



5-Year Prospectus

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Table of Contents

Executive Summary	1
Background: A Steadfast Commitment	4
History	4
Mission	5
Current Work: A First Step	7
Safe Motherhood	7
Needs and Assets Assessment	7
Notable Findings	8
Rainwater Harvesting	8
Near-Term Objectives	9
Future Plans: Small Steps, Large Goals	10
Perfecting PHP in Uganda	10
Expanding to Other Countries	12
Becoming a Non-Profit, Tax-Exempt Organization	12
PHP as a Model Nongovernmental Organization	13
Uniting Health Inequity and Environmental Degradation	16
Appendix A: Past Accomplishments and Past Funding Support	17
Appendix B: PHP's Healthcare Goals in Uganda	19

Executive Summary

Progressive Health Partnership is committed to eliminating the burden of disease on the global poor and to eradicating the health, social, and economic inequalities that divide our world. Founded on the principles of social justice and solidarity, PHP promotes a community-based model of healthcare delivery and works with the poor as partners and equals.

PHP began working with Mayanja Memorial Hospital Foundation in Southwestern Uganda in June of 2009. While in Uganda, PHP started the Safe Motherhood Initiative, which provides antenatal services to pregnant women at rural health centers. PHP also conducted a needs assessment to gain a better understanding of the most important problems in the target communities, laying a strong foundation for PHP's efforts for years to come.

Building on its Safe Motherhood Initiative, PHP plans to establish a comprehensive healthcare system in Kashongi and Kitura Sub-Counties. Notable priorities in the next several years include establishing a community health workers program, determining and addressing infrastructural needs, training health workers, and developing a system for constant disease surveillance.

As time goes on, PHP not only aims to provide immediate, urgently needed care but also to attack the root causes of the health problems in the area. We will recognize the moral imperative of providing extensive healthcare services, but we also will not settle for band-aid solutions to problems. Instead, we will seek systemic change through pursuing social justice, and we will aim for long-term, sustainable solutions by unlocking the tremendous capabilities of the poor.

Throughout our efforts, we will hold our programs to the highest of standards. In recognizing the complexity of providing humanitarian assistance, we will bring a critical viewpoint to our programs, constantly evaluating them to maximize our effectiveness. This rigorous perspective, most of all, will ensure high-quality healthcare for the people we serve.

We will also recognize the global scale of the problems we face. Through our on-the-ground work, we hope to develop solutions which will impact policy around the world. Through our advocacy, we aim to address the cross-cutting nature of global problems. For example, PHP hopes to unite climate change and health equity in leaving its mark on global advocacy.

