Global Health Action

2010 Annual Report

Healthy People, Healthy Communities, A Healthy World
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(as of June 30, 2010)

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Bishop, United Methodist Church (Retired)

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

Front cover photos: Faces of Haiti.
Letter from the Board Chair and the Executive Director

Dear Friends and Colleagues,

Global Health Action’s mission is to improve the health of people and communities, particularly in under-served areas of the world. That mission was severely challenged this year by natural forces. The epicenter of the devastating earthquake that struck Haiti on January 12, 2010 included the Leogane District, the base of our Haitian community health and development programs for thirty years. Such challenges, however, have only served to emphasize the importance of what GHA does and to strengthen our resolve to accomplish even more. They have also served to highlight the strength and commitment of our partners everywhere.

In Haiti, as is true with all of our programs throughout the world, we focus on building local leadership skills, sharing health education and disease prevention knowledge and techniques, and providing guidance and technical support for a stronger local health system. This approach leads to lasting community-based solutions that improve people’s health and quality of life for years to come.

In the midst of the rubble and the massive destruction around them, GHA’s local Haitian staff and trained community health providers worked to serve their fellow community members by leading assessment and rebuilding efforts, distributing supplies, organizing mobile health clinics, teaching people safe water and sanitation practices, and helping to foster hope for a better and healthier tomorrow in Haiti. What our staff accomplished then and are still accomplishing now is remarkable!

We truly believe that it is local people, whether in a community or a country, that can make the real difference for sustained health and development. Providing them with the knowledge and the skills to prevent illness and disease will have a lasting impact. For instance, teaching local health providers and mothers how to safely prevent and treat dehydration in infants and children will directly save lives today and for years to come.

In this annual report, you will read about the ways Global Health Action’s mission comes alive through the people 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 in the world. We deeply appreciate your continued support and encouragement for a healthier world!

With warmest regards,

Robin C. Davis, R.N., M.N.
Executive Director

Barry H. Smith, M.D., Ph.D.
Board Chair and President

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A Year of Providing Health and Hope around the Globe 2010 Highlights

In Anglophone & Francophone Africa

GHA conducted a capacity-building training in Arusha, Tanzania in September 2009. The 10-day Anglophone course on the Design, Management and Evaluation of HIV/AIDS Programs (DME) attracted project managers, program officers, a doctor, and a country program manager from Ghana, Kenya, Nigeria, Tanzania, and Zambia.

The course was organized in four sections: National HIV/AIDS Strategy, Leadership for Social Change, Program Planning & Project Design, and Proposal Writing & Reporting. The training included PowerPoint presentations, co-facilitation, role-plays, simulations, group discussions, and case-study projects. Each participant received a course binder to complement the presentations, with handouts, case studies, glossaries, matrices, templates, tools, and exercises.

As always, the GHA facilitators pushed each participant to think critically, participate actively, and engage in meaningful reflection. Participants were often able to assist each other in answering their own questions and many commented that they most enjoyed learning from their fellow trainees.

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. Kossi Hotonyo, AMC’s Program Manager attended GHA’s 2009 DME course in Senegal and submitted the winning proposal for the seed grant award. AMC’s project is located in Akwaaba Township in Lomé, the capital of Togo. The project, which launched in 2010 and will continue into 2011, provides financial support for regular check-ups, medications, and psychosocial home care for 25 HIV-infected children under the age of 12. Most have lost one or both parents to AIDS, and all of them come from desperately poor families who could not afford the cost of this care.

Another previously-awarded seed grant recipient, Young Widows Advancement Program (YWAP), based in Nairobi, Kenya, implemented their program to reduce health complications rising from unsafe abortions (illegal in Kenya) and increase access to post-abortion care services for women and girls in Kayole Embakasi area of Nairobi. After taking a census of local hospitals and other health providers, YWAP trained 28 volunteer women community leaders in advocacy, family planning, contraception, and other key topics.

GHA continued to provide technical assistance to our local partners in Kenya, including Young Widows Advancement Program, HOYWIK, KICOSHEP, and Mother's Delight Moments.

In Haiti

January 12, 2010: A catastrophic magnitude 7.0 earthquake struck Haiti, with an epicenter near the town of Leogane, in the district of the same name. GHA’s long-time Goat Program and Community Health Worker Training Program are based in the small town of Darbonne, only a few miles away. GHA lost buildings, equipment, supplies, records, and

Two of the participants in the DME course in Arusha, Tanzania.

An 11 year-old HIV-positive orphan who lost both his parents to AIDS. He is being helped by AMC as part of a program seed grant from GHA.

