Dear GHA Friends and Colleagues,

We are very grateful for your continued support and partnership to help Global Health Action (GHA) improve the health and well-being of individuals and communities in under-served parts of the world. By working in partnership with leaders in their own countries and communities, GHA addresses health and development challenges at their source, in locally-appropriate ways. Whether we are training and equipping community health workers in Haiti or preparing teachers to address the health and well-being of left-behind children in rural China, GHA is dedicated to community-based health and development.

Our on-the-ground programs and educational efforts, highlighted in this annual report, prepare in-country leaders, health and development personnel and community members to better meet both the immediate and long-term needs within their own communities. We build local capacity for greater access to health and rural development services in order to improve health and to increase livelihood opportunities at the community level.

Our ongoing services and programs take the involvement and perseverance of many individuals and partners at all levels. We greatly appreciate the ongoing dedication and support from GHA’s staff, program partners, donors, and community volunteers. It takes all of us working together to sustain and strengthen the work and outreach of GHA.

Thank you for your encouragement and commitment as we strive to achieve a healthier world!

With sincere appreciation,

Robin C. Davis, R.N., M.N.  
Barry H. Smith, M.D., Ph.D.

President & CEO  
Board Chair

Mission

Global Health Action’s mission is to improve the health and well-being of individuals and communities in under-served parts of the world through community-based health programs and livelihood opportunities.
Community-based Health Program

Diana Jean-Baptiste is a young woman of 15 who lives in the remote and mountainous village of Trou Chouchou, in the commune of Petit-Goâve, Haiti. Diana is an orphan, having lost her father as a baby and her mother when she was six. After the death of her mother, she moved in with her cousin’s family, where she was cared for and sent to school. Unfortunately, in 2010 her cousin fell ill, and the family was no longer able to afford school fees. Diana was left at age 11 with a partial education and few things to occupy her time each day.

The traditional birth attendant (TBA or matrone) Célanie Bontemps is always on time for the meeting of Global Health Action TBAs, which takes place the last week of each month. When she arrived at the January 31, 2013 meeting just as it was ending, it was clear that something serious had happened.

Célanie explained that, as she was leaving Trou Chouchou that morning, she was called to the home of Diana Jean-Baptiste, who had gone into labor. It appeared that, while out of school, Diana had formed a friendship with a young man and eventually became pregnant. A young, single woman with limited access to resources, Diana was unable to get to a clinic or hospital to deliver, but instead called upon the local TBA.

When Célanie arrived, she saw very quickly that Diana was having a difficult delivery. With her experience and training, Célanie assessed the situation as dangerous for both mother and child and acted quickly to get Diana to a referral center. Luckily, on their way to the center, the pair encountered a doctor who was able to safely deliver the baby, a girl that Diana named Bytchayna.

In the spring of 2013, GHA’s community health program organized a vaccination post at Trou Chouchou. Diana was there, proudly nursing Bytchayna as she waited to have her daughter vaccinated. Of the many mothers present, two others had also been attended by Célanie. In fact, it’s considered a point of pride within their community to have matrone Bontemps deliver one’s baby.

Today, TBAs like Célanie are better equipped to conduct routine births, helping to prevent infection and other complications, and they are also better able to recognize signs of risk and see that mothers within their community receive appropriate care. This knowledge likely ensured Diana’s happy ending, along with dozens of other women throughout Petit-Goâve whose births were attended by GHA-trained matrones.

For over 30 years, the goal of the Community-based Health Program in Haiti has been to help communities and individuals like Diana, while strengthening local health systems. GHA supports a network of Community Health Workers (CHWs), Traditional Birth Attendants (TBAs) and mobile and stationary clinics to provide basic health care services. Through this network, GHA provides primary health care, pre- and post-natal care, referrals for pregnant women, family planning services, infant growth monitoring, immunizations, and regular CHW-led community education sessions on healthy practices.

FY 2013 Community-based Health Program Highlights:

- GHA reached 15,872 individuals through its community health program in the Petit-Goâve commune.
- 21 CHWs participated in ongoing monthly refresher training workshops to update their skills and knowledge on key health topics.
- 62 TBAs also participated in monthly refresher training workshops to update their skills and knowledge on key maternal and child health topics.
- GHA was thrilled to hire Fredline Desrosiers as GHA’s new Health Coordinator. A native of Leogâne, Fredline is a registered nurse with community health training from INHSAC (Institut Haitien de Santé Communautaire) and brings with her over six years of experience in community health programming.

Rural Development Program

Merantus Claudel is a young man from Leogâne, Haiti who wanted to work and settle down with his fiancee, Margarite. Merantus excelled in high school and became a teacher but despite his efforts, he still could not make ends meet in the resource poor area of Leogâne, southeast of Port-au-Prince. Frustrated that the home he was to occupy with Margarite wasn’t finished and the wedding they planned wasn’t paid for, Merantus knew that there was one place he could turn, his goat herd.