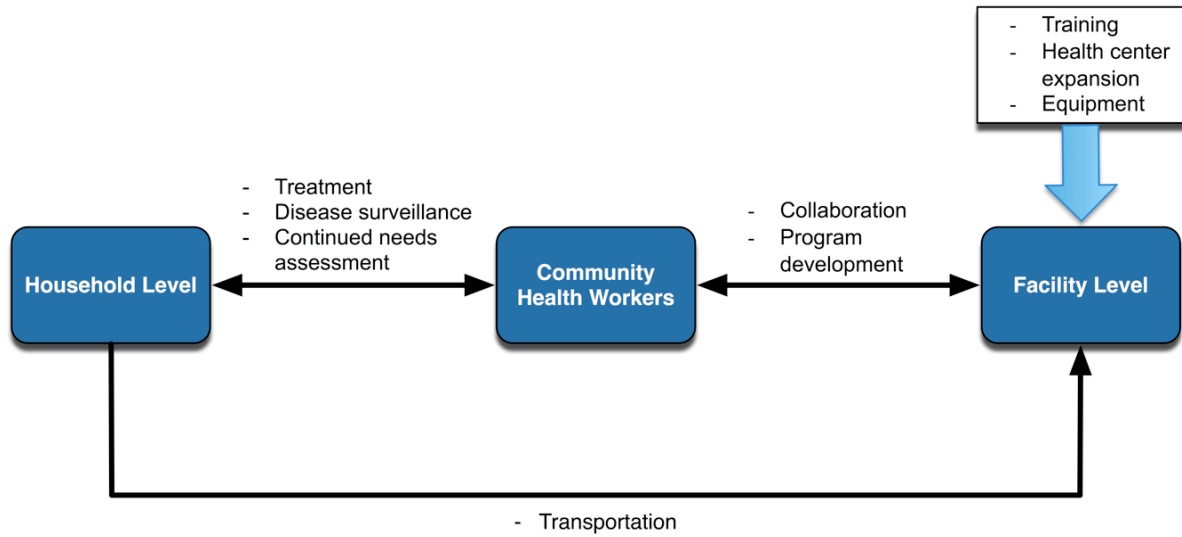
Past Accomplishments

- Delivered antenatal services to 646 pregnant women in rural Uganda, focusing on high-quality care and providing health education, physical examinations, medication, ultrasound scans, and insecticide-treated bednets; established follow-up program carried out by community health workers (June 2010-January 2011)
- Installed thirty-seven 20,000-liter rainwater harvesting tanks at public buildings and carried out water, sanitation, and hygiene education campaign (June 2010, ongoing)
- Initiated academic program evaluation of rainwater harvesting project to ensure program impact and serve as needs assessment for future (June 2010, ongoing)
- Delivered antenatal services to over 1600 pregnant women in rural Uganda, providing services similar to those described above (June-July 2009)
- Conducted community-based needs and assets assessment through survey of pregnant women and focus group discussions with pregnant women, men, traditional birth attendants, health workers, and community leaders to gain community perspective on most important problems (June-July 2009)

Past Funding Support

- Nancy Allison Perkins Foundation – February 2011 (\$100,000)
- Riverside Church of New York City Sharing Fund Grant – Safe Motherhood Initiative – May 2010 (\$5,000)
- Ronald McDonald House Charities – rainwater harvesting tanks and water, sanitation, and hygiene community education program (under the auspices of the Duke University Global Health Institute) – December 2009 (\$180,074)
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- DukeEngage – 1 of 7 approved proposals from a field of 21, promising continual funding for 10 students to travel to Uganda each summer for nine weeks – October 2008

PHP's Aim: A Comprehensive Healthcare System



Background: A Steadfast Commitment

History

PHP was founded by Joshua Greenberg and Eddie Zhang, as freshmen at Duke University, in November of 2007. From the beginning, Greenberg and Zhang knew that PHP would need to focus on both the biological determinants and the social and economic determinants of health problems. They also knew that PHP would need to bring a critical, evaluative perspective to the delivery of its services. Over time, they learned of the tremendous scope of health problems throughout the world and recognized the need for PHP to take a comprehensive approach to improving the health of the poor.

Greenberg and Zhang began establishing contacts across the Duke campus to form a network of support. Realizing that they were only beginning their entrance into global health, they sought the assistance of experts such as Professors Sumedha Ariely and Alessandro Tarozzi and began to become well-versed in the global health literature. By January of 2008, they formed a core group of students to spearhead PHP's formation. As time progressed, the core group established PHP's structure, purpose, and long-term goals, and chartered the group as a student organization at Duke. In February of 2008, the group of students met Dr. Alex Cho, a professor at Duke's School of Medicine who has gone on to make incredible contributions and provide tremendous mentorship as PHP has developed. Two weeks later, Dr. Cho introduced the students to a doctor he was hosting from Uganda, Benon Mugerwa, who founded and directs a local nongovernmental organization in Southwestern Uganda called Mayanja Memorial Hospital Foundation (MMHF).

Over the next seven months, PHP, MMHF, and the Mbarara University of Science and Technology (MUST) worked to develop a partnership. By October of 2008, PHP had obtained a large portion of the necessary funding for a joint project, and in November the organization officially began to open itself up to the general student body at Duke. PHP's first official board of directors was established in April of 2009, and in the summer of the same year, PHP began its first work in Uganda. Along with MMHF, PHP began the Safe Motherhood Initiative, which provided prenatal services, including ultrasound scans, to pregnant women in rural areas. The organization also conducted a broad needs assessment to lay the groundwork for the future.

After concluding its first round of the Safe Motherhood Initiative, PHP undertook an ambitious agenda. In working hard to apply for grants and raise funds, the organization began to pursue many recommendations it received from community members. PHP also became a 501(c)(3) tax-exempt, non-profit organization.

