Annual Report 2012

A local boy lends a hand building a community playground in Hoi An, Vietnam. See page 4

HealthBridge

Chair's Message

As you will see in the following pages, in 2012 HealthBridge continued to implement innovative programs that contribute to improved public health around the world.

The coming year is poised to be equally rewarding. To take just one example: Research and implementation of programs that integrate nutrition and agriculture continue to increase in profile and frequency – both within HealthBridge and in the larger development community.

Until quite recently, agriculture interventions were conducted assuming that increased productivity would translate to improved nutrition in farming households. Research by HealthBridge a decade ago showed that this wasn't the case, but that the agricultural intervention had to be integrated with a concerted effort to improve household nutrition.

HealthBridge continues to build on that finding, today carrying out research and implementing programs on integrating agriculture and nutrition in Bolivia, Ecuador, Vietnam and Thailand. In the broader community, "agnut" is becoming mainstreamed,

with dedicated programs from such influential donors as USAID and the Gates Foundation.

I am proud to say that we helped to blaze this particular trail leading to better public health globally.

Of course, this would not have happened without the hard work of our very talented and dedicated staff, and the guidance of my fellow board members.

Thanks to all of you,

Frank Eeuwes

Frank

Acknowledgements

Thank you to the generous and committed HealthBridge Board of Directors, whose support behind the scenes is critical to our position in the world.
Thank you to the HealthBridge staff around the world. They are truly dedicated and tireless in their work.
Thank you to our partners around the world, without whom we would be unable to reach the people we aim to help.

We are grateful for the financial contributions made by individual donors and the following institutions which make our work possible:

- Adam and Rachel Fund
- American Cancer Society
- Atlantic Philanthropies
- Canadian International Development Agency (CIDA)
- CARE Canada
- Esperanza Fund
- Framework Convention Alliance
- Harvest Plus
- Health Canada
- Campaign For Tobacco-Free Kids
- International Development Research Centre (IDRC)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Union Against Tuberculosis and Lung Disease (IUATLD)
- McKnight Foundation
- Medair
- Micronutrient Initiative (MI)
- Rosa Luxemburg Stiftung
- Southeast Asia Tobacco Control Alliance (SEATCA)
- Wageningen University

Engaging men in keeping women and children healthy

Each year thousands of women and millions of children die from preventable causes. There are established practices and common technologies to prevent these deaths, however, many people cannot access them. This can be improved by addressing social barriers that contribute to poor maternal and child health.

For example, in many parts of the world, women cannot make health-related decisions, such as deciding to give birth in a health clinic, without permission from their husbands. This can result in fatal delays in receiving health care. Approval from husbands – and often from mothers-in-law – is also important for women to practice healthy behaviours, such as breastfeeding and healthy eating for themselves and their children. In Pakur, India, women who delivered in a health clinic were much more likely to say that their husbands and mothers-in-law approved of their attending a clinic, than were women who delivered at home. Similar findings were seen among women who sought care for a sick child, took iron supplements and practiced appropriate complementary feeding.

Despite being the family decision makers in many societies, men are rarely involved in maternal and child care. It isn't that men don't care about their wives and children; the traditional mindset simply views pregnancy and child care as 'women's issues'. However, educating men and actively involving them can have a tremendous impact. HealthBridge's previous work demonstrated that engaging men in women's reproductive health increased the use of condoms in India and Vietnam[1]. Programs in Nepal and India found that when husbands were engaged, women were significantly more likely to attend postpartum visits[2] and to breastfeed their newborns within the first hour[3], practices which are proven to reduce maternal deaths and newborn deaths, respectively.

In two of its current projects, HealthBridge is using this innovative approach of engaging men: in Pakur, we are engaging men throughout their wives' pregnancies and the post-natal period by educating them, showing examples of how they can be supportive, and training health workers to counsel both husbands and wives. In Bolivia, we are engaging men and women in animal husbandry and nutrition education in order to improve child feeding, ensure that women are not over-burdened, and to increase women's ability to access family resources – including food – to improve their family's nutrition.