One of the buildings that was destroyed in Darbonne by the Haiti earthquake housed GHA's Goat Program office.
goats - so many of the things that made up the physical infrastructure of our programs - but, at times like these, one realizes more than ever that the strength of the programs is the people.

The Haitian Goat Program, led by Franck Toussaint, who in 2010 celebrated 25 years as the Senior Program Coordinator, recovered remarkably quickly from the effects of the earthquake. Franck and his team were able to organize two farmer trainings in March, the first one barely two months after the earthquake. They had no office and had lost all their equipment, project data, and program files. The power supply was erratic and often non-existent. They had to retrieve some of the program files and materials from the rubble of the destroyed program office.

Overall for the year, even with the effect of the earthquake, the program trained 227 Haitian farmers, supplying each of them with knowledge and skills, a pregnant doe, and follow-up support. In addition, every month Franck and his team visited three to 10 of the 17 zones into which the project is divided to follow-up on farmers, provide basic goat care and immunizations, and offer technical support to the zone lead farmers. They assisted an average of 200 farmers a month.

GHA also replaced 47 pregnant goats that were killed by the earthquake. These were initial pregnant does that had been distributed to farmers trained in the previous year.

Prior to the earthquake, GHA was wrapping-up a five-year, USAID-funded Child Survival project in the Petit-Goave area, also in the Leogane District and hard hit by the earthquake. The project aimed to reduce infant and maternal mortality in Petit-Goave by focusing on key indicators - immunization rates, utilization of services, access to services, micronutrition intake, exclusive breastfeeding, etc. - and utilizing an integrated approach that included training of individuals, health system capacity-building, and utilizing means and methods that already exist in the community - mother's groups, youth clubs, community meetings, radio broadcasts, etc. - to increase awareness and educate people on key pre-natal, post-natal, maternal/child, and public health topics.

After the earthquake, we were able to extend the Child Survival project, with a short-term focus on meeting people's need for basic medical care in the absence of a functioning public health system. Initially, we were supporting up to four clinics a week at different sites in the Petit-Goave area. Since June, there have been two clinics a week out of the Olivier Clinic (part of a health system managed by the Methodist Church of Haiti/l'Eglise Méthodiste d'Haïti), plus three mobile clinics per month to extend health services to some of the less accessible rural communities. The Olivier Clinic sees an average of 60 people per clinic and the mobile clinics an average of 100, of whom 60% are children and youth, 35% women, and 15% men. [In the period immediately after the earthquake the clinics were seeing double the number of people but the number has decreased as things have settled down somewhat.]
In the rural areas, GHA-trained community health workers are the first point of contact for families that have no direct and easy access to medical care. Roughly, each CHW is that point of contact and care for 100 families. They provide vital primary care and carry out health promotion on disease prevention, nutrition, sanitation, maternal health, etc. They attend monthly meetings and, as necessary, we provide them with medical supplies and health promotion material.

As the country moved beyond the initial crisis response, Global Health Action’s work in Haiti focused on six strategies: (1) Listening to communities; (2) Training health providers; (3) Promoting health & providing care; (4) Generating livelihoods; (5) Rebuilding health and development systems; and (6) Preparing for emergencies. Those are still our focus today. Our long-term commitment to the people of Haiti is to help them rebuild a stronger, more effective, and more sustainable health system.

In April, GHA supporter and friend Jeannie Chayavadhantangkur celebrated her 70th birthday, with more than 120 family members and friends joining her for a night of dining, dancing, Karaoke singing, and congratulations. In lieu of presents, Jeannie asked her guests to make donations to GHA to support relief and rebuilding efforts in Haiti, and the night raised more than $3,200 to help the people of Haiti. Also in April, Maddio’s Pizza Joint in Decatur, GA hosted a 10% fundraiser night to benefit GHA’s work in Haiti.

When we finally had a chance to catch our breath and take stock, we gave thanks. Thanks that none of the GHA staff in Haiti were killed or seriously hurt. Thanks to the many individuals, churches, and organizations who donated their time, talents, and treasure to help. Thanks to our staff on the ground in Haiti - themselves shaken and traumatized - who rallied to help others, lead their communities, and play a part in responding to the immediate and future challenges. Thanks to our on-the-ground partners - both Haitian and international - who share our resolve and commitment to rebuilding lives and communities, in both the short- and the long-term. Thanks to all of you who held - and continue to hold - the people of Haiti and the work of Global Health Action in your thoughts and prayers. And last but not least, thanks to the people of Haiti for their indomitable spirit, their resilience, and their faith in a better future, even when facing years of challenges ahead. As Mother Teresa once said, "I know God will not give me anything I can't handle. I just wish that He didn't trust me so much."

