HEALTH POVERTY ACTION USA

Annual report and accounts 2023-2024

Message from Chair

Dear friends, supporters, and partners,

As I reflect on the past year, I am struck by both the immense challenges we have faced and the remarkable resilience and determination shown by our teams and the communities we serve. The 2023-2024 year has underscored the deepening impacts of the global crises that threaten the health and well-being of those living on the margins. Yet, it has also highlighted the power of collective action in driving change.

From the prolonged dry season in Guatemala to devastating floods in Ethiopia, we have witnessed firsthand that no region is immune to the escalating climate crisis. This year, our teams encountered increased loss of lives and livelihoods, mass displacement, destruction of infrastructure, and outbreaks of disease. Yet, in the face of these growing threats, we have adapted and persevered. Our efforts have ranged from providing vital water treatment in Ethiopia and promoting dry gardening techniques in Guatemala. In every instance, we have remained steadfast in our commitment to meet these challenges head-on.

Conflicts have further complicated our work in places like Myanmar and Ethiopia, while external debt crises in countries such as Ethiopia have strained healthcare systems and public budgets, hitting the poorest hardest. The rise in inflation and cuts in donor funding, particularly in Myanmar, have exacerbated poverty and created additional obstacles to accessing health services.

Despite these challenges, our teams continue to work tirelessly alongside governments and other local partners in these difficult contexts. We provide direct healthcare to marginalized groups, support community volunteers to disseminate health information in remote areas, advocate for health services that are culturally relevant, and address deep-rooted inequities like gender-based violence. Our commitment to justice and equity is unwavering, even in the most challenging circumstances.

We are not alone in this work. We are part of a broader movement for robust, equitable healthcare, shaped by and accessible to all those it serves. This vision is only possible because of the support we receive from our partners, donors, and the communities with whom we stand in solidarity.

As we close another year, I extend my deepest gratitude to all of you who have walked this path with us. Your unwavering support, commitment, and belief in our mission enable us to continue our vital work. Together, we are making a difference—one life, one community, one step at a time.

Thank you for being part of our journey.

CHERI DUBIEL
Board President
Health Poverty Action USA

Cover photo: Mother and baby at the planting of a vegetable garden in Tuipox, Guatemala.
 Design & layout: www.causeffectdesign.co.uk

Photo: Attendees at a gender-based violence prevention club for primary and secondary school giris in Dollo Bay, Ethiopia.

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

All our work is done in collaboration with governments, local communities and other partners – including our UK-based strategic partner, Health Poverty Action – towards the goal of robust, equitable state healthcare. Country contexts give a snapshot as relates to our work and are not intended to reflect any country as a whole.

This year we were able to support work being done in three different countries in different regions of the world – Ethiopia in Eastern Africa, Guatemala in Latin America, and Myanmar in Southeast Asia. The work and highlights outlined below reflect the full project outcomes completed by our local partners, of which Health Poverty Action USA played a relatively large role in the case of Guatemala and relatively small roles in the case of Ethiopia and Myanmar. We look to continue raising much needed funds to increase our contribution to these and other suitable projects.

Guatemala

Context

Guatemala has become an upper middle-income country yet retains vast disparities between the Indigenous Maya and the dominant non-indigenous populations. The Maya experience markedly poorer health and greater poverty. A lack of jobs has driven many to migrate to the United States, risking their lives and incurring huge debts to cross the border. Governance remains weak, with widespread corruption among state actors. Communities already vulnerable due to their remoteness, poverty, and indigenous majority, now face additional challenges from an extended dry season caused by the climate crisis.

Pregnant women's nutrition group.

Political update

A reformist candidate won the Presidency, leading to efforts to overturn his electoral victory. Mass protests and social mobilization defended the election results, and he took office in January 2024. With only a handful of legislators in Congress, he faces significant challenges in reforming governance, the economy, and the historically weak state services. In April and May 2024, many of our communities were affected by forest fires. Combined with the longer, hotter dry season, this has damaged crops and led to food price inflation.

Chinimabe medicinal plant garden.

Our work

We work in seven districts with indigenous Maya K'iche' and Maya Mam women, mainly pregnant women and mothers, as well as Traditional Birth Attendants and government health staff. We reduce maternal and new-born mortality and improve public health services, building relationships between state health services and indigenous communities. Adapting government services to provide culturally appropriate care is a cross-cutting theme in our work, and we are encouraged that many of our approaches are now being taken up by the government itself.