Engaging men is a low-cost, effective and important strategy for improving the health of women and children. It can be integrated into virtually any health intervention and has the potential to significantly improve health and health equity worldwide.

[1] MacDonald L, Jones L, Thomas P, Le Thi T, Fitzgerald S & Efroymson D (2013). Promoting male involvement in family planning in Vietnam and India: HealthBridge experience, Gender & Development, 21:1, 31-45.

[2] Mullany BC, Becker S, Hindin MJ. (2007). The impact of including husbands in antenatal health education services on maternal health practise in urban Nepal: results from a randomized controlled trial. Health Education Research, 22 (2): 166-176.

[3] Varkey LC, Mishra A, Das A, Ottolenghi E, Huntington D, Adamchak S et al. (2004). Involving men in maternity care in India. New Delhi: Population Council.

Playgrounds by and for the people, in Hoi An

Livable cities: Vietnam

Hoi An, a coastal city in Vietnam, is home to about 120,000 people and recognized as a World Heritage Site by UNESCO for its ancient town.

The city's public spaces include parks, squares, stadiums, neighborhood cultural houses, temples and pocket gardens. However, current open public spaces in Hoi An do not meet the needs of the residents because they are not well maintained. The government lacks sufficient resources and capacity to do so, and has traditionally not mobilized communities to participate in this maintenance. However, because parks and play spaces are places where community members can be active, children can play and neighbours can socialize, the local government expressed an interest in developing Hoi An as a model city for parks in Vietnam.

What HealthBridge Vietnam (HBV) is doing

In September 2012, HBV and Action Center for City Development (ACCD) started a pilot project to build the An My playground on the site of a cultural house in Cam Thanh district. The project was designed to demonstrate to the city government what changes were possible with community input, and to test the various ways that communities could engage in designing and maintaining their local parks.

ACCD worked with architects, community volunteers, contractors and local authorities, following a step-by-step process in order to maximize the contribution and participation of the community.

The first step in the process was a design charrette (planning process) with community members at the cultural house. Next was a series of consultation meetings between the architects and children and their parents to discuss the details of the playground. The meetings took place at a school, in peoples' homes, and even in rice fields, and focused on what children wanted to have in the playground and their parents' concerns about safety.

Step 3 was construction of the playground, which included sourcing local materials and using community labour, while Step 4 involved developing creative solutions to fund maintenance of the playground, such as establishing a community fund or mobilizing local businesses.

The playground was built entirely using local materials, and equipped with modern and safe equipment that meets the needs of the children and the wider community. After three months of hard work, it was opened on Jan. 26, 2013.

With the An My experience serving as a model, the "Canada Playground" was built with contributions and volunteers from the Castle Downs Recreation Society in Alberta. It opened to the public on March 10, 2013. A second playground funded by the HBV project is being built in Cam Thanh district in April 2013 to further test and refine the community engagement process.

Because of the successes to date, the local government is very enthusiastic and highly committed to the project. The leader of Hoi An has directed each ward and district to develop at least one community playground by the end of 2014. In addition, the information gathered from the community engagement process will be used to help develop a master plan for parks and selected public spaces in the city.

Understanding the journey to and from school in Hanoi

An Intern's Story: Karen Vu-Nguyen

Karen Vu-Nguyen, right, eating lunch with colleagues at HealthBridge Vietnam.

I arrive at a primary school in the Hai Ba Trung District of Hanoi with my colleague Lien at 3:30 pm, about half an hour before students are let out for the day. We are there to observe how children travel home from school on a typical afternoon.

Slowly, parents, driving motorcycles, gather in front of the school gates in a large and disorganized crowd, spilling out onto the busy street. When the school bell rings, students rush out of the gates into a frenzy: parents whisking their children home on motorcycles weave through the after-school swarm, dodging pedestrians and other motorcycles alike.

