Global Health Action

2011 Annual Report

Healthy People, Healthy Communities, A Healthy World
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(as of June 30, 2011)

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Robin C. Davis, R.N., M.N.
Executive Director, Global Health Action

Front cover photo: Girls completing a health questionnaire for Left-behind Children Project in Jiangsu Province, China.
Dear Friends and Colleagues,

Global Health Action works in partnership with people in their own communities and countries, in locally-appropriate ways, to address health and development challenges in under-served parts of the world, whether in Haiti, rural China or elsewhere.

We train and equip local health professionals, community health workers, traditional birth attendants, animal health workers and goat farmers to meet these challenges at their source. In the wake of the deadly cholera outbreak in Haiti, GHA-trained Haitian health workers, community partners and Haitian staff moved quickly into action. Their communities did not have to wait for large containers of supplies or for teams of health professionals from abroad to begin preventing the spread of cholera.

Through GHA, they already had the basic knowledge and skills for providing safe water and sharing good sanitation practices. They just needed some additional short-term training from GHA on the prevention, spread and treatment of cholera, a new disease in Haiti. Equipped with illustrated health education posters in Haitian Creole, locally-available soap, water-treatment chemicals (common household chlorine bleach), and containers for water, they reached out to thousands of families in their communities, preventing much illness and saving lives.

In resource-poor areas of the world we have both seen time and time again the positive sustained impact that occurs when we enhance and unleash the capacity of district health leaders, community health workers and other community leaders to address and help solve their own problems.

In this annual report, you will read about the ways Global Health Action’s mission comes alive in the communities and countries where we serve. We want to thank our committed staff, program graduates, partners, volunteers and supporters for their steadfast faith in and support of GHA’s work.

We deeply appreciate your continued efforts and encouragement as we endeavor to contribute to the achievement of a healthier world!

With warmest regards,

Robin C. Davis, R.N., M.N.                 Barry H. Smith, M.D., Ph.D.
Executive Director                              Board Chair and President
A Year of Growth In Areas We Serve  
2011 Highlights

Haiti

FY2011 was a water-shed year for GHA’s community health and development programs in Haiti. Our Haiti programs were restructured, refined and streamlined. Program activities are now designed to enable regular reporting, monitoring and evaluation. All activities and initiatives are currently guided by a strategic plan which lays out our goals, objectives, measurable outcomes and impact.

Since the earthquake in January 2010, most of Global Health Action’s (GHA) programs have resumed at pre-earthquake levels. We have begun a comprehensive needs assessment in the Leogane and Petit-Goâve communes in the Leogane District to gather information to help Global Health Action and our partners identify current health and rural development priorities, resources, and current local living conditions in order for GHA to plan and expand future program efforts in the region.

Community Health Program:
In a continuing response to the earthquake and as a natural evolution of the Healthy Mothers, Healthy Children project, GHA provided one-week refresher trainings to 40 Community Health Workers; supported the work of 62 Traditional Birth Attendants (TBA’s) with monthly meetings, supplies, and supervision; and provided clinic-based medical care for thousands of Haitian families in the Petit-Goave area (a total of at least 75 stationary and mobile clinics each seeing an average of 125 patients, of whom 50% were children and 40% were women). The program served an estimated 4,300 people a month through clinic visits (mobile and stationary), health group meetings, services provided by GHA-trained community health workers and traditional birth attendants, and by community education events.

Cholera Prevention and Treatment Training:
Throughout FY2011, in response to the cholera outbreak in Haiti, GHA trained 130 community leaders including CHWs, TBAs, zone lead farmers, and other community leaders, and provided them with materials and supplies to educate, treat, and
refer people from their communities. The training covered the basics of the disease – symptoms, prevention, treatment, referral, water treatment, and waste management – and provided key supplies such as local soap, bottled water, locally-available water purification chemicals, Oral Rehydration Salts packets, as well as educational posters and flyers. These efforts directly helped over 16,950 people.

**Goat Program:**
In FY2011, Goat Program activities, including the monthly goat farmer trainings, resumed at pre-earthquake levels. Farmers who lost pregnant goats that they received after the training have received replacement goats. After further recovery from the earthquake, the goat clinics conducted by GHA staff resumed on a regular basis.

**China**

**Women’s Health and Reproductive Health Programs:**
*Capacity Building for the National Population and Family Planning Commission of China (NPFPC) through Public Health Leadership and Management Courses*

GHA hosted two one-week courses in Atlanta for senior and mid-level officials from the National Population and Family Planning Commission of China (NPFPC) on October 11-15 and November 15 – 19, 2010. The aim of both courses was to build the capacity of the staff so that they are able to improve client-centered healthcare education and services at thousands of clinics and community health centers throughout China.

The first course was titled “Strategic Management for Reproductive Health Programs”, while the second was “Advocacy for Population and Reproductive Health Programs”. Twenty-one participants attended the first course and nineteen participants were in the second course. The focus of both courses was on public health leadership and management, reproductive health policy and program management,
advocacy, communication and media relations, and reproductive health quality assurance management.

During their stay in Atlanta, the participants visited the Feminist Women’s Health Center; Georgia Department of Community Health, Division of Public Health, Maternal and Child Health Programs; The Carter Center; the Centers for Disease Control and Prevention (CDC); the CNN Center; and Planned Parenthood of Georgia. These visits offered participants an opportunity to interact with and learn from local health professionals.

Plans are also underway for an Executive Level International Seminar on Best Practices in Global Health, to be held in Nanjing and Shanghai in Spring 2012. The seminar is a joint partnership effort between Global Health Action and the Nanjing International Training Center.