We address malnutrition through demonstrative gardens for vegetables and indigenous medicinal plants at health clinics. Pregnant women, community authorities, and government staff learn how to grow and harvest nutritious food and plants, using natural fertilizer and insecticide, and we provide people with seedlings to replicate this at home.

Gardening to fight hunger in Guatemala

Brenda Cabrera Escalante is 32 years old and expecting her second baby. She learned how to grow nutritious food through one of our demonstrable gardens and established her own vegetable garden.

“Health Poverty Action showed us how to plant seeds and seedlings... We usually just plant cornfields and potatoes.... I’d never seen how to plant these vegetables, and had never prepared a vegetable plot before this invitation. So for me, it’s my first time planting.

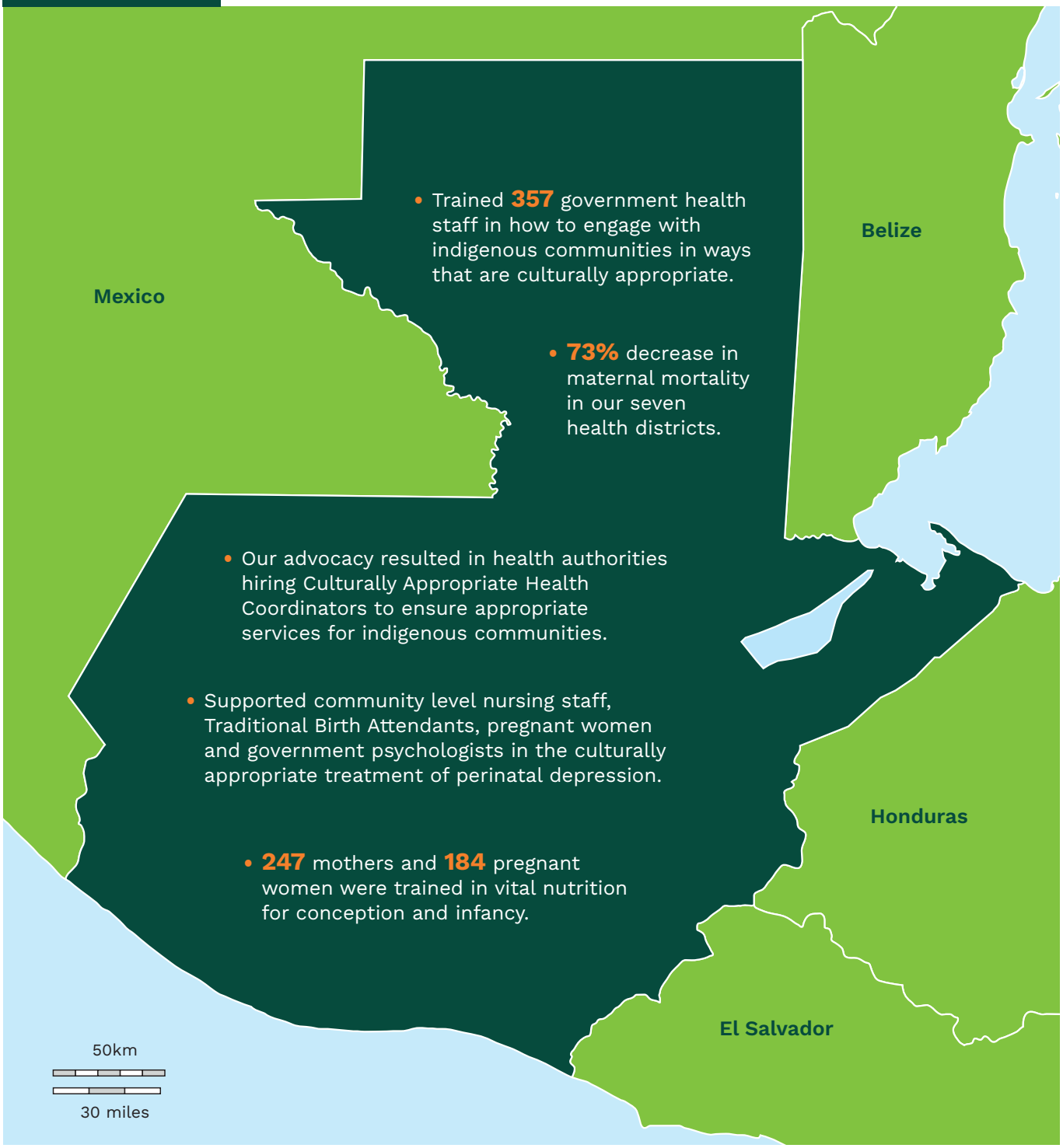
A vegetable garden is important, because it helps us have vegetables to hand, and it’s cheaper for us than buying. The most interesting thing was seeing how different vegetables are planted, and which ones are in seed, and which are seedlings. There were some that I’d never seen, such as hierbamora – I loved seeing that.