This daily routine is a drastic change from how school travel and urban transportation looked in Hanoi nearly two decades ago. With Vietnam's rapid urbanization, motorcycles have replaced bicycles, and walking is rare due to unmaintained sidewalks, weak traffic enforcement and the little respect that vehicle drivers exhibit for pedestrians.

Watching this after-school routine unfold, my fears are realized when I see a motorcycle run over a young girl's foot. With a quick apology, the driver speeds off with her own child, leaving the young girl to hobble home with her older brother. How often does this go unnoticed?

From January to April 2012, I worked as a public health intern with the HealthBridge Livable Cities Program in Hanoi. There, I supported the team in designing, planning, and facilitating community engagement strategies for the ASRTS (Active and Safe Routes to School) Initiative. This experience complemented my studies in public health, allowing me to apply my knowledge of health promotion strategies in a practical setting. I was also given the opportunity to take leadership in managing the project, and the creative freedom to make it my own. Together, this provided me a rich learning experience in being resourceful and adapting to new and challenging environments.

Having completed our first step in identifying the opportunities and challenges to travelling to and from school in Hanoi, I am excited to see how HealthBridge will continue to highlight this issue in order to improve life for the city's pedestrians.

Our Mission Statement

Working with partners world-wide to improve health and health equity through research, policy and action.

2012 Run For Childd and Maternal Health

Four of the nearly 200 participants in HealthBridge's inaugural 5k Walk/Run in Ottawa and Edmonton on Sept. 16, 2012.

The event raised nearly $60,000 towards the Pakur Mother and Child Survival Project – which translated into almost $240,000 after CIDA's 3:1 matching donation.

PAKUR 5k RUN SUPPORTERS

We thank you so very much for your financial and in-kind gifts contributed to the Pakur, India project in 2012.

Platinum 10,000+
- Tenaquip Foundation, Montreal

Gold $5,000+
- NEI Investments, Toronto
- IA Clarington, Toronto
- Landmark Group, Edmonton
- Roger and Peggy Gouin, Edmonton

Silver $2,500+
- The Gail Taylor investment Group of CIBC Wood Gundy
- CIBC World Markets, Toronto
- AGF Management Ltd., Toronto
- David Sweanor, Ottawa

Bronze $1,000+
- Guardian Capital LP, Toronto
- Patty Metcalfe, Edmonton
- Warren Miles-Pickup, Edmonton
- Gail Webber, Ottawa
- Melodie Tilson, Ottawa
- Richard Wear Photography, Edmonton
- Shawn Gilchrist, Brampton

Friends $500+
- Mawer Investment Management Ltd., Calgary
- Manulife Asset Management, Toronto
- Gail and Harold Taylor foundation, Edmonton
- Wendy Bryan, Edmonton
- Maureen Law. Ottawa
- Foundation for Giving, Ottawa

2013 Pakur Run

The 2013 Pakur 5k run will be held in Ottawa on Saturday, Sept. 14 and in Edmonton and Vancouver on Sunday, Sept. 15. For more information please visit www.pakurproject.com.

Finding your niche:

Q&A with HB Board member Karl Smith

You had a long and distinguished career in public health: What do you consider to be the high point?

The high point of my career was my arrival in Canada a couple of decades or so ago, armed with a bachelor's, a master's and two doctoral (PhD level) degrees, gleaned from the UK and the USA. At that time I was also a Fellow of the Faculty of Public Health Medicine of the Royal College of Physicians of the United Kingdom.

I was leaving behind a job as Senior Lecturer (Associate Professor) at the Faculty of Medicine at the University of the West Indies in Kingston, Jamaica, where I had been made Vice-Dean (Clinical) not long before leaving.

I had had some successes at the university. Influencing the integration of epidemiology into the curriculum of community medicine was one of them. The students who really took to this discipline later became senior officers in the Jamaican Ministry of Health. They handled the later HIV/AIDS outbreak in a quite efficient manner.