Mission

PHP fights with all its power to eliminate the burden of disease on the global poor and to eradicate the inexcusable inequalities that divide our world.

With a focus on the burden of disease, PHP's mission highlights the two kinds of inequalities experienced by the poor that the organization aims to eliminate: inequality in *access to healthcare* and inequality in *incidence of disease*. In other words, the disproportionate burden of disease on the global poor occurs not only because the poor have much less access to healthcare than better-off people throughout the world, but also because the poor become ill at a much higher rate. By addressing inadequate access to healthcare, PHP aims to provide immediate relief to the poor and help break the cycle of poverty and ill health. By addressing the incidence of disease, PHP aims to confront the fundamental social and economic determinants of ill health, as well as increase access to preventative healthcare.

Core Values

Solidarity – We work with the poor as partners and equals, uniting in mutual recognition of the problems they face. We believe the poor themselves are the only true experts on their communities – so our advocacy and efforts on their behalf arise not from our expertise but from their own views and ideas. We listen closely to them, we learn from them, and we join together with them in common cause to build real solutions to their problems. And in evaluating our programs we emphasize the feedback of the people we serve, because ultimately we are wholly accountable to them.

Social justice – Ethicist Thomas Pogge has captured PHP's view of the necessary relationship with global poor:

...we must stop thinking of world poverty in terms of helping the poor. The poor do need help, of course. But they need help only because of the terrible injustices we have been inflicting upon them. We should not then think of our individual efforts and of possible institutionalized poverty eradication initiatives...as helping the poor, but as protecting them from the effects of global rules whose injustice benefits us and is our responsibility. And we should think not only about such remedial measures, but also about how the in-

justice of the global order might be diminished through institutional reforms that would end the need for such remedial measures.

In this light, PHP demands quick and appropriate action to address the urgent needs of the poor. We cannot be patient when thousands of people continue to die each day of preventable causes. We demand both an immediate scale up of services for the poor and initiatives to address the fundamental social and economic factors that underlie their ill health.

Commitment – Amartya Sen has argued that the pursuit of social justice requires not only sympathy, but also commitment. Sympathy-based behavior arises when a person's actions are motivated by his or her unhappiness due to a destitute person's suffering, but commitment-based behavior is motivated by a determination to end injustice and is not fully explained by "your desire to relieve your own sympathetic suffering;" as a result, commitment will likely involve self-sacrifice. PHP recognizes that self-sacrifice and commitment are required for success in achieving progress for the global poor. Our actions are intended to change the system, and in that sense they entail steadfast commitment to the poor.

Need – Our advocacy and the programs we strive to implement are determined solely by the need of the poor. Need may take on multiple forms and may or may not include financial challenges. For example, people may be marginalized because of a lack of economic opportunities, or they may be marginalized because of their gender, their ethnicity, or their social status – or, most likely, a combination of these factors. PHP understands these many different sides of poverty, and we act according to need – not according to other interests and influences – in providing services.

Hope and Strength – PHP draws its vitality from the realistic and undying hope that tomorrow will bring a better day for the poor, that tomorrow the poor will enjoy a level of human rights and opportunities on par with the rest of us. Our hope and vitality also emanate from the people we serve, who continually demonstrate great skill and insight in diagnosing the challenges they face and then developing and spearheading solutions to them. When allowed to flourish, the determination, thoughtfulness, and resourcefulness of our partners and the people we serve goes far, and we make these strengths the foundation of any program we implement.

Independence – As a humanitarian actor, PHP works for the people of our global society and no one else. While PHP partners with a variety of stakeholders to achieve common goals, the organization remains independent from all political, economic, religious, and social actors. Solidarity for the poor should not depend on the many vested interests across the world. Compromising on this principle would promote a distorted global picture and continue to produce injustice for those in the most need; and it would permit the exploitation of the poor by pressuring them into promoting causes which they may not intrinsically support and which may even go against their interests. At PHP, we think independently.

