Haiti Update: Notes from the Field

Hurricane Matthew hit southwestern Haiti on October 4, 2016. Haitian officials indicate that well over 1,000 people in Haiti were killed by the direct hit of the storm, and the United Nations estimates that 1.4 million people are in need of humanitarian assistance.

Global Health Action, Inc. (GHA) has worked in Haiti for 30 years. Our program activities are based in two coastal towns – Darbonne and Petit-Goave – and many of the mountainous villages on the southwestern peninsula. We are thankful that our staff in Haiti and their families survived the hurricane, reporting minimal property damage.

The communities in which GHA works sustained damage from heavy rain and wind. Of the 1,400 goats belonging to the farmers enrolled in GHA’s rural development program, 87 of them (roughly six percent) perished in the hurricane. GHA staff members and our partner organizations report that nearly 100% of the crops in the area were destroyed by winds and flooding. This raises concerns about how farmers will be able to care for their herds. It also leads to the understanding that many farmers may need to either eat or sell their animals to provide for more immediate needs.

GHA staff has begun making contact with the 68 traditional birth attendants (TBAs) who participate in the GHA Healthy Mothers, Healthy Babies project in the Olivier community outside of Petit-Goave. So far, the community-based TBAs with whom GHA staff has made contact report additional damage of housing and growing concerns about food security.

At this point, GHA staff continues to gather information from the field so that we can best assess the needs of the communities where we work. Going forward, we anticipate that GHA’s focus in the aftermath of Hurricane Matthew will be on community-based initiatives to prevent water-borne and mosquito-borne illnesses, like cholera, typhoid, and zika, and to facilitate referrals to clinical care providers of individuals showing symptoms of these and other, similar illnesses.
New Faces and Voices

Over the past year and a half, GHA has welcomed a new leadership and support team to transition the organization into the next phase of our work: engaging communities to improve the health and well-being of women and children around the world.

Wendy Jolley-Kabi, President & CEO (second from right in photo)
Wendy is a lifelong advocate for vulnerable children and individuals and has successfully led nonprofit organizations and membership associations in North America and southern Africa for more than 15 years. Wendy is a graduate of Converse College and holds a Master’s Degree in Public Administration from Villanova University.

Rosa A. Ray, CFO (second from left in photo)
Rosa is a dedicated steward of financial systems with significant audit skill. She brings over 20 years of experience at the Coca-Cola Company, most recently with the Coca-Cola Foundation, to her work at GHA. She is a graduate of the University of Florida and holds a Master’s Degree in International Business from the University of South Carolina.

Jessica Palumbo, Operations Manager (far right in photo)
Jessica brings a broad base of experience in the non-profit sector, an eye for detail, and significant experience as an attorney to her work at GHA where she wears many hats. She is a graduate of Wellesley College and holds a Juris Doctor with a certificate in International Law from Pace University School of Law.

Joshua Daley, Manager of Programs (far left in photo)
Joshua brings significant experience in East Africa designing, implementing, and managing participatory programs to address protection, health, and food security issues. He is a graduate of Elmira College and holds a Master’s Degree in Public Administration and International Relations from Syracuse University.
Kathleen Eidson, GHA Board Member Emerita and former Treasurer, celebrated her 97th birthday on September 15, 2016. Kathleen has been involved with GHA since its inception, when Dr. Ada Fort and Virginia Proctor were laying out the plans for Global Health Action, which started out as the International Nursing Services Association, Inc. (INSA).

In anticipation of this next chapter in Kathleen’s life – her 98th year – and the next chapter in GHA’s life, GHA’s President and CEO, Wendy Jolley-Kabi, sat down with Kathleen recently to learn more about her involvement with and observations of GHA.

First, Kathleen noted that GHA’s founders did not initially intend to work overseas. Instead, Virginia and Ada started by bringing participants from other countries to Atlanta for training. Kathleen mused, “who would have thought back when the organization was started with its first class of five people from three countries that GHA would go on to train health workers from 98 countries?”