After arriving in Canada, things didn't work out quite as planned. But I spent two years at the institution that had recruited me before landing a job at IDRC. The environment in my new job strengthened my will to help people help themselves, fitting in well with the operating philosophy which I feel drove the old IDRC. (I retired as Director General of the Health Sciences Division at IDRC in April 1992).

A high point at IDRC was working with a barely literate village leader in Sierra Leone to improve the water supply and sanitation in his village. IDRC was then demonstrating both a plastic pump developed for its field work at Waterloo University and a certain Swedish model of latrine, and how to install and maintain them. This determined village leader was so successful that he was invited to Ottawa to discuss the outcome with IDRC, and later asked to speak to academics at the University of Sussex in England.

What would you change if you could go back and do it again?

Perhaps obtain a more binding agreement from the receiving Canadian institution before arriving. But then I may have missed the IDRC opportunity which, in retrospect, was not to be missed!

How did you first get involved with HealthBridge?

While at IDRC I had known PATH (Programme of Appropriate Technology for Health) and had given it some support. Later, retired and president of the local branch of the Royal Commonwealth Society, I asked HB to be a participant at a seminar on development that I had organized. Their contribution was impressive. Meantime, Dr. Bill Jeanes recommended that I become a member of the Board, and here I am… for how much longer I don't know!

How has HealthBridge changed since your initial contact?

The institution has grown in content, range and personnel, both scientific and support staff. One of the latest program additions, Livable Cities, is doing great work. Offices are better organized and fitted out, with more space. Technologies in use for communication and data-gathering have kept up with modernization and efficiency.

Follow your niche, continued

How would you like to see HealthBridge develop?
I'd like to see conditions being such that HealthBridge can continue to choose "unique" issues that have to be addressed for the future of mankind, and particularly for those in greatest need. In addition I would suggest:

- Seek out those agencies that are likely to support its areas of interest. With rapid changes in technolgy, keep abreast of those backing new technologies, and get quickly into doing "demonstrations";
- Retire any area of activity which becomes financially not viable;
- Develop a capacity to "sniff out" potential benefactors and have annuities coming from them or their heirs. This may require professional help;
- Engage in greater publicity about the organization and its working style. The recent article in *Gender and Development* is a prototype of what might be done on a regular basis. Thanks and congratulations to all involved. Great job!

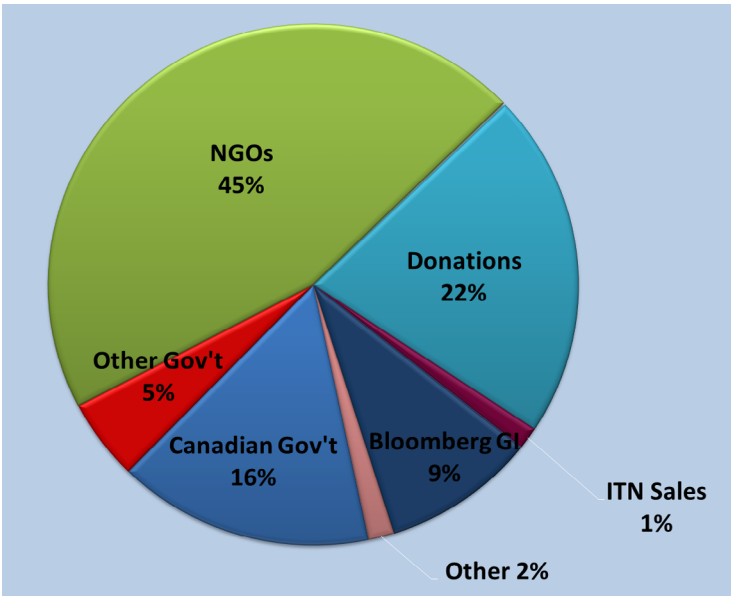
HealthBridge honoured by Vietnamese Government

Earlier this year, Vietnam passed its Tobacco Control Law. This is a very important milestone (but far from the final), in the fight against the tobacco epidemic in the country. On April 23, the Minister of Health honoured organizations and individuals that have made significant contributions to tobacco control in Vietnam. HealthBridge was the only international organization among the six honoured organizations. HB Country Director and Project Manager Pham Hoang Anh also received an honour as "recognition for significant contribution to protecting, caring and promoting the health of the people".