I have learned how to make organic fertilizer, and natural insecticides with materials used we already have in the home, such as firewood ash, animal fat soap and lime.

Having a garden to hand helps me a lot, I don’t have to buy as much food, and it helps my family’s meals. My husband helps me take care of the vegetables, and the planting when I explained to him how to do it. Now he tells me that when we harvest what we planted, we’ll be buying more seeds...

"Now I’m always going to plant my vegetable garden; and next year, I’ll expand it, to make sure we have enough for the whole family. I’d recommend other women plant a garden for their own benefit; and that others join in with the different activities held in the health post, so they can learn too.”

Highlights


Mexico
Belize
Honduras
El Salvador
• Trained 357 government health staff in how to engage with indigenous communities in ways that are culturally appropriate.
• 73% decrease in maternal mortality in our seven health districts.
• Our advocacy resulted in health authorities hiring Culturally Appropriate Health Coordinators to ensure appropriate services for indigenous communities.
• Supported community level nursing staff, Traditional Birth Attendants, pregnant women and government psychologists in the culturally appropriate treatment of perinatal depression.
• 247 mothers and 184 pregnant women were trained in vital nutrition for conception and infancy.
50km
30 miles

Ethiopia

Context

The country continues to grapple with the aftermath of conflict, despite a cessation agreement in November 2022. High inflation and the climate crisis have intensified poverty and insecurity. Severe droughts in some regions led to poor harvests, high levels of food insecurity, malnutrition, and increased disease outbreaks, while other regions are beset by flooding. Pastoralist communities, heavily reliant on livestock, face rising costs for animal feed, medical care, and market access. In urban areas, the soaring expenses for housing, food, and healthcare have deepened poverty. Women and girls endure abuse and discrimination, with female genital mutilation remaining a widespread practice.

Beneficiary of Mobile Health and Nutrition Team activities by HPA, Helikuran Village, Dollo Bay woreda, Somali Region.

Mobile health team midwife, Hanna, providing services to a young child during world health day in Abala, Afar Region.

Political update

Headline inflation was 32 percent in 2023, almost three times the Government's target. Humanitarian needs remained high, triggered by the convergence of climate crisis and conflict. In November 2023 flooding affected an estimated 1.5 million people, displaced hundreds of thousands more and decimated livelihoods and infrastructure. Severe water shortages, malnutrition, food insecurity, and disease outbreaks – including measles, malaria, dengue fever, and Ethiopia's longest-ever cholera outbreak – combined with economic shocks, caused immense suffering and loss of life. Inter-communal violence escalated in various regions. The escalation of conflict in Sudan has led to an influx of people returning to or arriving as refugees in Ethiopia, most requiring immediate assistance.