Current Work: A First Step

Safe Motherhood

In the summers of 2009 and 2010, PHP and MMHF implemented the Safe Motherhood Initiative, which has provided prenatal services to over 2200 pregnant women in rural Uganda. In 2009, to evaluate our work, we carried out a home-to-home follow-up by visiting women who had already received services. The follow-up examined issues such as whether the women were taking their medications and using their bednets, and the quality of communication by PHP and MMHF staff during the intervention. In 2010, we expanded this follow-up program by training community health workers to carry out both pre- and post-birth follow-up visits with women.

Antenatal Care Services Provided by PHP

- Health education on topics such as nutrition, delivery, and childcare
- Physical examinations
- De-worming medications, antibiotics, and iron supplementation
- Ultrasound scans (with a portable, battery-run machine) to identify high-risk pregnancies
- Insecticide-treated bednets to prevent malaria

Needs and Assets Assessment

Along with the Safe Motherhood Initiative in 2009, PHP also carried out a broad community-based assessment to gain a better understanding of the most important problems in the target communities and to lay a strong foundation for PHP's efforts for years to come. We conducted a survey of the pregnant women seeking antenatal services, covering issues such as malaria, family planning, the antenatal period, access to water, and household assets. We also carried out focus group discussions with women, men, traditional birth attendants, health workers, and community leaders. The discussions were meant to solicit community members' own views regarding the most significant problems they face and their thoughts on what the appropriate solutions to these problems should be. Overall, the assessment gave PHP a much better understanding of the community's greatest needs and assets, laying the groundwork for the organization's future initiatives.

Notable Findings

Notable findings from the Safe Motherhood survey we conducted are displayed in the figure below. In many ways, the focus group discussions with community members provided a deeper understanding of the survey findings. They also provided dynamic illustrations of issues such as the tensions between husbands and wives during pregnancy, the planning that goes into preparing for deliveries, the poor quality of relations between patients and health workers, and the challenges of accessing safe water. Overall, the focus groups most strongly highlighted the following important needs: (1) addressing the fundamental economic causes of health problems; (2) taking an inclusive approach to antenatal care which encourages the participation of men; (3) alleviating the long distance to and poor quality of water; and (4) providing responsive healthcare and health education at the village level.

Important Survey Results

- 50% of women reported having had a child die
- 55% of mothers do not know their babies can contract HIV/AIDS from them
- 63% of women deliver their babies at home
- 80% of women identify insecticide-treated bednets as the best method to prevent malaria, yet only 25% of women own one
- 50% of the pregnant women reported that they would have preferred to delay the pregnancy or not be pregnant at all
- Given a choice of excellent, good, fair, or poor, 51% of pregnant women rated their overall health as poor
- Transportation is a barrier to healthcare for 55% of women
- The average time to fetch water for a household is 45 minutes

Rainwater Harvesting

In 2010, based on an in-depth series of conversations with community members in 2009, PHP and MMHF implemented a program to install rainwater harvesting tanks at public buildings throughout Kashongi and Kitura. Alongside the installation of rainwater tanks, we trained fourteen community educators to carry out an education campaign on water, sanitation, and hygiene. They conducted tailored education talks to both child and adult audiences, visiting all thirty of the primary schools throughout the community as well as approximately fifty other public locations. To strengthen sustainability, we also worked with the local government to establish community committees that would be responsible for overseeing the maintenance of the rainwater harvesting tanks.

To evaluate the project's impact and further PHP's goal of contributing to the broader global health field, we are also carrying out an academic program evaluation. Thus far, we have conducted a baseline and follow-up survey of over 1600 households for the evaluation. During the surveys, professional enumerators collect a variety of data from the households, including water samples to test for *E. coli* and total coliform levels. To our knowledge, our evaluation is the first time the impact of such a rainwater harvesting program has been rigorously measured, as well as the first time *E. coli* and total coliform data have been collected on such a large scale in Uganda. The detailed data we collect from the households will not only allow us to measure the impact of the program but will also serve as a needs assessment on water, sanitation, and hygiene for the future.

