GHA's Work in Haiti: A Personal Perspective

by Girija Sankar, GHA Program Manager

The mirror in our master bathroom came crashing down the other day. It was a regular Wednesday, and my husband and I were catching up downstairs in the kitchen, when all of a sudden we heard a loud, thundering, repetitive crash. For about five seconds, we stood still. Then, our stupefied reflexes kicked in and we ran upstairs to investigate. It was, in fact, the 9ft by 4ft bathroom mirror and everything was gone. The white walls behind the mirror now stood fully exposed.

While I was cleaning up the mess, my mind wandered to the rubble and ruins that I had seen in Haiti. There I was, lamenting the loss of a fine summer day to clearing up after an unforeseen, albeit relatively insignificant event, while in Haiti, people had lost everything - mirrors, furniture, jewelry, cars, motorcycles, and entire homes. More tragically, people had lost lives - more than 230,000 of them. That's like wiping out the entire population of Macon, Georgia. Talk about gaining perspective. That Wednesday afternoon I realized that I could never ever fully comprehend the enormity of what happened to Haiti on January 12.

I was first in Haiti for two weeks in March. I was fairly new to GHA and had never been to Haiti before. I had braced myself for camping out in tents, having little or no water, and facing indefinite delays in travel by road. All my worries were overblown. I was fortunate enough to find a bunk bed at a church guest house with running water and two freshly prepared meals everyday. We also had a field office car so travel wasn't too difficult. The roads weren't awful, or at least no worse than before the earthquake.

Some of the sights were very familiar to me since I grew up in India before moving to the U.S. - stray dogs on the street, kids chasing old car tires, total traffic chaos. But, what I wasn't prepared for were the ruins and rubble in every street. Every other building was destroyed. A small shack would be intact, but a two-story building next door would be reduced to nothing. The scale and scope of the destruction was unimaginable. My worries then were utterly dwarfed by what I saw. I felt at once guilty and remorseful.

Experts in disaster management predicted that it would take a dump truck with a 20 cubic yard bed up to three years to clean up . . . if it could carry a thousand loads per day. Or, at the current rates of rubble removal, it would take up to 20 years. Twenty long years to clear up from a natural disaster that lasted about 30 seconds. Decades of rebuilding ahead, all from a few seconds of the earth shaking.

I went back to Haiti in June for three more weeks, this time to spend more time getting to know our Haitian staff, learning more about what we do, and continuing on-going conversations with GHA's local partners. Things in the first week were a little slow, allowing me the time to observe, take notes, and think through our long term strategies for Haiti, but weeks two and three were packed - road trips to Gonaives (where we work collaboratively with other partners on a goat farmer training project), a boat trip to the island of La Gonave (where we manage a similar goat project), several trips to Darbonne, the small town where GHA's own Goat Program is located, and to the larger town of Leogane.

I was able to spend time with and get to know Franck Toussaint, GHA's senior Goat Program Coordinator, and Renette Olivier, the nurse who has been leading our trainings for community health workers for

Continued on page 2
Dear Friends and Colleagues,

Months have passed since the devastating earthquake in Haiti and most of the news cameras and media are focused elsewhere. But, for the people of Haiti the effects of the earthquake and the challenges of rebuilding their lives and their communities will be the pressing priorities for many years to come. Global Health Action has worked hand-in-hand with communities and local organizational partners in Haiti for 30 years, and we will be there for many years to come!

In Haiti, as is true with all of our programs throughout the world, we focus on building local leadership skills; supplying health education and disease prevention tools and knowledge; and providing guidance and support for lasting community-based actions to improve health and the quality of life.

For our Haitian staff, partners, GHA-trained community health workers and rural outreach leaders, this means equipping them with the knowledge, skills, basic financial resources, methods, supplies and equipment they need to address the challenges of poor health, poverty and the struggles of daily life facing their Haitian communities.

It is hard for most of us to imagine what life would be like if we didn’t have a health center or hospital within a few miles of our homes, a doctor or nurse to call on when our children are sick, a means of communication or simple transportation in an emergency or just to do our daily work, or a source of power to run lights, refrigerators and computers. In locally-appropriate ways, Global Health Action can help address these challenges in Haiti, with your help.