Surviving to thriving in Ethiopia

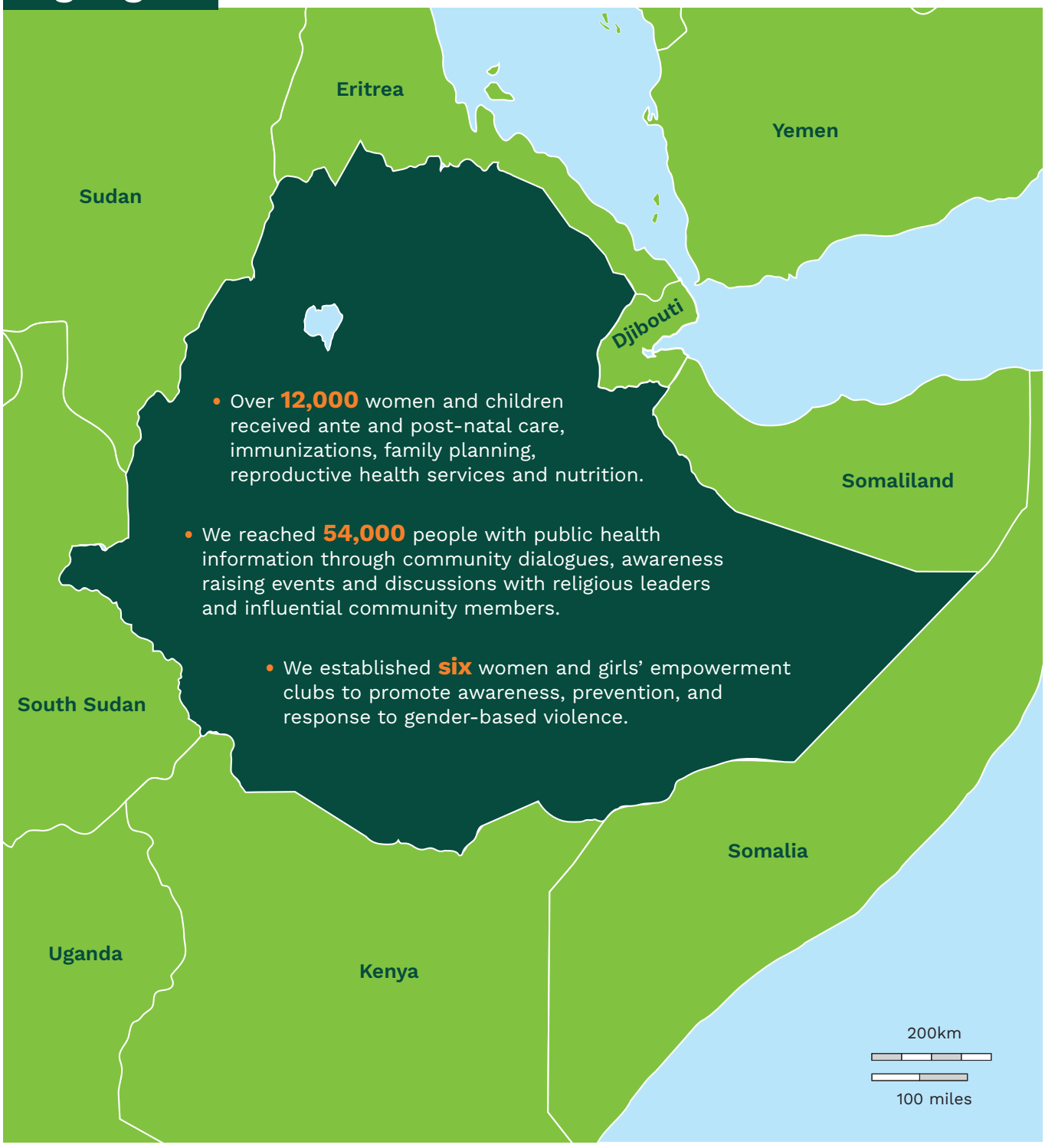
Eighteen-year-old **Anfa Macalin** from Barre district in the Somali region became pregnant following a violent rape. In line with the cultural beliefs about rape, her family shunned her to avoid bringing shame to the household.

Anfa sought refuge in her uncle's house in another district, where she gave birth. Through our community mechanism for reporting gender-based violence, we learned of Anfa's situation and provided psychosocial and medical services for her and her baby. We also supported Anfa's reintegration into her community, connected her with government benefits and business support, and helped her start a small shop where she sells water, tea, and coffee.

Our work

We worked to improve health care for marginalized groups, such as pastoralists and people affected by conflict. This includes providing essential primary healthcare services, and specifically educating people on maternal, sexual and reproductive health and gender-based violence. We run mobile health clinics to cater specifically to pastoralists. We also were forced to respond to the climate crisis deploying rapid response teams, providing water treatment for flood affected communities, and emergency health services.

Highlights



- Over **12,000** women and children received ante and post-natal care, immunizations, family planning, reproductive health services and nutrition.
- We reached **54,000** people with public health information through community dialogues, awareness raising events and discussions with religious leaders and influential community members.
- We established **six** women and girls' empowerment clubs to promote awareness, prevention, and response to gender-based violence.