**In China**

In FY2010, GHA developed and presented two trainings for officials from China’s National Population and Family Planning Commission (NPFPC) - Health Policy and Program Management (with a Focus on Aging) and American Perspectives on Health and Equity: Gender Equality, Reproductive Health Rights, Aging Policy and Social Support Systems. A total of 29 NPFPC leaders visited the U.S. for training at GHA’s Decatur, Georgia headquarters. GHA staff and guest presenters from Emory University, Georgia State University, and the Georgia Department of
Human Services led classroom discussions and small group work which were complemented by different site visits. The combination of theory-based presentations with the real-life examples of the site visits helped the participants fully grasp the American perspective on these key health issues. These two trainings made 20 courses total and more than 650 Chinese officials trained by GHA (and supported by NPFPC) since 2002.

Ms. Lu Xiaoli was a visiting NPFPC scholar at GHA for three-plus months in the summer of 2009. Her work at our Decatur headquarters is part of the evolution of GHA’s relationship with NPFPC, which includes certification as an official training resource for the Chinese government and on-going discussions about developing joint family care projects.

In March 2010, GHA facilitators Robin Davis and Bruce Wood were in Nanjing, China to lead GHA’s new 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 covered effective leadership, needs assessments, strategic planning, international best practices, program planning & project design, budgeting, monitoring and evaluation, financial management, proposal writing, and more. Participants learned from lectures, case studies, small group work, in-class presentations, and site visits. GHA partnered locally with the Nanjing Population Program Training Center International.

While she was in China, GHA Executive Director Robin Davis also met with key Chinese partners to further discuss and develop new projects and proposals.

For instance, in Jiangsu Province, GHA is collaborating with Nanjing Population Program Management College (NPC) and Nanjing Population Program Training Center International (NITC) on a pilot project to improve the health and development of rural adolescents left behind when their parents moved to distant urban areas for work. Since the development of the Chinese market economy and the process of urbanization in the 1980s and 1990s, the number of internal migrants (the “floating population”) in the country has grown to more than 210 million people and an estimated 58 million children have been left behind in rural areas when one or both parents moved to the city for work. Recent studies have also shown that the migrants are staying away for longer periods, which means that the issue of care for their left-behind children, especially those in the difficult adolescent period, is critically important for Chinese society as a whole.

GHA, NPC, and NITC have formed a partnership to develop and test a pilot project over a three-year period and then present a model which can be replicated throughout rural China. In consultation with our Chinese partners, GHA will develop a curriculum and materials that address key adolescent health and life skills issues. Much of the underlying philosophy and approach will be based on GHA’s LEAP (Leadership, Empowerment, Action, and Health Promotion) Program, which though
More 2010 Highlights

originally designed for refugee and immigrant girls, is broadly applicable. The purpose and overall goal of the LEAP curriculum is to prevent high-risk health behaviors by offering health education that enhances adolescents’ strengths through education, leadership training, and awareness of themselves and others. Topics include puberty development and changes, sexuality and reproductive health, self-esteem, peer pressure, STDs & HIV & AIDS awareness and pregnancy prevention, healthy habits, etc.

For the pilot project, the curriculum will be presented in the schools to more than a thousand 11 to 15 year-old boys and girls to educate and inform them so that they can make positive and informed choices with regard to their own health, well-being, and future.

GHA is also collaborating with China's Amity Foundation (a non-profit, non-denominational Chinese Christian umbrella organization) on a program to support China's emerging non-profit sector. GHA is assisting with a long-term capacity-building training program which will: (1) provide front-line leaders with the skills and knowledge to become better and more effective leaders of their organizations; (2) enable these organizations to serve more people, develop new projects, run more effectively, and better serve the needs of their clients and their community; and (3) promote opportunities for communication and cooperation amongst leaders from different sectors of society in order to establish relationships which will lead to on-going networking and collaboration. The program includes week-long courses, topic-specific workshops, technical assistance, and more.

In the United States - GHA Headquarters

In the U.S., GHA's AIDS Awareness & Prevention Program worked with 14 DeKalb County (Georgia) middle and high schools to help educate young people about HIV/AIDS issues and prevention, using peer-to-peer presentations and in-school programs centered around the global commemoration of World AIDS Day on December 1. GHA provided information, materials, mini-grants, and technical support to school counselors and student leaders whose programs and activities ultimately reached more than 13,300 young people.

GHA's new website - more attractive, better organized, more informative, and easier to use - launched in the spring of 2010. Please visit us on-line at www.globalhealthaction.org to stay informed. And, follow GHA on Facebook for short, informal weekly updates on what is happening through GHA. "Like" us, or view the page on-line at facebook.com/globalhealthaction even if you are not a Facebook member.