Merantus had been recommended by a community leader in Leogâne to participate in Global Health Action’s Rural Development Program in nearby Darbonne. Over the course of 2 days, Merantus learned goat husbandry practices in training sessions offered by GHA and at the end of the course was presented with his own pregnant doe. Eventually his goat gave birth and Merantus returned one of its offspring to the GHA program to assist others, like him, wanting to farm goats. Merantus continued to breed the original doe to the point that he was able to share goats with friends and family.

Now, needing extra income to finish his home and pay for his wedding reception, Merantus turned to his herd which had grown to 17 goats. Carefully, he decided to sell 12 goats to allow Margarite and him to fulfill their dream of getting married and owning a home. Merantus and Margarite firmly believe that goat farming and the GHA Rural Development Program provided the safety net they needed to grow their lives together in Haiti.
FY 2013 Rural Development Program Highlights:

- In FY 2013, GHA reached over 3465 families in the Leogâne commune through the Rural Development Program.
- GHA trained a second group of CAHWs to provide vaccinations and breeding services in their community. These 19 individuals joined the existing 21 CAHWs currently providing these services.
- GHA welcomed Mr. Pierre Antoine as our new Livelihoods Coordinator based in Darbonne. Pierre is assisting with the Rural Development Program by conducting field level program reporting, building critical partnerships and executing general program development.

The goal of the Rural Development Program in Haiti is to help improve household incomes by providing knowledge and building skills in goat care. Once each farmer received a pregnant doe (cross bred with an improved buck), follow-up visits, veterinary care, and medications for the goat are provided for one year at no cost to the farmer.

When the offspring are sold in the market, they command a better sale price. This extra money enables farmers to purchase more nutritious food to feed their families, buy necessary medicines, send their children to school and build/repair their homes.

A network of community-based Animal Health Workers (CAHWs) provides ongoing veterinary extension services within their communities for a small fee. These animal health workers are trained by GHA who supplies each CAHW with a veterinary kit. This initiative helps make the Goat Program locally sustainable in the long run by promoting community capacity for veterinary care.

2013 Haiti Program Partners:

- International Organization for Migration (IOM)
  After the 2010 earthquake, thousands of Haitians were displaced from their homes and communities. The IOM has been working to return families and individuals back to their homes and helping to provide them with essential services and economic opportunities. GHA is working in partnership with IOM to provide these opportunities to their program beneficiaries.
  Through GHA, returnees receive training in animal husbandry, including the signature training in goat care for which GHA has been known for more than 25 years.
- Bureau Agricole, Leogâne (District office of the Ministry of Agriculture, Haiti)
- Unite Communale de Sante Petit-Goâve (Communal health office, Ministry of Health, Haiti)
- Eglise Methodiste d'Haiti (Methodist Church of Haiti, Petit-Goâve circuit).
- Eglise Episcopal d'Haiti, Paroisse de Darbonne (Episcopal Church of Haiti, Darbonne Parish)

2013 Haiti Research Partnerships

In partnership with faculty members from the University of Illinois Chicago, GHA conducted several focus groups to understand maternal and child health needs and gaps in rural Haiti. These focus groups were held with pregnant women, mothers, CHWs, TBAs and traditional healers in the Petit-Goâve commune. The goal of these discussions was to get a better sense of how women and their communities understand pregnancy and maternal and infant health.

Based on an analysis of these discussions, GHA will develop a platform and work with community leaders to lead home-based infant care programs to prevent newborn infections.

Other Program Activities:

In February 2013, Global Health Action and the World Affairs Council of Atlanta co-hosted an informative program, “Partnerships for Progress in Haiti: Successes and Challenges Three Years On” at the offices of GHA. The panel presentation explored successful collaborations/partnerships among nongovernmental organizations, the state, private sector and faith-based organizations before and after the devastating quake. Panelists for the event included representatives from UPS, MedShare, United Methodist Committee on Relief (UMCOR) and the Centers for Disease Control and Prevention (CDC).
Left-behind Children Project

Wang is a bright 13-year-old sixth-grader in Lupu Primary School of rural Funing County, Jiangsu Province. She is one of the 60 million-plus children in rural China who are left behind in their hometowns to go to school when their parents move to a big city to find gainful employment. Her parents are working in Wuxi City, 175 miles away from their rural home. They come to visit Wang for a few days once or twice a year during national Chinese holidays.

In order to continue her public education, Wang was left in the care of her grandparents. To be close to her school, Wang and her grandmother rent a single room of only 36 square feet as their living quarters. She sleeps in a bed with her grandmother and one small table is used both for meals and for homework. Her grandfather still lives miles away on their rural farm and takes care of the field crops. He drives a motorized tricycle and regularly brings fresh vegetables to Wang and her grandmother.