**Left-behind Children Project:**

Today in China, GHA is collaborating on projects with a number of partners to expand health care in Chinese communities through the the Left-behind Children Project in rural areas of China. With the support of our donors, GHA has begun the implementation of this project to train local health leaders and community-based health educators in an innovative program to advance the health, social and life skills, and well-being of youth in rural China.

GHA, Nanjing International Training Center, Jiangsu Family Planning Association, and Nanjing Population College continue to develop program plans for the Left-behind Children Project, first as a pilot project in two rural townships of Funing County, Jiangsu Province, China. Based on the completed needs assessment and baseline survey, this project will prepare health trainers and educators (Chinese health personnel, school teachers, student peer educators, and community leaders) to provide much-needed adolescent health education, psycho-social support, and services to 1,500 students, ages 11 to 15 years, who were left behind in rural Funing County when their parents migrated to the big cities for work.
This scenario of left-behind children continues to grow throughout China as their parents become part of the increasing migrant “floating” population, moving from the rural to the urban areas for work. In 2009, the floating population in China reached 211 million adults. These adults left their permanent homes in rural parts of the country to seek higher-paying temporary jobs in urban areas. They left over 58 million children behind at home to go to school in the year-round care of an elderly grandparent or caretaker. Beyond the initial three-year pilot project, GHA and its Chinese partners plan to replicate this project in other areas of China.

**GHA Partnership with the Amity Foundation:**
The Amity Foundation, a large Chinese non-governmental organization, requested that GHA plan and conduct another project management training workshop for HIV & AIDS project managers working in remote areas of China. The foundation also requested a second, broad organizational development workshop for new NGO’s in the Nanjing area. Plans for both workshops are underway.

**Africa**

**Program Activities:**
In FY2011, the Design, Management and Evaluation of HIV & AIDS Programs courses were not presented in Africa. However, as part of ongoing support to selected GHA African Program graduates, GHA awarded a seed grant and provided on-going technical support to an organization in Togo (Aides Medicales et Charité) which serves children orphaned or made vulnerable by HIV & AIDS. With GHA’s support, AMC provided regular home-based care and services to 25 HIV-infected children under the age of 12.

**Atlanta**

**Atlanta AIDS Awareness and Prevention Education Program:**
GHA continued its partnership with the DeKalb County School System through our AIDS Awareness and Prevention Education
Program. Informational packets were updated to include revised local, state and national statistics on HIV & AIDS; age-appropriate educational tools including helpful websites; information on sexually transmitted disease prevention and healthy relationships; and past examples of implemented AIDS Awareness and Prevention Programs.

Within the packet, schools had the opportunity to apply for a mini-grant in order to help fund several projects, including purchasing posters and other educational materials, prizes for health-related contests, money for hiring speakers, etc. To be considered for the mini-grant, counselors were encouraged to actively involve peer student leaders and demonstrate what strategies they would use to create awareness of HIV & AIDS; equip young people with information and skills to protect themselves from infection and build positive attitudes towards those affected by HIV & AIDS.

**A Financial Snapshot**

**FY11 Revenues:** $890,008  
**FY11 Expenses:** $848,620

Global Health Action is a tax-exempt 501(c) (3) non-profit organization. GHA’s audited financial statements and Form 990 are available upon request.

![GHA HIV & AIDS educational materials for teachers and students.](image1)

![A DeKalb County high school student reads about HIV & AIDS prevention in the GHA-supported school program.](image2)

![FY11 Sources of GHA Support](chart1)

![FY11 Breakdown of Expenses](chart2)
Remembering GHA President Emerita
Frances Candler Shumway

GHA President Emerita Frances Candler Shumway passed away on March 12, 2011, at the age of 90 in her hometown of Madison, Georgia. She participated in the first series of organizational meetings in 1968 that led to the official establishment of Global Health Action, first founded as INSA, in 1972. Her involvement with and passion for Global Health Action remained strong throughout the years.

Frances Shumway actively served as President of Global Health Action for 29 years and then served as President Emerita until her death in March 2011. Frances was an active and dedicated volunteer leader of Global Health Action. At her own expense she traveled on several occasions with the GHA staff to India and Haiti to participate in health training programs; to honor program graduates; to convene GHA health conferences; and to help recruit and select staff for our ongoing in-country programs.

Even on personal trips to other countries, her first action was to contact and visit GHA program graduates where they lived and worked. She gave generously of her heart, her time, and her resources. As a member of a prominent family in Georgia, Frances could have chosen to live a very comfortable life at home, but she chose to share her time and resources to serve people around the world through GHA. She made friends and inspired people wherever she went. Her love and concern for people around the world was evident in everything she did and said. We miss her caring nature, her sharp intellect, and her continuing thirst to learn something new each day.

In 1994, to further demonstrate her commitment to the mission of GHA, she established a Charitable Remainder Unitrust through the current Georgia United Methodist Foundation, with GHA named as one of two beneficiaries upon her death. We are deeply grateful to Frances Candler Shumway for her faithful generosity and her life of dedicated service to benefit others.
Donors and Funders (Gifts of $500 or more)
July 1, 2010 to June 30, 2011

$100,000 and above
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Jane White, D.V.M.

* Members of GHA's Albert Schweitzer Society as of June 30, 2011

N.B. This only includes gifts received rather than FY11 pledges.
Global Health Action is working for . . .

Healthier children

Healthier families

Healthier communities

A Healthier world

Global Health Action
P.O. Box 15086
Atlanta, Georgia 30333
USA
P +1 404-634-5748
F +1 404-634-9685
1902 Clairmont Road
Decatur, Georgia 30033
gha@globalhealthaction.org
www.globalhealthaction.org
www.facebook.com/globalhealthaction

Our Mission
To improve the health of people and communities around the globe through education, training, and practical programs in leadership, management, and health promotion.