Please consider supporting GHA’s work this Christmas & Holiday Season and throughout the year as a way to honor those you love with gifts that will change lives.

Warmest regards,

Robin Davis

Executive Director
People call me Franck Cabrit.

Once, when we were in desperate need of a bathroom break during a field trip in Leogane, the only toilet we located, at a restaurant, was dirty, foul smelling, the works. Renette launched into a tirade about how it was crazy that a place that provided food and a moment of respite for people would not think to keep their toilets clean. "This is what hygiene is all about," she told me. "We need to make the restaurant understand that hygiene and serving food are related. How can you possibly cook and serve good food if you cannot keep your toilets clean?" And she punctuated her sentences, as she did so often, "Tu vois, Girija, tu comprends?" (Do you see, Girija, do you follow me?) Her passion in so many instances made it clear that community outreach and health promotion aren't something she does because she's a trainer or program manager; they are an integral part of who she is as a person and as a Haitian.

Franck, Renette, Rachelle, Carmelo, Souffrant, Milord, Noberta, Continued on page 4

Designated Giving Opportunities

United Methodist Church - The Advance (#06504A)

Log on to the GBGM website at: http://new.gbgm-umc.org/Advance/
or send checks through Advance Special Channels starting with Conference Treasurer.

GHA Advance number for all GHA programs: #06504A
GHA Advance number for programs in China: #203000
GHA Advance number for programs in Haiti: #418705

GHA is also a United Methodist Women Supplementary Gifts project for donations through UMW & Women's Division channels.

Presbyterian Church (USA) - Extra Commitment Opportunities (#862707)

Send checks through ECO channels:
Presbyterian Church (USA) - IHD
Attn: Bob Ellis
100 Witherspoon
Louisville, KY 40202

Mark your gift: Community Health Training by Global Health Action (ECO #862707).

Georgia State Employee Campaign / Open Corporate Campaign

Designate Global Health Action, listed under Community Health Charities of Georgia.

Combined Federal Campaign - CFC Universal Code #10126

GHA is listed as a National/International Independent Organization

Renette Olivier meeting with Constance Prinvil, a GHA-trained community health worker based in Guerin, Leogane. Ms. Prinvil has been a CHW since 1987.
Miron, Clermène, Bémarie . . . These are some of the people that work with Global Health Action in Haiti. They are committed, hard working individuals who care deeply for their country and fellow citizens. They are inspiring.

Which is a good thing because change in Haiti is slow; and positive and desirable change is even slower and more arduous. But, that doesn't stop us from doing the best that we can. GHA remains committed to improving community health and development in Haiti. And, as our supporters and friends, we encourage you to ask us questions, engage us in a dialogue about what we should or shouldn't do, and support our work. On behalf of Franck, Rachelle, Renette, and so many more, thank you for all of your support for GHA and the people of Haiti.

Tu vois, tu comprends?

Mark Your Calendars . . .

In mid-January 2011, a year after the devastating earthquake, GHA will be hosting a brown bag lunch panel discussion focused on Haiti: Where Are We Now and What Comes Next? This will be presented in partnership with the Faith & Global Health Caucus of the Global Health Council. Everyone will be welcome to attend and participate, and we hope to see you there.

Exact date and more details are coming soon!

Relief & Rebuilding in Haiti: Highlights of GHA’s Work

In the immediate aftermath of the earthquake, GHA staff assisted the outside emergency medical teams which worked out of the municipal and field hospitals in the towns of Leogane and Petit-Goave. They also offered those teams supplies and equipment for their work.

As most of those outside teams departed, GHA set up temporary and mobile clinics to provide people with basic health care. Direct clinic-based medical care is not how GHA usually works in Haiti or elsewhere, but at that point, we were responding to the need and helping to fill the gaps in the healthcare system. Initially, in March, we were staffing up to four clinics a week at different sites; but since June, it’s been two clinics a week.

The clinics see an average of 125 patients, of whom half are children (most of them under five). Typically, each clinic includes a doctor, two nurses, a pharmacist and a community health worker (CHW), who both mobilizes the community to seek services at the clinic and presents information on sanitation, hygiene, and other key health topics to those who are waiting to be seen. Patients are treated for a variety of common illnesses and ailments, including diarrhea, malnutrition, reproductive tract infections, and malaria. The clinics also provide prenatal care.