Kathleen has observed, up close, much of what GHA has accomplished. At last count, she has visited over 75 countries and all seven continents. Many of those trips were taken along with GHA’s past President, the late Francis Shumway. Together, they visited GHA program sites as well as health centers, hospitals, and community health initiatives led by graduates of GHA’s training programs. During one such trip, Kathleen and Francis travelled together to tour a 200 bed hospital serving refugees in Nepal that was headed by a GHA graduate and to visit a GHA training conference near Bhopal, India. In relaying anecdotes from this particular trip, Kathleen shared with Wendy that GHA trained many of the nurses in the area who were the first responders during the Bhopal gas disaster in 1984 that killed thousands and injured many, many more, earning the dubious designation of the world’s worst industrial disaster.

This visit to India and Nepal was just one example of Kathleen’s many trips witnessing GHA’s work around the world. As she explained to Wendy, “I know firsthand, not just by hearsay, the difference that is and can be made by [GHA’s work].” Kathleen went on to say, “What makes a difference in this world? It’s the individual, looking beyond the present situation to the possibilities, and then working to achieve those possibilities.”

This means of impacting the world has been a defining characteristic of GHA from the beginning. Kathleen witnessed Ada, Virginia, and their friends and colleagues who supported GHA’s work over the past 44 years making just such a difference. However, Kathleen notes that the work is not yet done. “The aim is still the same; but how we achieve it must change with the times,” she states.

As a financial donor, Kathleen continues to support GHA’s aim to make a difference. She shares that being a part of GHA is one of the most important things in her life, “whether I do it myself or enable others to do the work.”

Please join Kathleen in supporting the continued work of GHA. See page 4 to see how you can help!
How You Can Help

1. Contribute to the Robin C. Davis Fund for Healthy Children and Families to help GHA recognize our vision of a world in which all people, especially women and children, thrive as a result of good health and well-being. Donations can be mailed directly to our attention at P.O. Box 15086, Atlanta, GA 30333 or made online at www.globalhealthaction.org/donate.

2. Participate in the United Methodist Church’s Giving Tuesday by giving through The Advance on November 29, 2016 to Project # 06504A or, to contribute specifically to our work in Haiti, Project #418705. To give as a part of UMC’s Giving Tuesday, visit www.umcmission.org/give.

3. If you are a Federal employee, please support GHA through the CFC. Our CFC number is 10126.

4. Tell your friends about the work GHA is doing.

GHA Explores How to Make a Difference in Lesotho

The Kingdom of Lesotho is a small, mountainous country completely surrounded by South Africa and home to approximately 2.2 million people (Basotho). Lesotho is a former British protectorate now governed by a constitutional monarchy. The Lesotho economy relies heavily upon South Africa, manufacturing of textiles, agriculture, and remittances. Roughly 75% of the population lives in rural areas, engaging in subsistence agriculture. Well over half of the population lives below the poverty line and 40% live far, far below it, existing on less than $1.25 per day. Lesotho has the highest per capita death rate from HIV of any country in the world, exacerbated by having the fourth highest incidence of tuberculosis. The HIV/AIDS pandemic has left over 300,000 children orphaned and contributed greatly to chronic malnutrition, especially in younger children.

Too often, women and girls in Lesotho avoid leaving home while menstruating because they do not have access to adequate menstrual products. Those who do leave their house risk sexual assault in the isolated locations that often offer the only potential privacy to address menstrual hygiene needs when away from home. As a result, many girls miss several days of school each month and many women forfeit livelihood opportunities.

These barriers to health and well-being faced by many Basotho women and girls are issues the GHA family is poised to address, given our history and expertise in using comprehensive participatory approaches to develop community solutions to endemic health problems. GHA is currently engaged in identifying how GHA can best address sources of vulnerability for children, adolescent girls, and women in Lesotho, including menstrual health and hygiene issues as well as HIV infection rates.

Women and girls in Lesotho face particular vulnerability. UNICEF reports that more than half of the people in Lesotho that are infected with HIV are women. A March 2016 report from the US Embassy in Lesotho explains that adolescent girls and young women comprise 11% of the population but account for 28% of all new HIV infections. In addition to confronting extraordinarily high rates of HIV infection, women and girls face a one in three chance of being sexually assaulted before age 18.

Additionally, women and girls in Lesotho encounter significant barriers to menstrual health and hygiene.