Near-Term Objectives

In the near future, PHP plans to continue both the Safe Motherhood Initiative and the rainwater harvesting program. Expanding and strengthening the Safe Motherhood Initiative is the organization's top priority, as PHP hopes to be able to provide year-round care to the approximately 2,000 pregnant women throughout Kashongi and Kitura. The organization hopes to find funding to begin deepening the program with the following components: (1) increased staffing, equipment, supplies, and services at government health centers; (2) an education campaign on reproductive and child health; (3) subsidies for women to ensure deliveries in appropriate health facilities, particularly for cases with complications; and (4) consistent follow-up care, including post-natal visits to emphasize infant health.

Future Plans: Small Steps, Large Goals

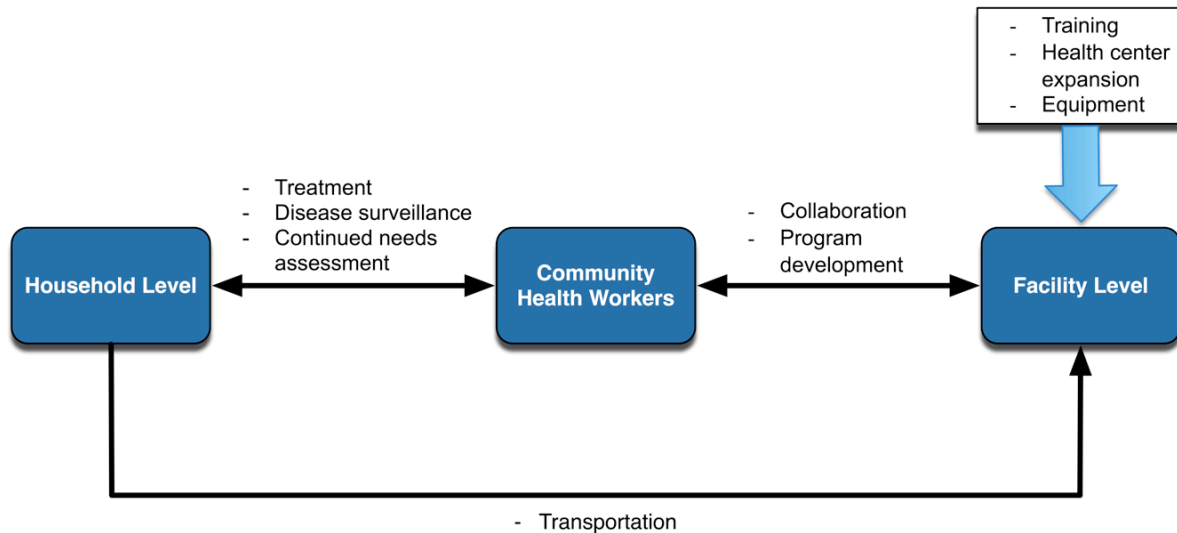
Perfecting PHP in Uganda

Before expanding its work to other countries, PHP must first master its work in Uganda. We must prove our capabilities to ourselves, to our donors, to the wider global health community, and, most importantly, to the people we endeavor to serve. This means continuing to solidify the relationships we have built on the ground, developing the expertise to implement a variety of programs, and building the support to sustain a long-term and multifaceted project. PHP aims to construct a comprehensive, community-based, and permanent project in Kashongi and Kitura, Uganda that not only provides immediate, urgently needed relief for health problems but also addresses the underlying social and economic causes of these problems. We believe the Safe Motherhood Initiative is an excellent starting point for undertaking a wider approach to these issues. The antenatal period is a precious time for alleviating broader medical and social problems, both because pregnant women offer a window into a larger family picture and because many cross-cutting problems occur during pregnancy.

Building a Reliable Healthcare System

Before making a concerted effort to address non-health issues, PHP intends to build a durable and effective healthcare system in Kashongi and Kitura. To do so, we will build on the Safe Motherhood Initiative and capitalize on the opportunities during pregnancy to expand to other areas of healthcare. We plan to establish a continuum of care in Kashongi and Kitura that addresses both communicable and non-communicable diseases, emphasizes both prevention and treatment, offers both household- and facility-level services, and caters to everyone in the community, men and women, young and old.