We did initial needs assessments through conversations, meetings, and focus group discussions with key stakeholders, including community members, community level project-trained health personnel, local partner organizations, and GHA field staff.

In April and in August, the CHWs we’ve trained and supported were the key implementers for the Ministry of Health’s district-wide immunization campaign that reached 90,000 people. The campaign was coordinated in part by Renette Olivier.

GHA held a five-day refresher training in early September for 40 CHWs from the Petit-Goave area focused on a wide variety of maternal and child health topics, including prenatal care, safe motherhood (breast feeding, nutrition, vaccinations, etc.), and family planning, as well as hygiene & sanitation and infectious diseases.

GHA is coordinating monthly meetings of 60 traditional birth attendants (TBAs) in the Petit-Goave area. These meetings provide an opportunity to discuss issues, share information, and report on activities.

We are working with the local Ministry of Health unit in Petit-Goave, the Unite Communautaire de Sante, to set up a referral system using walkie-talkie radios (which are more reliable than cell phones). We are formalizing policies and procedures and will do a training for local UCS, GHA, and partner organization staff. The system will also be used to communicate and coordinate emergency/disaster response.

GHA’s Haitian Goat Program, which provides training and a pregnant goat to poor Haitian families, got back on track in March with two separate group trainings for a total of 46 farmers. Including that double training, 166 farmers have been trained and supplied with a pregnant goat since the earthquake.

From early on, GHA’s local field staff have participated and contributed to the UN-led health cluster and sub-cluster meetings in Port-au-Prince and Leogane. The cluster meetings provide an opportunity to share updates about our activities, learn of other relief efforts and remain cognizant of any national or ministry-level strategic initiatives.

GHA’s Haitian- and US-based staff members have had regular conversations with dozens of individuals and groups in Haiti and outside, from denominational leaders (Episcopal, Presbyterian, and United Methodist) to Ministry of Health directors to local and international NGOs, comparing notes, discussing partnerships, exploring opportunities, and developing long-term strategies.
Notes from GHA’s China Programs

This past March, GHA facilitators Robin Davis and Bruce Wood were in Nanjing, China to conduct an International Course on Effective Management and Evaluation of HIV/AIDS and Reproductive Health Programs. This ten-day leadership and management course, conducted in English, brought together 16 mid- and high-level health leaders from six Asian and Africa countries, with a wide-range of backgrounds and perspectives. The course combined lectures, case studies, small group work, in-class presentations, and site visits.

Based on strong, positive feedback from the participants and an excellent working partnership with the Nanjing Population Program Training Center International, which hosted the course, GHA and NITC are planning for another international course in May 2011.

Fall 2009 NPFPC courses

By the time you are reading this newsletter, GHA will have welcomed another group of health leaders from the National Population and Family Planning Commission of China (NPFPC) to our International Training Center in Decatur, Georgia. The expected group of 21 includes national-level officials from a number of departments as well as representatives from more than a dozen provinces and municipalities.

The October 11-15 workshop will focus on Strategic Management for Reproductive Health Programs, incorporating information and training on topics such as Leadership and Management, Needs Assessments, Program Planning, Project Design, and Monitoring & Evaluation.

A second NPFPC training course on Advocacy for Population and Reproductive Health Programs is on-track for mid-November.

These are the twenty-first and twenty-second capacity-building training courses which GHA has conducted for NPFPC since 2002. Nearly 700 officials have been trained in the U.S. and in China.

Please visit GHA’s website <www.globalhealthaction.org> or find us at <www.facebook.com/globalhealthaction> for updates on both courses.

Thank you to the ladies of the Dunwoody United Methodist Women New Horizons Circle for preparing 25 beautiful hospitality bags to help welcome our visitors.

And finally, we sadly note the passing earlier this year of long-time GHA friend Bob Podsiadlo. He and his wife Del opened their home to different NPFPC groups in recent years, and Bob, in the role of jovial host, was able to break down barriers of language and culture and bring out the common threads of fun and laughter and music that unite us all. We miss him.

