Dear Friends and Colleagues,

This year Global Health Action (GHA) marks 40 years of service and impact in under-served areas of the world. Throughout the years, GHA has provided on-the-ground programs and capacity-building training to enhance the health delivery, community development, and program management skills of thousands of key leaders and community-based health providers from 97 countries. We are grateful for the vision and dedication of our co-founders, Miss Virginia Proctor and the late Dr. Ada Fort. Their original vision continues to guide our efforts today.

GHA works in partnership with leaders in their own communities and countries, in locally-appropriate ways, to address health and development challenges. In this annual report, we highlight the training and technical support of our new Animal Health Workers as an innovative way to extend service delivery to more remote areas of Haiti. Our latest peer-to-peer efforts help to build local capacity for more accessible health and rural development services at the community level. The mission of GHA comes alive in the communities and countries where we serve.

Since the beginning, GHA’s ongoing services and programs have taken the committed involvement and support of many individuals and partners at different levels. We appreciate the strong ongoing encouragement 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 helping fulfill our mission every day.

With sincere appreciation,

Robin C. Davis, R.N., M.N.     Barry H. Smith, M.D., Ph.D.
Executive Director      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.
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(as of June 30, 2012)

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Executive Director

F. Joel Chastain, M.S., Industrial Management, M.S., International Affairs
Director of Finance & Administration

Members of the Board of Directors receive no compensation for their services as board members.

Haiti

History

Since the early 1980s, GHA has served poor, rural Haitians living in the Leogane district through community-based primary health care and livelihood training programs. By partnering with faith-based organizations and local government offices, GHA has strived to bridge the gap that often exists between social service providers and community programs.

GHA’s mission in Haiti is to improve the health and well-being of poor, rural communities through community-based health and development programs. This philosophy is driven by:

- Evidence based decision making
- Participatory approach to development
- Integrated service delivery through partnerships
- Promotion of gender equality through gender-sensitive programming

Community-based Health Program Petit-Goâve, Haiti

The overall goal of the Community-based Health Program is to help individuals and communities, 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. In FY 2012, GHA reached over 14,000 individuals through its community health program in Petit-Goâve commune.

Additional FY 2012 Community-based Health Program highlights:

- Save the Children, Leogane invited GHA to conduct a week-long training workshop for 25 CHWs for the St. Croix Hospital in Leogane.
- 21 CHWs participated in the annual refresher training workshop to update their skills and knowledge on key health topics.
- 62 TBAs participated in the annual refresher training workshop to update their skills and knowledge on key maternal and child health topics.
- In partnership with Clean Water International, GHA conducted cholera prevention and treatment training for 97 CHWs in Petit-Goâve in September, 2011.

<table>
<thead>
<tr>
<th>CHW Outreach:</th>
<th>Mobile clinic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,331 families, 2,359 men, 6,584 women, 5,224 children &amp; infants, plus more than 14,000 vaccinations</td>
<td>2,127 patients treated</td>
</tr>
<tr>
<td>1,673 safe deliveries</td>
<td>720 women provided pre- and post-natal care</td>
</tr>
</tbody>
</table>

A Haitian community health worker administers a vaccine.

Program highlights:

- 21 CHWs participated in the annual refresher training workshop to update their skills and knowledge on key health topics.
- 62 TBAs participated in the annual refresher training workshop to update their skills and knowledge on key maternal and child health topics.
- In partnership with Clean Water International, GHA conducted cholera prevention and treatment training for 97 CHWs in Petit-Goâve in September, 2011.
The goal of the Rural Development Program is to help improve household incomes by providing knowledge and building skills in goat care and then providing each farmer with 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 improved 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 repair their homes. Veterinary extension services are provided through a network of community-based volunteer Animal Health Workers. In FY 2012, Global Health Action reached over 3000 families in the Leogane commune through the Rural Development Program.

Additional FY 2012 Rural Development Program highlights:

- Tonja Khabir, graduate student intern, visited Darbonne in early August, 2011 to interview six GHA Goat Program participants as part of a qualitative evaluation project.
- A group of 21 community leaders were trained to become new Animal Health Workers.

Other Program Activities:

- FY 2012 began with GHA commissioning a local team of researchers to lead a comprehensive needs assessment study to better understand changing needs and priorities after the devastating 2010 earthquake. Six months later the study was completed and the results are being used to make decisions in program planning for the region and support our philosophy of evidence based decision making.
- In late FY 2012, GHA was thrilled to promote Gregory Leger, Haiti Program Manager, to Country Manager, a position that was newly created to reflect GHA’s growth in Haiti.

Haiti Program partners in 2012:

- Bureau Agricole, Leogane (District office of the Ministry of Agriculture, Haiti)
- Unite Communale de Santé, 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)
- Save the Children, Leogane office
- Clean Water Environmental (for cholera prevention training)

New Haiti Research Partnerships:

In 2012, GHA launched a research partnership with several faculty members of the School of Nursing at the University of Illinois at Chicago. Results from these joint research projects will allow GHA to improve health program and service delivery over time. Together with our research partners, Global Health Action has applied for grants from organizations including the National Institutes of Health, and the Bill & Melinda Gates Foundation.