She is a good student who does well on her exams. In order to have a better life than they have, both her parents and grandparents have placed great hope in Wang to continue her education. Their dream for her is to finish high school to find a good job in a big city. Wang's teachers see great potential in her, and they work closely with her to boost her self-confidence and provide her with the attention and guidance she needs as a teenager.

Through the Left-behind Children Project, GHA works in partnership with Nanjing International Training Center (NITC); Jiangsu Family Planning Association; Funing Family Planning Association; and the LuPu elementary and middle schools to help provide Wang, her teachers, grandparents, and classmates with age-appropriate adolescent health and development information, skills-building experiences and community-based psychosocial support. The aim is to help these children make wise life choices about their health and overall well-being as more confident, informed members of society, with the love and emotional support of their extended families and their community.

FY 2013 Left-behind Children Project Highlights:

- 1,178 children, aged 11 to 15, participated in school-based adolescent health and life skills classes in rural Funing County.
- More than 400 free video chats took place between left-behind children and their parents, using computers and private communication rooms furnished by the Project.
- GHA conducted an adolescent health study tour for six Chinese delegates from Jiangsu Province and Beijing, who are connected with this Left-behind Children Project.
- Funing school teachers made home visits to left-behind children and their extended families to better understand their specific situations and needs, and to show support.
- At school, left-behind adolescents in LuPu Township anonymously submitted their questions and areas of concern on adolescent health and development, and about their overall situations. This information will serve as the basis for a printed handbook designed for the students.
- Age-appropriate posters on adolescent health and development were developed by the local project partners and displayed at the schools.

Customized Course for Red Cross Society of China

GHA conducted a customized, one-week course on Staff and Volunteer Management to enhance the leadership and capacity-building skills of 18 delegates from the Red Cross Society of China, representing 14 provinces and the headquarters in Beijing. Their time in Atlanta included classroom sessions at GHA on organizational leadership, collaborative planning, and management. The delegates participated in program–related site visits to the Red Cross headquarters in Atlanta, the Carter Center, the CDC, the offices of the United Way and MedShare International in Atlanta. GHA organized two panels of experts on organizational leadership and volunteer management to provide an array of diverse perspectives on the topics.

During school assemblies, more than 1,100 students in the Project received information and presentations on the Chinese laws designed to protect them and promote their rights.

The Jiangsu Province Population and Family Planning Commission identified this Project as a top priority for expansion and replication in other counties during 2014.
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(as of June 30, 2013)

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F. Joel Chasteen*
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First United Methodist Church of Boca Raton
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$25,000 TO $99,999
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( Gifts of $500 or more)
July 1, 2012 to June 30, 2013
### REVENUE

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Percentage</th>
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<tr>
<td>Contributions</td>
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<tr>
<td>Grants</td>
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<tr>
<td>Contract Income</td>
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<tr>
<td>Rental Income</td>
<td>$39,848</td>
<td>5%</td>
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<tr>
<td>Investment Income and Other</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$857,216</strong></td>
<td><strong>100%</strong></td>
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### EXPENSES

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<tr>
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<tr>
<td>Fundraising</td>
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<tr>
<td>Management and General</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$911,198</strong></td>
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</table>

**Change in Net Assets**

- ($53,982) -6%

### SOURCES OF FINANCIAL SUPPORT

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Individuals</td>
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<td>Churches/ Religious Organizations</td>
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<td>Foundations and Trusts</td>
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<td>Other Nonprofit Organizations</td>
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<tr>
<td>Rental Income</td>
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<tr>
<td>Contract Income</td>
<td>$63,376</td>
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<td><strong>Total Revenue</strong></td>
<td><strong>$857,216</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Source of Financial Support**

- Contributions: 32%
- Grants: 47%
- Contract Income: 7%
- Rental Income: 5%
- Investment Income and Other: 9%
Global Health Action was awarded the 2013 Top-Rated Nonprofit distinction by Great Nonprofits. Great Nonprofits is the leading developer of tools that allow people to find, review and share information about great nonprofits and charities. Below are some select quotes from their website:

Global Health Action is a remarkable organization that continues to contribute to healthy lives and communities around the world. Its flagship program, which has been active in Haiti for decades, is a prime example of the patient and persevering, but also innovative, work that GHA does.

B. Smith

Global Health Action is a superior non-profit organization on the ground in Haiti providing multiple programs for a very vulnerable and impoverished population. Through the community health initiatives GHA coordinates, they effectively and consistently strive for and accomplish a positive transformation of many lives.

Little by Little

I have closely followed and admired the work of GHA for 20 years and am consistently impressed with how effectively and efficiently GHA applies its resources for optimal impact. Having worked with a number of local and national non-profits, I have the greatest respect for GHA’s philosophy of achieving its healthcare goals by training local health leaders in communities around the world.

J. Turner

Visit www.globalhealthaction.org to donate online or to further understand other ways to make a donation to GHA.