Feedback from two of last year’s course participants on the impact of what they learned at GHA

[Taking what was learned in the course] I established an evaluation system for our marketing and education work. I learned the importance of establishing assessment during the GHA training. It is an important issue for our marketing and education work to assess its effects. Not doing so has been a long-term problem for us. After the training, I cooperated with other leaders to strengthen and assess our marketing work, such as producing promotion materials, doing a questionnaire survey, and making evaluation visits with a sampling of citizens after one program. The feedback has been positive.

The leadership and management training emphasized that leadership skills should vary according to different willingness and ability level of the subordinate in different work. I learned that a leader should not use the same management with different subordinates. I have one officer who has been working for two years in my office. I felt frustrated with him and that he was doing a poor job because he couldn’t complete any task without my specific detailed explanations, and he also always asked for my instructions. After the GHA training, I realized he is a kind of officer who cannot have too much authority to complete a task independently, or he will be very confused. Now I work with him early every month to segment tasks, confirm deadlines, clarify targets, and notice attention points. I have found that with this specific guidance, this officer can do his job well.
Notes from GHA’s Africa Programs

In 2010, GHA awarded a $5,000 seed grant to *Aides Medicales et Charité (AMC)*, a community-based non-profit in Togo, in West Africa, which was founded in 1996. The organization’s mission is to reduce HIV and STD infection rates and to provide comprehensive care for those infected and affected by HIV & AIDS. Last year, they provided care for nearly 2,500 people.

Kossi Hotonyo, AMC’s Program Manager attended GHA’s 2009 *Design, Management, and Evaluation* training course in Senegal and submitted the winning proposal for the seed grant award. AMC’s project, which officially launched in May, is located in Akwaaba Township in Lomé, the capital of Togo.

The project provides financial support for regular check-ups, medications, and psychosocial home care for 25 HIV-infected children under the age of 12, with the goal of reducing mortality and morbidity among these children. Most of them have lost one or both parents to AIDS, and all of them come from desperately poor families who cannot afford the cost of treatment and care.

Through the project, and thanks in part to the GHA seed grant, a nurse trained in psychosocial monitoring and care makes monthly home visits to each child. These home visits to monitor the on-going situation with the children and their families and to quickly address any issues and problems which may arise are a key component of the project. The nurse ensures that the children are following their ARV (antiretroviral) drug treatment correctly, works to improve the household’s understanding of HIV transmission, addresses stigma or discriminatory behaviour the children may face due to their infection status, and ensures the continued acceptance of the children by their families and caregivers. If necessary the nurse can also provide basic medical care. For specific consultations, a pediatrician, nutritionist, general practitioner, and psychologist are also available.

A Profile

Dodji Agbenohevi [pictured to the left] is an 11 year-old HIV-positive orphan who lost both his parents to AIDS. After the death of their parents, Dodji and his three brothers were abandoned by their father’s family and have since been looked after by their maternal aunt, who sells fruit juice on the street. The family lives more than 15 km away from *Aides Medicales et Charité* in an area often flooded during the rainy season, leaving little Dodji more susceptible to opportunistic infections. He was referred to *AMC* in 2007 by Bé State Hospital after he was hospitalized there.

Dodji takes part in the support group for infected children and receives a monthly food kit as well as school support. He has been on antiretroviral treatment since March 2008 and benefits from a monthly medical consult and monitoring. All his travel, hospital, and drug costs are covered by *AMC* through this project.

Dodji also benefits from nursing services, treatment information, support with adhering to his ARV regime, and monthly home care visits to ensure appropriate pediatric and psychosocial follow-up.

Through AMC’s support, Dodji has recovered his health and, since being able to return to school, his smile. His aunt is now less worried about the state of his health. Dodji is wise and very friendly. He loves to play the *djimbé* (traditional drums).

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A Blast from the Past

A few weeks back, out-of-the-blue, we received an email from Adedayo Ogundimu of Nigeria. “Dayo,” as he is known to his friends, graduated from GHA’s International Health Management Course (IHMC) in Atlanta way back in 1990. We had kept in touch for awhile but hadn’t heard anything from him in the past five or six years.

We were delighted to hear that he’s back in the U.S., pursuing a Master’s degree in Communication for Development at Ohio University Center for International Studies in Athens, Ohio. It sounds like he’s had quite a career - as a social scientist, a program officer, an expert consultant - working in Nigeria for both local organizations and international NGOs.