PHP's Aim: A Comprehensive Healthcare System



PHP's Healthcare Goals in Uganda

- Continue to carefully assess the needs of Kashongi and Kitura to guide PHP's efforts in healthcare
- Establish a community health workers program to provide immediate care at the village-level and implement other PHP initiatives
- Accompanying the expansion of available healthcare services, establish programs such as transportation services to alleviate direct barriers to seeking care
- Determine infrastructural needs in Kashongi and Kitura, such as additions to existing health centers and the construction of new health centers
- Equip all health centers with high-tech medical equipment; install solar panels to provide power for operating the equipment
- Work with MUST and use PHP's own resources to provide adequate training and incentives for health workers in Kashongi and Kitura
- Conduct constant disease and public health surveillance to ensure that PHP's efforts adequately adapt to changes over time

Addressing the Economic and Social Determinants of Health

PHP sees health as an outcome which is not only intrinsically important but also indicates underlying social and economic influences. After achieving substantial progress in strengthening Kashongi and Kitura's healthcare system, PHP will address the poor quality of other basic services in the community. While we have not yet fully explored these issues, we believe the most important basic services in the community will be related to educational and income-generation opportunities. To enter this work, PHP will need to carry out further rounds of thorough needs assessments. Ultimately, PHP will seek to answer the question of who becomes sick most often in Kashongi and Kitura and why – not from a biological standpoint, but from an economic, educational, and social perspective. The answer to such a question will likely be shaped by a combination of local, regional, national, and transnational inequalities. Keeping this kind of layered perspective in mind will be important as PHP develops programs to address these problems. Considering that much of PHP's expertise currently focuses on health, the organization will need to recruit additional collaborators to build adequate expertise in other areas as well.

Expanding to Other Countries

Ultimately, PHP hopes to work in a variety of settings, both domestic and global and both rural and urban. We believe that expanding our work to other countries is important because we will find common threads that connect the world's poor together – even across diverse settings. Such common threads will enable PHP to work toward a global understanding of the societal forces that influence inequality and poverty. Achieving this understanding will not only improve our approach in service delivery but will also contribute to advocacy on behalf of the global poor. More immediately, working in multiple locations will allow PHP to adapt and apply valuable lessons learned in one location to similar problems in a different location. In approximately five years, PHP will begin seriously assessing the opportunities for expanding its work to other countries.

Becoming a Non-Profit, Tax-Exempt Organization

PHP is incorporated as a not-for-profit corporation and obtained 501(c)(3) tax-exempt status from the Internal Revenue Service in February 2011. Becoming a non-profit organization has made PHP an entity independent from Duke University and has given it flexibility to widen its operations in providing aid. Non-profit classification has also placed PHP in a stronger financial position, as the organization is now more easily able to apply for grants and conduct fundraising, rather than channeling many of its financial operations through Duke. Most importantly, as an independent and identifiable organization, PHP will be able to leave its unique mark on the field of global health, setting an example through both its advocacy and programming for policymakers and other organizations throughout the world.

PHP as a Model Nongovernmental Organization

Operating a humanitarian service organization is a complicated and challenging task. We aim to build PHP into a world-renowned organization that is able to synthesize the multitudinous needs of providing effective service in both the short-run and long-run. The following commentary describes PHP's approach to several key issues related to maximizing its efficacy.

Recognizing the Possibility of Unintended Harm

A growing but still under-appreciated recognition in the field of humanitarian aid is that well-intentioned projects often have unintended negative consequences. Carrying out a health project is a very complex process that contains many subtle points at which plans can go awry. PHP has identified two primary reasons for why such events can occur: the political dynamics of the target community and the provision of low-quality services. The potential to go awry can be amplified when a project is spearheaded by outsiders; for example, outsiders who enter a community with an overconfident, top-down attitude risk having their efforts unknowingly co-opted by local political institutions they must collaborate with. Harm can also arise from short-term, sub-par service. For instance, if PHP were to enter a poor country to perform surgeries for a week, yet not stop to realize that it should build infrastructure to consistently follow up with the patients, serious complications could arise after PHP leaves. Such complications could leave the patients worse off than before the surgery. Low-quality services can also arise from an insufficient or unequal quantity of services. That is, if PHP does not provide enough services to ensure equal access for the entirety of a target community, the organization risks causing disputes between community members over how to allocate those services.