New Haiti Program Funding Partners:

In FY 2012, GHA successfully raised funding for its Haiti program from new resource partners including the Boston Foundation (and its Haiti Fund), and the Development Assistance Program of the Australian High Commission of Trinidad & Tobago. GHA will continue to diversify its funding sources in the coming years.

Global Health Action continues to work with and appreciates the support of existing partners such as Global Women and the St. Francis Fund (of the Episcopal Church of Columbus, GA) for GHAs Haiti Programs.

The Value of Mobile Health Clinics: One Life Saved

Mobile clinics are an important method of delivering health care to populations in the areas where GHA serves. Without them, many would not receive basic health treatment and often, lives are saved as a result of this care. For one GHA mobile clinic nurse, this fact was reinforced in 2012 when a mother with a thirteen month old girl arrived at the clinic in Petit-Goâve commune suffering from low birth weight and colic. The child was severely malnourished as evidenced by her low weight, hair discoloration due to lack of nutrition and inability to stand or sit unassisted. The child had previously been admitted to a hospital in Port-au-Prince for the same health problems, but the mother’s lack of financial resources and discouragement over her daughter’s condition forced her to discontinue treatment in the capital.

The mobile clinic nurse quickly advised the mother to accept the first physician appointment available at the clinic and the infant received a referral to the clinic for future nutritional emergencies. The infant’s life was saved as a result of the immediate action of this GHA health worker – a true gift of life.
China

Left-behind Children Project:

GHA, Nanjing International Training Center (NITC), and Jiangsu Family Planning Association (JFPA), Funing Family Planning Association and the LuPu Township elementary and middle schools are the main partners for the Left-behind Children Project in rural Funing County of Jiangsu Province. This multi-year pilot project is preparing local Chinese health trainers and educators to provide adolescent health education and psycho-social support to children who were left behind in rural Funing County when their parents migrated to the big cities for work, a major problem throughout China.

Over time, the project is training selected school teachers, health education staff, community leaders, and student peer leaders to serve as adolescent health educators and as a support network for the left-behind children in rural Funing County. The main educational activities began with a two-day workshop led by GHA facilitators in Funing, November 1-2, 2011. During the workshop, 35 local participants learned about and practiced participatory teaching and learning principles and techniques based on best practices relevant to adolescent health and development. GHA’s partner the Nanjing International Training Center handled the workshop logistics and in-country preparations, including the translation of GHA-prepared educational materials into Chinese.

On March 22-23, 2012 GHA Executive Director Robin Davis made a second visit to Funing County and facilitated a follow-up workshop with 25 of the school teachers and counselors. During the workshop, the group discussed best practice examples and actual case studies from successful adolescent health programs in other countries. This exposed the teachers to new approaches and ideas that can be used and adapted for implementing adolescent health programs in their rural project area. As the project progresses, GHA will continue to work with our Chinese partners to share and create adolescent health and development curricular materials and related support activities, best suited for children in a rural Chinese setting.

GHA Partnership with the Amity Foundation:

GHA and the Amity Foundation have worked together for more than ten years to improve community-based health and development in China. As a key ecumenical, non-governmental Chinese organization, Amity and its local partners are often the main providers of health and community development program services for marginalized populations in under-served, mostly rural, areas of China. In partnership with Amity, GHA designed and led two capacity building workshops this fiscal year to better prepare China's project managers for community-level project efforts at the community level. During the April workshop, each participant submitted two specific measureable project tasks they planned to accomplish within one year. Amity provided the project follow up on these tasks.

From April 4-7, 2012, GHA facilitators led a Community-based HIV&AIDS Project Management Workshop for community-level project managers, within Amity’s local partner network. Thirty-five Chinese project managers from eight provinces of China attended the workshop in the city of Kunming in western Yunnan Province, where AIDS prevalence is very high. During both workshops, GHA facilitators used a variety of participatory methods for teaching and learning and a variety of project management and evaluation tools.

The goals were to increase the effectiveness of current programs; to identify new needs and develop new projects; and to create networks for collaborative project efforts at the community level. During the April workshop, each participant submitted two specific measureable project tasks they planned to accomplish within one year. Amity provided the project follow up on these tasks.

International

Executive-level International Seminar on Strategies and Best Practices on Global Issues:

Global Health Action and the Nanjing International Training Center (NITC) organized and hosted an international seminar from March 25-30 in Nanjing, China, with the last two days of the program taking place in Shanghai. The National Population and Family Planning Commission of China provided additional in-country program support for the seminar.

Eighteen international leaders from thirteen developing countries participated in this executive-level seminar on strategies and best practices related to the global issues of gender, migration, HIV & AIDS and human development. The leaders came from Ghana, Ethiopia, Uganda, Malawi, Vietnam, Pakistan, Myanmar, India, China, Macau, Indonesia, Malaysia, and Nepal.

