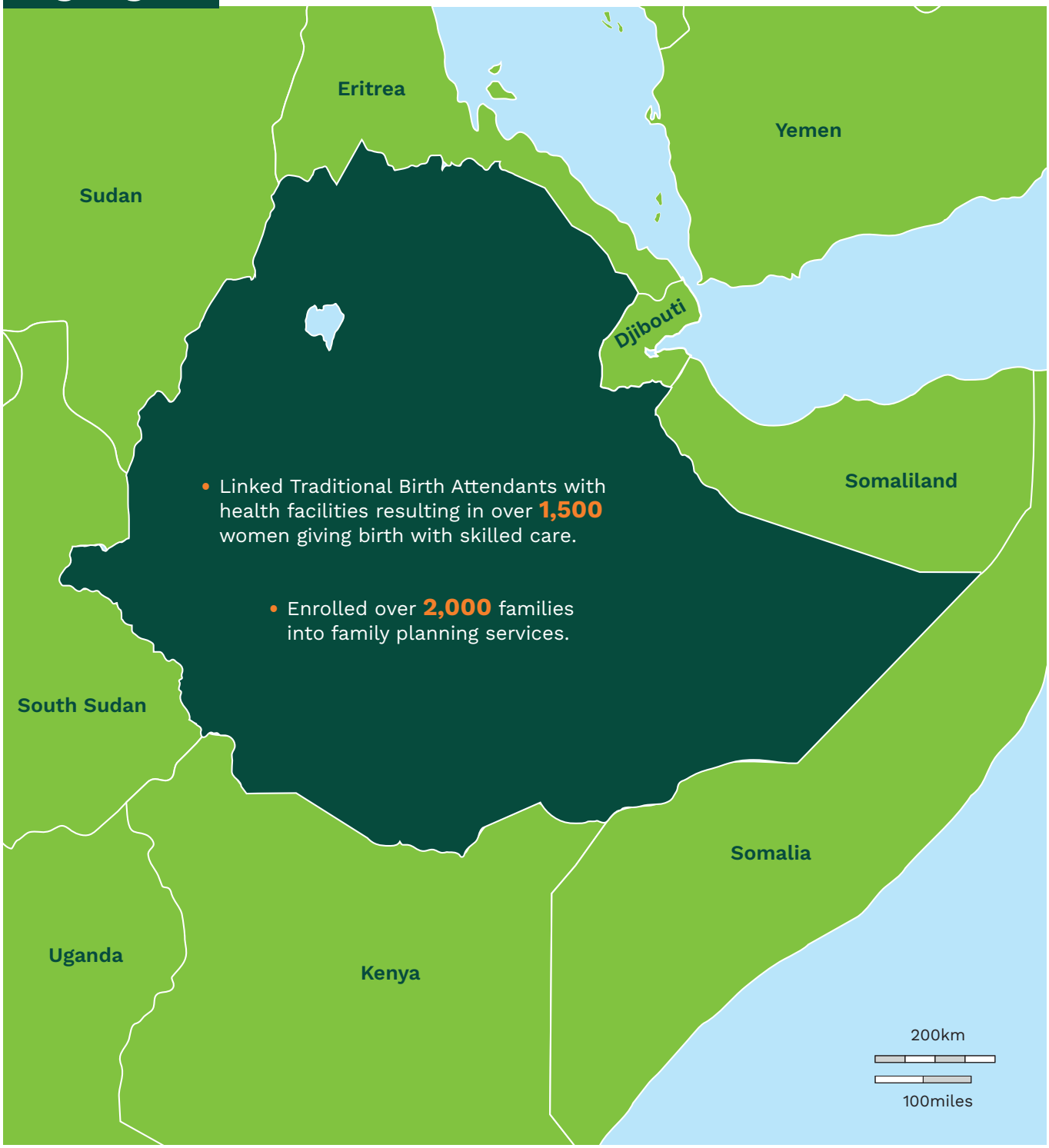
The community groups we establish encourage open dialogue about sexual and reproductive health and rights, and violence against women, including female genital mutilation. The groups involve both women and men. **Liban Farah Abdile** is a member of one of these groups. Liban said the group has influenced her attitude towards harmful practices, how to address violence, and encourage members of her community to utilize sexual health services. Liban feels that it is important to involve men in these discussions and through the community dialogue platform she feels women have been empowered to discuss such important issues with their male counterparts.