And last, but by no means least, GHA helped Kathleen Eidson celebrate her 90th birthday back in September 2009. Kathleen has been a strong and active GHA supporter from the beginning of the organization, serving for many years on the GHA Board and still attending meetings and contributing in many ways as an emerita member.
I don't know why the earthquake chose to completely ruin this city but not that one, to destroy this house but not the one next door, to take somebody’s life but not her neighbor’s, but I’m feeling lucky that I’m on this side and not that side.

I have visited the hardest hit areas, and in the eyes of those who lost everything, I have seen discouragement and fear and questions: Where do I go? What do I do now? How do I survive? What … and what … and what …? I cannot pretend that I don’t know what these people feel. And, I can’t help being afraid for the future of this country because what we can see is bad and what we can’t see may be worse. . . .

The time is now to be conscious and start working for life not against life. The time is now to stop changing people but start changing strategies. It is not one person’s concern but all of us. And, it is more than ever time to work accordingly to help the Haitian people recover faith in life.

—Rachelle Etienne, GHA’s Haiti Field Office Coordinator, a few months after the earthquake.

Where is your office?
Me, I'm the office.
—Franck Touissant, Senior Program Coordinator, after the earthquake destroyed the GHA Goat Program office.

It is very encouraging just knowing there is an organization nearby that is genuinely concerned about the AIDS epidemic and supportive of the schools’ initiatives to be positive preventative resources for our young people.

—A high school counselor whose school participated in GHA’s AIDS Awareness & Prevention Program in DeKalb County, Georgia.

The course also equipped me on better understanding of conducting needs assessment, problem analysis and a model on a problem tree. It was fantastic. I also benefitted from data gathering techniques. I am now an expert strategic planner for my state in terms of investigation, analysis and assessment of non-government projects. Many community projects that I designed and evaluated can now make informed, evidenced-based decisions about how to most efficiently and effectively achieve a measurable improvement over time.

—Ms. Uzoamaka Uja, a Nigerian nurse who participated in GHA’s 2007 DME course in Ghana.

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.

—An NPFPC China course participant reflecting on the value of what he learned at GHA.

A Financial Snapshot
FY10 Revenues: $539,884
FY10 Expenses: $676,730

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.

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Donors and Funders (Gifts of $500 or more)
July 1, 2009 to June 30, 2010

$100,000 and above
United States Agency for International Development
  Funding for Healthy Mothers, Healthy Children
  Child Survival project in Haiti

$25,000 to $99,999
Anonymous Individual Donor
  Matching gift for Building Healthy Futures campaign
Estate of Marie and Ronald Garst
Northside United Methodist Church (Atlanta, GA) *
  Incl. contributions for Haiti relief & rebuilding
Trinity Episcopal Church (Columbus, GA) -
  St. Francis Fund
  Grant for Haiti relief & rebuilding
United Methodist Committee on Relief (UMCOR)
  Emergency grant for post-earthquake relief in Haiti

$10,000 to $24,999
David and Lina Blair *
  Support for Haiti relief & rebuilding
Dunwoody United Methodist Church (Atlanta, GA) *
  Incl. grant for Haiti relief & rebuilding
Funk Family Fund
  Grant for Haiti relief & rebuilding
Julia T. Gary *
The Rich Foundation
  Grant for capital needs

$5,000 to $9,999
Estate of Charles Bittenbring III
D.W. and Ruth Brooks Foundation *
The Cathedral of Saint Philip (Atlanta, GA)
  Matching grant for Haiti relief & rebuilding
CLC Foundation
Robin and Wheatley Davis, Jr. *
Kathleen and William N. Eidson *
Jennie and Thomas Hyman, Jr. *
North Georgia Conference United Methodist Women,
  numerous UMWs and Circles
Patrick Family Foundation
  Grant for Building Healthy Futures campaign
Sally and John W. Walden *
David and Melody Wilder Wilson *