Robin Davis remembers him well as outgoing, curious, and eager to absorb all he could from both the course and American culture. Back in those days, the IHMC courses lasted for six weeks, and some of the friendships that developed between staff, volunteers, and Board members and the international course participants have lasted for decades.

*We’re confident that today’s GHA course graduates will be echoing Dayo’s words in another 20 years:* “I am very proud to declare that the high quality leadership skills I was privileged to receive from GHA had indeed enabled me to hold various leadership positions in Nigeria in the last 20 years. The solid foundation you gave me is indeed a major contributing factor to my success.”
Girija Sankar, GHA Program Manager, presented a poster session on GHA’s Healthy Mothers, Healthy Children Child Survival project (2004-10, in Petit-Goave, Haiti) at the first annual Global Maternal Health Conference held in New Delhi, India at the end of August.

Afterwards, Girija described the conference as “a true confluence of the latest in research, grassroots advocacy, policy planning, and community based work on maternal health,” and noted that “some of the best sessions that I attended were less about policy, planning, or advocacy and more about evidence-based programming that delivers results. At the end of the day, results matter. Results do not always have to be positive, but unless and until health programs track progress and document results, no real progress can be made.”

Many of the Conference’s presenters and panel speakers stressed that MDG 5 [the fifth Millennium Development Goal: Improve Maternal Health, including reducing the maternal mortality ratio by three quarters between 1990 and 2015] is one goal that continues to fall behind in many countries, especially in places like Haiti and sub-Saharan Africa.

A few weeks later, UN Secretary-General Ban Ki-moon announced a new global strategy on women and children’s health: “Each year, millions of women and children die from preventable causes. These are not mere statistics. They are people with names and faces. Their suffering is unacceptable in the 21st century. We must, therefore, do more for the newborn who succumbs to infection for want of a simple injection, and for the young boy who will never reach his full potential because of malnutrition. We must do more for the teenage girl facing an unwanted pregnancy; for the married woman who has found she is infected with the HIV virus; and for the mother who faces complications in childbirth.

Together we must make a decisive move, now, to improve the health of women and children around the world. We know what works. We have achieved excellent progress in a short time in some countries. The answers lie in building our collective resolve to ensure universal access to essential health services and proven, life-saving interventions as we work to strengthen health systems. These range from family planning and making childbirth safe, to increasing access to vaccines and treatment for HIV and AIDS, malaria, tuberculosis, pneumonia and other neglected diseases. The needs of each country vary and depend on existing resources and capacities. Often the solutions are very simple, such as clean water, exclusive breastfeeding, nutrition, and education on how to prevent poor health.”

The rest of Ban Ki-moon’s address and the details of the new global strategy can be found at:

GHA’s September Board meeting began with a surprise ceremony to recognize Administrative Coordinator Fay Orr’s 20 years at GHA! She was presented with a certificate by Board President Barry Smith and also received a card and jewelry gift as a token of our deep appreciation and regard. Fay’s daughter, Gina Orr Burton, was in on the surprise, and gave her mother a bouquet of flowers. Congratulations, Fay!
Fall is the season for the CFC and CHCG workplace giving campaigns, an opportunity to donate at work to support your favorite charity. You can give one-time, or give throughout the year with payroll deductions.

GHA has again been approved as a member agency for both campaigns, and we would appreciate your support. For the CFC campaign, we are listed as a National/International Independent Organization, #10126.

Is it really almost that time of the year again? The special time for holiday celebrations and family gatherings. The time to look back, to count our blessings, and to think of those less fortunate.

We are looking back on a year of improving the health, the lives, and the futures of people around the world - AIDS orphans in Togo, health leaders in China, rural families in Haiti, at-risk students in DeKalb County, Georgia, and so many more. Your past support for GHA has helped us improve the lives of tens of thousands of families in 97 countries around the globe.

As 2010 draws to a close, we invite you take a moment to consider a donation to Global Health Action. Your gift will have a major impact on the lives and futures of families around the world.

And remember, you can make a GHA alternative gift - a Haitian goat, support for a health worker, a training scholarship, and many more - for someone special in your life.