Myanmar

Context

Myanmar is home to 135 ethnic groups and the world's longest running civil war. In 2011 the country began to transition away from full military rule with hope of democratic reforms. However, a military coup in Feb 2021 returned Myanmar to military rule. All the Special Regions in which we work have been affected by ongoing armed conflict for decades. Many people have been forced from their homes to camps or host communities. There are no government facilities or health staff in the area, only the ethnic health system. In seven regions of Myanmar the majority of people are unable to access clean water. Marginalized ethnic minority groups living in the forest often carry the greatest burden of poverty and disease and struggle to access health care. Young women and girls are frequently the victims of gender-based violence. People living in excluded communities including pregnant women, mothers, newborn babies and children under five years old are often denied access to healthcare. Access to nutrition is a severe problem for pregnant women and children under five years old.

Political update

The communities we serve grapple with dual burdens of poverty and instability as a result of conflict. Inflation and rising living costs, disrupted livelihoods, displaced families and disrupted supply chains, make it difficult to transport goods and services to affected areas. Cuts to funding from donors have significantly impacted our work and the livelihoods of those in the areas we work, leaving vulnerable populations without access to vital healthcare, exacerbating health disparities and increasing the risk of preventable diseases. Extreme weather has forced families to leave their homes, destroyed infrastructure, affected agricultural productivity, disrupted water supplies and sanitation facilities, increasing the risk of both water and vector borne diseases.

Woman who raises chickens to meet her family's needs.

Our work

We train health workers, support health facilities with supplies and equipment, improve maternal and child health, provide immunizations, conduct health promotion and education sessions and provide outreach services to remote communities. Much of our work is through supporting community actors such as Village Health Committees to raise awareness in their communities. We have a particular focus on malaria and tuberculosis control services for migrants and given the high prevalence of malaria in border areas advocate with both the Chinese and Myanmar governments to promote cross-border collaboration. Particularly important is ensuring health services to meet the needs of marginalized ethnic groups.

A dedicated volunteer in Myanmar

Bum Sin Village is a remote mountain village unreachable by government health staff. In need of healthcare, the village head requested support from Health Poverty Action, who trained and recruited **Ngor Ma Sar** as an Integrated Community Malaria Volunteer.

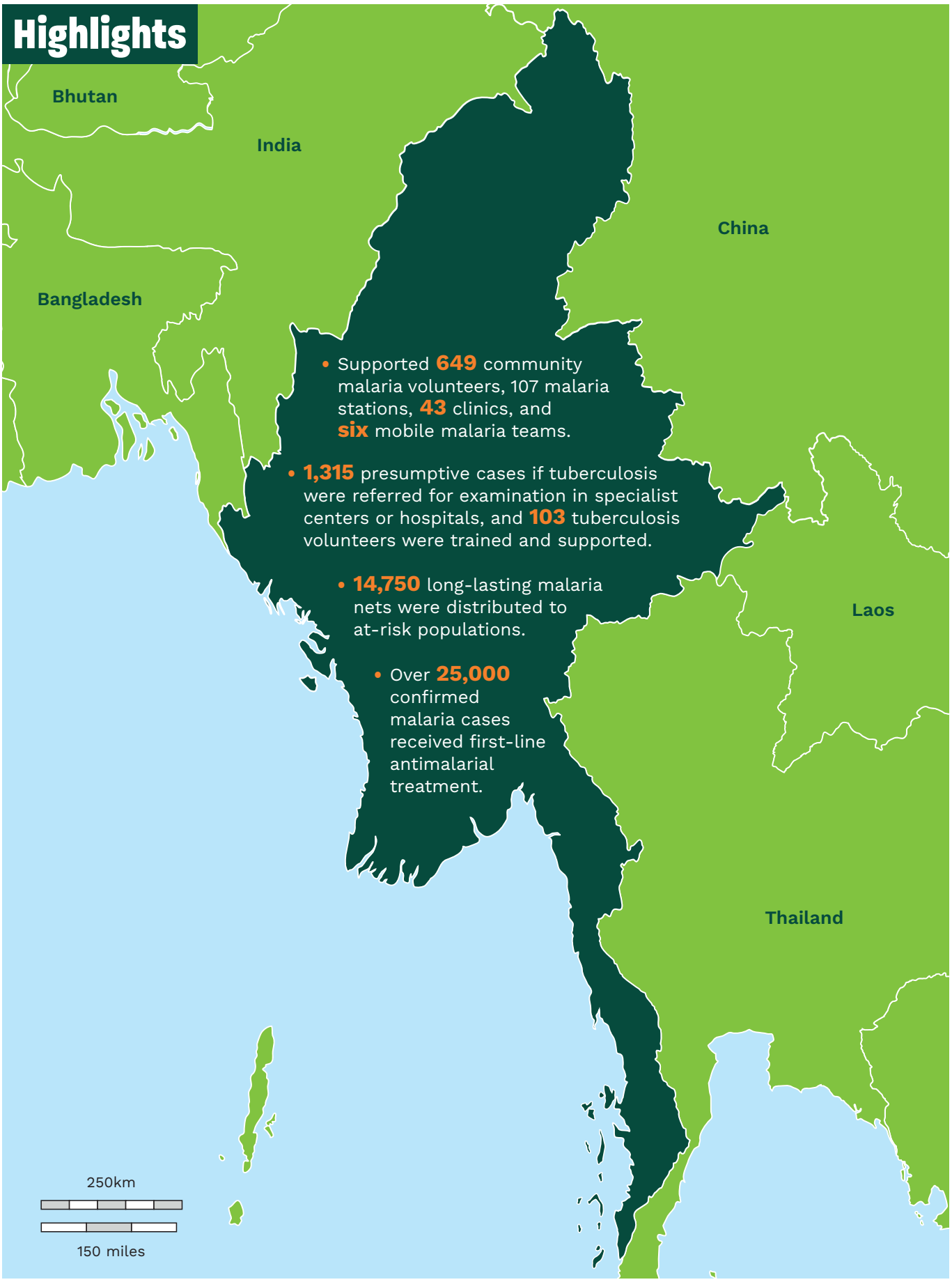
Before Ngor Ma Sar's appointment, the people of Bum Sin village faced challenges accessing medicine and health information due to its distance from health facilities. "Before, there was no one to share health knowledge with, and the pregnant mother did not know that she had to go to the hospital after the delivery bleeding, so she died at home. A pregnant mother also died because she could not give birth. Some mothers know that their children are sick, but they have no health awareness and don't know how to get medical treatment. There are some children who should not have died," the village head said.