$1,000 to $4,999
Bruce Foundation
  Grant to support the Haitian Goat Program
Keith Calhoun *
Calvary United Methodist Church (Annapolis, MD) *
Barbara E. Campbell *
Barbara and Mark Chandler *
Carol C. Dew *
Rosalyn Duval
  Support for China programs
Kathleen Eidson *
Nannette Enloe *
First United Methodist Church of Lakeland
  (Lakeland, FL)
  Support for Haiti programs
Elizabeth and Claude H. Grizzard, Sr. *
Sadie Hampson *
Rev. A. Kempton Haynes, Jr. *
Angie and William Hoyt
  Support for Haiti relief & rebuilding and in-kind support
Lea Ann and James Hudson *
Isle of Hope United Methodist Church
  (Savannah, GA) *
Nancy Brooks Jones and David Jones *
Frances and William Keller
  Support for Haiti relief & rebuilding
Betty J. Letzig *
Rebecca Liggin
  Support for Haiti programs
Eugene McCray *
Helen F. and Laurin McSwain *
Kathleen and Lewis J. Miers, Jr. *
North Georgia Conference of the United Methodist
  Church - The E.R. Park Medical Mission Fund
  Grant for HIV/AIDS education in Africa
Geraldine Patrick *
Fred R. Pitman *
Del Podsiadlo *
Virginia Proctor *
Mrs. Bobbie Robinson
  Support for Haiti programs
Odette and Drew Schuler *
Jo Sheetz * and the Al & Bridget Jensen Fund
Patricia Simone and Robert Schreiner *
Barry and Carley Smith *
Stone Mountain First United Methodist Church  
(Stone Mountain, GA)  
*Support for the Haitian Goat Program*
Thomson First United Methodist Church  
(Thomson, GA)  
Trinity Presbyterian Church (Atlanta, GA)  
*Grant for Haiti Community Health Worker program*
Bill and Judy Vogel  
Rebecca Boyce Work and Jack Work  

**$500 to $999**

Corinne and Jeff Adams  
Aero Club of Metro Atlanta  
*Support for Haiti relief & rebuilding*
Craig Allen  
*Support for the Haitian Goat Program*
Betty Sue Barrow  
*Support for the Haitian Goat Program*
Donors through the Combined Federal Campaign  
Decatur First United Methodist Church (Decatur, GA)  
Decatur First United Methodist Church- Debtors Class  
Ebenezer Baptist Church - December Club (Atlanta)  
*Support for the Haitian Goat Program*
Karen and Karl Kumpf  
Mapleton United Methodist Church (Freeland, MI)  
*Support for Haiti programs*
Phyllis and Charles D. Menser, Jr.  
*Support for the Haitian Goat Program*
Norma Paine  
Elizabeth O. Rice  
*Support for the Haitian Goat Program*
Billy Richards  
*Support for the Haitian Goat Program*
Riverside United Methodist Church (Macon, GA)  
Wachovia Foundation - Matching Gifts Program  
Jane White, D.V.M.  
*In-kind support for the Haitian Goat Program*

* Members of GHA's Albert Schweitzer Society  
as of June 30, 2010

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**N.B.** This only includes gifts received rather than FY10 pledges.

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**Partners in Global Health**

Global Health Action partners and collaborates with groups, organizations, denominations, agencies, and governments around the world to improve the health of people and communities. Our current and on-going partners include:

- *Aides Medicales et CHARITE* (Lome, Togo)
- Amity Foundation
- Centers for Disease Control and Prevention (CDC)
- Children's Nutrition Program of Haiti
- Christian Connections for International Health
- Combined Federal Campaign (CFC)
- Community Health Charities of Georgia
- CORE Group
- Covenant Community Church (Elba, Alabama)
- DeKalb County School System
- Episcopal Church of Haiti (L'Eglise Episcopale d'Haiti)
- Episcopal Relief & Development
- General Board of Global Ministries of The United Methodist Church & individual UMC congregations
- General Board of Global Ministries, Women's Division
- Georgia Council for International Visitors
- Global Health Action program graduates worldwide
- Global Health Action seed grant recipients
- Global Health Council and the Faith & Global Health Caucus
- Global Women
- Haitian Ministry of Health *(ministere de sante publique et de la population, or MSPP)*
- HOYWIK (Nairobi, Kenya)
- INSA/India
- Kenya National Coordinating Agency for Population and Development
- KICOSHEP (Nairobi, Kenya)
- La Gonâve-Presbytery of Greater Atlanta Partnership
- MedShare
- Methodist Church of Haiti *(l'Eglise Méthodiste d'Haiti)*
- Morehouse School of Medicine
- Murrayville Veterinary Clinic (Murrayville, Georgia)
- Nanjing College for Population Program Management
- Nanjing Population Program Training Center International
- National Population and Family Planning Commission of China
- North Georgia Conference - United Methodist Women
- Presbyterian Church (USA), International Health & Development
- Rollins School of Public Health at Emory University
- Senegal Ministry of Health, AIDS/STI Division
- Union of International Associations (UIA)
- Young Widow's Advancement Program (Nairobi, Kenya)
- United Methodist Committee on Relief (UMCOR)
- United States Agency for International Development (USAID), Haiti Mission
Global Health Action is working for . . .

Healthier children

Healthier families

Healthier communities

A Healthier world

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.