In addition to learning from many subject matter experts, the participants had several opportunities during the sessions to discuss examples of best and promising practices that could be adapted to situations in their countries. Through country reports and discussions on the issues, they shared the wealth of their knowledge and experiences with each other. As part of the program, the participants visited a comprehensive women’s health center and an early childhood development center to see examples of updated service delivery in China.
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Trinity Episcopal Church (St. Francis Fund, Columbus GA)

Australian High Commission of Trinidad & Tobago
CCF National Campaign
Covenant Community Church (Elba, Alabama)
Episcopal Church of Haiti
Funding Family Planning Association
General Board of Global Ministries of the United Methodist Church and individual UMC congregations
Global Health Council
Haitian Ministry of Health
Jiangsu Family Planning Association
Methodist Church of Haiti
Murrayville Veterinary Clinic (Murrayville, GA)
Nanjing College for Population Program Management
Nanjing Population Program Training Center International (NITC)
National Population and Family Planning Commission of China
North Georgia Conference – United Methodist Women
Presbyterian Church (USA), International Health & Development
Presbyterian Disaster Assistance
Red Cross Society of China
Rollins School of Public Health
United Methodist Committee on Relief (UMCOR)
University of Illinois at Chicago, School of Nursing

Government Agencies:
- $9,802 (1%)

Corporations:
- $10,000 (1%)

Foundations and Trusts:
- $44,000 (5%)

Churches/Religious Organizations:
- $417,362 (49%)

Other Nonprofit Organizations:
- $11,228 (1%)

Tuition and Contract Income:
- $190 (0%)

Investment Income:
- $4,234 (0%)

Fundraising:
- $105,122 (12%)

Contributions:
- $410,304 (48%)

Other:
- $16,328 (2%)

Rental Income:
- $39,974 (5%)

Grants:
- $401,227 (47%)

Investments and Other:
- $4,234 (0%)

Sources of Financial Support:
- Individuals: $304,651 (36%)
- Churches/Religious Organizations: $417,362 (49%)
- Foundations and Trusts: $44,000 (5%)
- Corporations: $10,000 (1%)
- Government Agencies: $9,802 (1%)
- Other Nonprofit Organizations: $11,228 (1%)
- Rental Income: $39,974 (5%)
- Investments and Other: $20,562 (2%)

Total Revenue: $857,579 (100%)

Change in Net Assets: ($18,238) (-2%)

Revenues:
- Total Revenue: $857,579 (100%)
- Contributions: $410,304 (48%)
- Grants: $401,227 (47%)
- Rental Income: $39,974 (5%)
- Investment Income and Other: $6,254 (1%)

Financial Statement: Fiscal Year 2012

Partners:

Amity Foundation
Centers for Disease Control and Prevention (CDC)
Christian Connections for International Health
Combined Federal Campaign (CFC)
Community Health Charities of the Southeast
CORE Group
Covenant Community Church (Elba, Alabama)
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Rollins School of Public Health
United Methodist Committee on Relief (UMCOR)
University of Illinois at Chicago, School of Nursing

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Riverside United Methodist Church
(Macon, GA)
Rome First United Methodist Church
(Rome, GA)
Riverside United Methodist Church
(Macon, GA)
Rome First United Methodist Church
(Rome, GA)

$100,000 AND ABOVE
Presbyterian Church (USA) - Presbyterian Disaster Assistance
Estate of Claude Millhum Purdy *
United Methodist Committee on Relief

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William and Angie Hoyt *
Presbyterian Women, Inc.

$10,000 TO $24,999
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$5000 TO $9999
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Mr. & Mrs. William Eidson *
Dr. Julia T. Gay *
Hoyt Charitable Trust
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Rev. Dr. James Casteel *
Mr. & Mrs. Mark Chandler *
Faith United Methodist Church (North Bethesda, MD)
* First United Methodist Church of Boca Raton (Boca Raton, FL)*
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Build a brighter future for the communities we serve.

Make a Donation
Every donation helps Global Health Action sustain and expand our work to help improve the health of individuals and communities in resource poor areas of the world.

Give Gifts of Hope
Offer hope to families in impoverished countries, honor loved ones, and change lives through Global Health Action's Alternative Gift Program.

Give a Gift of Stock
Donating stock or other securities is another way to support Global Health Action, while also receiving significant tax benefits.

Leave a Legacy of Hope
Include Global Health Action in your Will or Trust and transform the lives of families around the world.

Double Your Donation
Many companies encourage charitable giving among their employees through matching gift programs. Contact your company’s Human Resource office to learn more and determine if your employer matches contributions to GHA.

Stay Informed
Keep up to date on Global Health Action’s program initiatives via our website www.globalhealthaction.org

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

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www.globalhealthaction.org

40th Anniversary
Global Health Action
1972 - 2012

Healthy People
Healthy Communities
A Healthy World