Following her training, Ngor Ma Sar conducts health promotion sessions and provides basic health care services to the community, using medicine provided regularly by Health Poverty Action. In emergencies, she can refer patients to the hospital.

Ngor Ma Sar now plans to attend an auxiliary midwifery course run by the state health department so that she can provide even more support to her community.

"In the past, parents were afraid to vaccinate their children. If they inject, they are afraid that their children will not be able to walk using their legs because they don't have any health knowledge. Now giving health promotion session by Mrs. Ngor Ma Sar, we have understood, and all the parents are vaccinating their children."

Female villager


Highlights
Bhutan
India
China
Bangladesh
Laos
Thailand
• Supported 649 community malaria volunteers, 107 malaria stations, 43 clinics, and six mobile malaria teams.
• 1,315 presumptive cases if tuberculosis were referred for examination in specialist centers or hospitals, and 103 tuberculosis volunteers were trained and supported.
• 14,750 long-lasting malaria nets were distributed to at-risk populations.
• Over 25,000 confirmed malaria cases received first-line antimalarial treatment.
250km
150 miles

Financial review

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

In our second year of active operations, we gained additional traction in the 2023-24 fiscal year in our fundraising and programmatic work. We submitted our 990-EZ form for this financial year in July 2024, which was promptly accepted by the IRS. This level of income does not yet require an external audit, so we will share our income and expenditure for our existing and prospective supporters here.

Income

Our income for 2023-2024 was $87,040.

We were successful in securing funding to support projects in Ethiopia, Guatemala, and Myanmar. This included generous funding from The International Foundation, The Antioch Foundation, Teledoc Health, and Ann Boyer, as well as support from an anonymous donor.

Expenditure

Our total expenditure for 2023-2024 was $75,656.

We spent $55,796 supporting project activities and $10,373 on raising funds (14% of the total expenditure). Our support costs of $9,487 (13%) were spent on maintaining our online presence (website), as well as operational costs like rent, phone, and travel.

Income and expenditure

	2023-2024	2022-2023
Income		
Contributions and grants	$87,040	$67,959
Start-up funding	-	$17,785
Total	**$87,040**	**$85,744**
Expenditure		
Programs	$55,796	$54,816
Staff	$10,373	$7,932
Support costs	$9,487	$11,444
Total	**$75,656**	**$73,652**

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

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