PHP addresses the issue of harm honestly and is built on a model to minimize the chances of harm. Especially in its early stages when the organization does not have the funding to establish a permanent, year-round project, PHP aims to be extremely cognizant of its actions, intends not to move ahead too quickly, and intends to construct its programs with a very critical eye toward avoiding unintended harm. PHP's community-based approach is integral to transforming good intentions into good outcomes. Only by building relationships with community members, gaining their trust, and making them partners in carrying out programs can PHP become familiar with the steps it must take to avoid harm. And in the long-term, PHP intends to establish a permanent project in Kashongi and Kitura, as a further sign of its commitment to deliver the services that the people deserve.

Goal: Continue to develop avenues through which all community members can voice feedback to PHP, and pay careful attention to programs which may have an overall benefit yet unintentionally harm a small portion of people.

Moving Beyond Charity

PHP believes the perspective of charity can obscure the underlying and unjust causes of problems. People often engage in charity simply because “giving is good” and because better off people ought to give to worse off people out of generosity. These tenants of giving are not undesirable per se, but they fail to highlight many of the causes of inequality and poverty that lie in fundamental and unjust systemic structures. That is, traditional tenants of charity tend to attribute the unfortunate position of the poor to “bad luck.” However, many causes of poverty arise from unfair aspects of our global economic system. Only by addressing the systemic causes of poverty will we effect sustainable improvements for the poor. Indeed, endorsing charity so strictly can lead to harm, as people begin to forget – or never learn about – the structural causes of poverty that must be addressed. PHP believes our society ought to support poverty eradication not only out of generosity but also out of obligation. The organization strives to move beyond charity by addressing the social forces that influence poverty.

PHP also believes that forms of charity can imply a power dynamic in which a superior party gives to an inferior party, who is seen as miserable and helpless. This perspective is antithetical to the spirit of partnership that PHP promotes, as the organization has learned that the poor are quite capable of taking initiative and generating improvements, if only supported with the proper assistance. A superior-inferior viewpoint leads to a top-down approach to development, as the superior giver believes he or she knows and can dictate “what is best.” This undermines a community-based approach to health, which ensures an ownership stake for communities in solving problems and places health in the hands of the community members, who understand their problems better than any “superior.”

Goal: *Within five years, play an increasingly important role on the global stage by advocating for systemic changes to benefit the poor.*

Achieving Accountability through Impact-Based Evaluation

PHP must be held accountable to a number of parties: itself, its donors, and, most of all, the people it serves. A prevalent problem in global health and humanitarian aid today is the absence of sound evaluations of projects. To combat this problem, PHP will aim to carry out evaluations which do not merely tally the scale of projects, but rather analyze their impacts. For example, it is easy to believe that building thousands of latrines to alleviate diarrheal diseases is a wonderful accomplishment, but such measures of success have no substantive significance. In this case, what truly matters is how the latrines have impacted rates of diarrheal diseases. While the connection between latrines and diarrhea rates seems logical, many interventions fail for subtle but important reasons – often related to factors which impede individuals from adopting the new intervention. To ensure that its work is truly making a difference, it is critical for PHP to constantly evaluate its projects. The organization will utilize well-respected statistical techniques to measure outcomes of

interest rather than scale of action. To do so properly, the organization will emphasize an academic viewpoint and maintain strong relationships with academic institutions.

Goal: Conduct a rigorous evaluation of each new program PHP carries out and develop the necessary infrastructure to consistently evaluate the organization's ongoing efforts.

Developing Solutions, Disseminating Knowledge, and Directing Policy

Similar to the evaluation challenges, a significant problem in global health today is that we simply do not know “what works” for addressing a number of problems. With its connections to academia and its focus on service, PHP is in a unique position to address these gaps through practical, applied research. For example, as mentioned above, the organization is already initiating an evaluation of its rainwater harvesting program; an intervention of this kind has never before been subject to a rigorous academic study. Such research will be conducted in close coordination with PHP's service delivery and will aim to evaluate innovative solutions to problems. The development of new programs that can be implemented in a variety of settings means that PHP's work will not only impact the people it immediately serves but also the many people across the globe who the organization cannot directly reach. PHP will disseminate its findings freely and widely, adding to the global health knowledge base. Ultimately, PHP hopes its research will influence policies which have the ability to impact large numbers of people across the world.