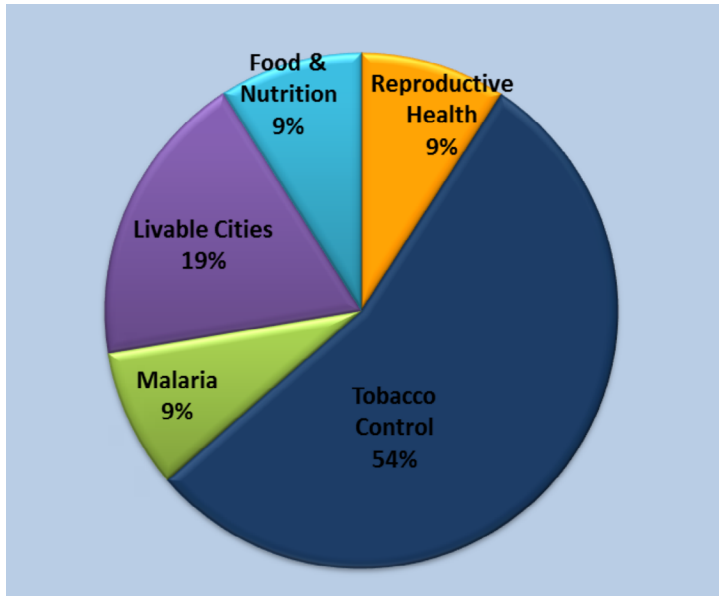
HealthBridge Vietnam was one of six organizations honoured by the Vietnamese Ministry of Health for its significant contribution to tobacco control in the country. HB Country Director and Project Manager Pham Hoang Anh (2nd from left) received the award on April 23.

Financial Summary 2012

The summary below is an excerpt from HealthBridge's audited financial statements. For more information: **admin@healthbridge.ca**



Sources of Revenue



Use of Funds by Program Categories

Recently Published

Publications available online at
http://www.healthbridge.ca/healthbridge_publications.html

- The Economic Contribution of Women in Bangladesh Through their Unpaid Labour. Dhaka, Bangladesh, 2nd Edition, February 2013.
- Walkability & Pedestrian Facilities in Thrissur City. ESAF and HealthBridge. March 2013.
- Promoting male involvement in family planning in Vietnam and India: HealthBridge experience
  Lisa MacDonald, Lori Jones, Phaeba Thomas, Le Thi Thu, Sian FitzGerald & Debra Efroymson.
  Gender & Development, 21:1, 31-45 (2013).
- From the Field: Building and maintaining strong networks to address tobacco, poverty, and development, HealthBridge, July 2012.
- Livable Cities Newsletters
  Since 2011, published three times a year.
- Tobacco and Poverty
  Research Network Newsletters
  11 Issues currently available.
  Published regularly.

"HealthBridge's low-budget, supportive but not dominating approach avoided risks of forming a 'donor-initiated network' and demonstrates a model worthy of emulation by other international actors."
- Andrew Wells-Dang*

*Andrew Wells-Dang is the Regional Management Quality Advisor for Catholic Relief Services in Southeast Asia and author of Civil Society Networks in China and Vietnam: Informal Pathbreakers in Health and the Environment.

HealthBridge Foundation of Canada

1 Nicholas Street, Suite 1004

Ottawa ON K1N 7B7 Canada

www.healthbridge.ca

admin@healthbridge.ca

Registration Number 12995 00051 RR0001