Mobile outreach clinics in different sites of the woreda on maternal and child health, sexual and reproductive health and other related services.

Our work

We improve health care for marginalized groups, such as pastoralists and people affected by conflict. This includes linking Traditional Birth Attendants with health clinics, working with community health workers to educate people on maternal, sexual and reproductive health, and providing mobile health clinics for pastoralists.

Highlights



Guatemala

Context

Inequality between the rural indigenous and the non-indigenous people in Guatemala is high, and has increased in recent years. Almost half of Guatemala's children are malnourished. A chronically under-funded public health service which systematically discriminates against indigenous people makes it inaccessible to many. While Traditional Birth Attendants play an important role in indigenous birthing practices, as they understand the needs of indigenous women, their lack of formal qualifications means they are often ignored by mainstream health services. As a result people sometimes die in childbirth rather than access mainstream care.

Most rural indigenous Maya practice subsistence farming, and are heavily dependent on maize and beans grown on their smallholdings. Climate change has disrupted rainfall patterns, particularly in the country's 'Dry Corridor' where we work.

Political update

Guatemala's National Public Policy on Traditional Birth Attendants, which we successfully advocated for, was implemented this year. The policy includes improving training for Traditional Birth Attendants and has led to health services beginning to train aspiring new ones. Despite recent government efforts to prioritize early childhood interventions, the stunting rate (a key marker of poor nutrition) remains high and could worsen further due to high inflation and the underlying sensitivity of harvests to climate change. Inflation has hovered between 8% and 10%. Most Guatemalans live precariously from week to week – including our staff. Reports of families eating twice rather than three times a day have increased, and cases of starvation in Maya communities have been recorded.

Reflections of a Traditional Birth Attendant

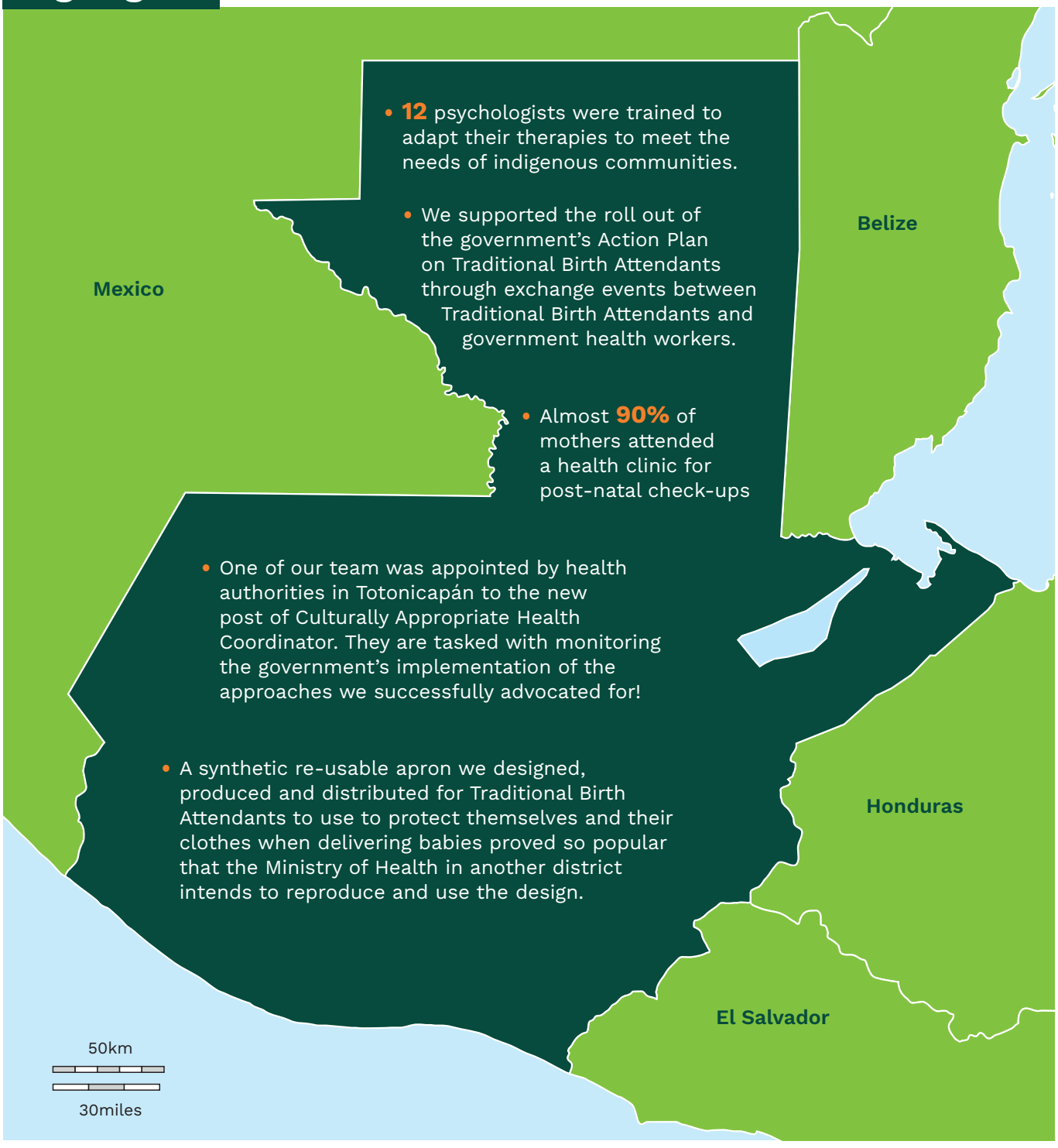
María Mildred Arely Amado de León has been a Traditional Birth Attendant for 10 years. For the last five, working with Health Poverty Action, her work has been authorized by the Ministry of Health and she has accessed training on topics such as safe delivery, ante- and postnatal care, vaccination, patient's rights, pregnancy danger signs and how to refer women to health services. She also has monthly meetings with health center staff to support integration of traditional community-based services with those offered by the Ministry of Health.