Goal: Within five years, consistently attend academic conferences and gatherings of NGOs to disseminate PHP's findings and advise the formulation of policies.

Building an Understanding Donor Base

It is critical for PHP to establish a reliable donor base. Compared to grants, fundraising tends to provide a more consistent stream of money and also tends to offer more flexibility in how the money is spent. One dilemma NGOs often face is how to balance the need to “market” problems to donors and the ultimate goal to conduct effective service. For example, it is easy to market the idea of insecticide-treated malaria bednets to donors – i.e., one (inexpensive) bednet can save one life, and a donor can “purchase” a certain number of bednets. However, such arrangements limit the flexibility of the proceeds in question and, by advertising a single solution, can undermine the need for a broad-based approach to healthcare delivery.

A broad-based approach to health may be more difficult to market, yet it is precisely what we must pursue in delivering services. In other words, bednets are very important, but we must also address many other medical factors and an array of social, economic, and environmental variables to combat malaria. Although PHP recognizes the need to market itself effectively, the organization also realizes the connection between its marketing and its advocacy. Put differently,

messages which endorse a narrow approach to fighting ill health and poverty will skew the viewpoints of PHP's donors and therefore detract from the quality of PHP's advocacy. For reliable long-term support, PHP hopes to build a donor base which understands the complexities of global health.

Goal: *Within three years, build a base of at least 500 committed donors and distribute periodic materials informing these people of PHP's ongoing work.*

Uniting Health Inequity and Environmental Degradation

The connections between health inequity and environmental degradation – especially in the form of climate change – are becoming increasingly important. Global inequalities are both a cause and effect of environmental damage. That is, unjust global rules have permitted wealthy countries to mismanage the environment, which has further harmed the poor. Climate change, for example, has been caused almost entirely by rich countries, yet the resulting disease burden will lie almost entirely on the poor, who are the least able to adapt. Furthermore, general impoverishment inhibits poor citizens from looking after the environment, as they find themselves in situations in which they must fulfill much more desperate needs.

While the environmental justice movement has experienced encouraging growth in recent years, there remains little advocacy directly connecting environmental injustice and health inequity. However, establishing such a connection would provide great energy to both the health and environment movements. For example, advocating for the environment alone may produce poor results – but connecting the environment to health, an element so central to everyone's humanity, promises better progress. Indeed, the environment plays a significant role in the patterns of many prominent diseases, such as malaria, diarrhea, and acute respiratory infections. Within five years, PHP hopes to have made concerted environmental efforts against such diseases and also begin evaluating the role the environment plays in the fundamental social and economic determinants of health. In the realm of advocacy, PHP hopes to play a crucial role in uniting environmental degradation and health inequity, the two greatest challenges in present times.

Appendix A: Past Accomplishments and Past Funding Support

Past Accomplishments

- Delivered antenatal services to 646 pregnant women in rural Uganda, focusing on high-quality care and providing health education, physical examinations, medication, ultrasound scans, and insecticide-treated bednets; established follow-up program carried out by community health workers (June 2010-January 2011)
- Installed thirty-seven 20,000-liter rainwater harvesting tanks at public buildings and carried out water, sanitation, and hygiene education campaign (June 2010, ongoing)
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Appendix B:

PHP's Healthcare Goals in Uganda

- Continue to carefully assess the needs of Kashongi and Kitura to guide PHP's efforts in healthcare
- Establish a community health workers program to provide immediate care at the village-level and implement other PHP initiatives
- Accompanying the expansion of available healthcare services, establish programs such as transportation services to alleviate direct barriers to seeking care
- Determine infrastructural needs in Kashongi and Kitura, such as additions to existing health centers and the construction of new health centers
- Equip all health centers with high-tech medical equipment; install solar panels to provide power for operating the equipment
- Work with MUST and use PHP's own resources to provide adequate training and incentives for health workers in Kashongi and Kitura
- Conduct constant disease and public health surveillance to ensure that PHP's efforts adequately adapt to changes over time