"Health Poverty Action has helped enormously... It's the only institution which is concerned with us as Traditional Birth Attendants... As a result of its training, I've made some changes to how I work. Now I always use gloves and an apron or a gown. Before, I didn't understand how important those were, both for my own protection and that of my patients. I also actívate an Emergency Plan when I see any danger signs, or the pregnant woman is in trouble. I get her out of the home quickly and take her to hospital, for instance, when the placenta doesn't come... I had a case of a woman...who lost consciousness during labor. I managed to get her to hospital, and she and her baby are doing well."

Our work

Is targeted at improving the health of indigenous mothers and children by supporting state health services to meet the needs of indigenous communities. Alongside community health workers we improve women's knowledge of healthy maternity, and strengthen links between Traditional Birth Attendants and state health facilities. We help Traditional Birth Attendants to develop skills to address perinatal depression and improve nutrition through developing demonstrative gardens and promoting healthy eating.

Highlights



Financial review

In solidarity with health workers, activists and communities worldwide, we were able to continue our fight to improve health and challenge the causes of poverty. None of these would have been possible without the generosity of our supporters and we are extremely grateful.

We were notified of our successful IRS determination as of March 2022, so our fiscal year from April 1, 2022 to March 31, 2023 was our first year of active fundraising (though we were technically established at the end of the previous fiscal year).

Because we were below the permitted income threshold, we submitted a 990-N for 2022-2023 which was accepted by the IRS in July of 2023. This level of income also does not require an external audit, but we want to share our income and expenditure for our existing and prospective supporters.

Income

Our income for 2022-2023 was $85,744.

We were successful in securing funding to support projects in Cambodia, Guatemala, and Ethiopia.

Our income included a generous gift from Kweilin M. Ellingrud, and matching gift from McKinsey & Company, Inc., alongside an anonymous gift and start up grant from Health Poverty Action to build infrastructure, like our website.

Expenditure

Our total expenditure for 2022-2023 was $73,652.

We spent $54,816 supporting project activities and $7,932 on raising funds (11% of total expenditure). Our support costs ($11,444) were a higher proportion to total expenditure (16%) in the initial year than we anticipate for future years, to account for up-front costs.

Income and expenditure 2022-2023

Income	
Donations	$67,959
Grants	$17,785
Total	**$85,744**
Expenditure	
Programs	$54,816
Staff	$7,932
Support costs	$11,444
Total	**$73,652**

HEALTH POVERTY ACTION USA

Health Poverty Action USA: Health for all in a just world.

931 E. Main Street, Suite 10, Madison, WI 53703

608 292 5237 info@healthpovertyactionusa.org

www.healthpovertyactionusa.org HPA.USA HPA_USA