

**UNIFIED
FOR
GLOBAL
HEALING**

1. INTRODUCTION

Globalhood and Unified for Global Healing first met on March 30th, 2007. Based on the needs identified by UfGH's Executive Director in this meeting, Globalhood developed an Action Plan for a pro-bono consultancy with Unified for Global Healing. The original action plan timeline was for April -July 2007, however due to difficulty scheduling meetings on both sides, we ended up pushing the action plan back approximately 2 months. During 2 subsequent meetings with UfGH's ED and 2 board members, and Globalhood's ED and consultancy team, we progressed along the action plan, and gave various recommendations along the way in response to specific questions that arose.

Globalhood applauds the founders, the board and the members of UfGH for having undertaken this important project. It is of great value that the professionals that make up your organization have been willing, and continue to be willing, to devote their vacation time and their personal funds to support the efforts of the organization. Furthermore, we feel that as UfGH continues to develop and proliferate its model, it will be imperative to include appropriate policies, procedures, evaluation mechanisms, and outcome measurements. UfGH has the potential to secure funding from foundations, donors, and its member base, and by showing its achievements in appealing ways it will be well on its way to gaining such support.

Another issue to consider is the criticism that tends to arise related to short-term medical mission trips, as regards to their sustainability and their cultural sensitivity. Given that UfGH has clearly demonstrated the values of cultural competence, multidisciplinary strategies, and has partnered with local organizations, we feel that these critiques are significantly mitigated. However, we do advise that UfGH continues to develop and define its core values, and ensure that community participation and decision making, sustainable practices and cross-sectoral collaborations, continue to be explored, identified, and developed.

It has been our pleasure to learn about your organization, and we look forward to a continued partnership over the coming years.

Sincerely,

Frank Cohn
Executive Director

Amy Schoeman
Project Coordinator

Maulik Baxi
Consulting Analyst

2. ORGANIZATIONAL DEVELOPMENT

i. Mission: Unified for Global Healing provides culturally competent health services and promotes the advancement of health education, using multidisciplinary teams to improve the well being of underserved communities internationally.

ii. Vision: Unified for Global Healing provides a network of health care providers, social workers, and artists working together to promote global health through direct service, health education, and cultural awareness.

iii. Goals:

- » Provide direct medical services to under-served communities internationally.
- » Promote the advancement of health education.
- » Provide social services to partnering communities.
- » Research methods for providing culturally competent health services to aid in working with under served international communities.

iv. Objectives:

- » To provide medical services for indigent patients in need of emergent care in a hospital setting.
- » To teach health care providers and social workers in partnering health settings new, sustainable, prevention and intervention strategies to alleviate the current health crisis.
- » To create programming that links the hospital setting to the community at large.
- » To conduct research about culturally competent health services for communities who lack the resources and knowledge about current health practices.
- » To develop creative arts programming around public health initiatives.

v. Values:

- » Multidisciplinary collaboration and problem solving
- » Community-driven
- » Cultural competency

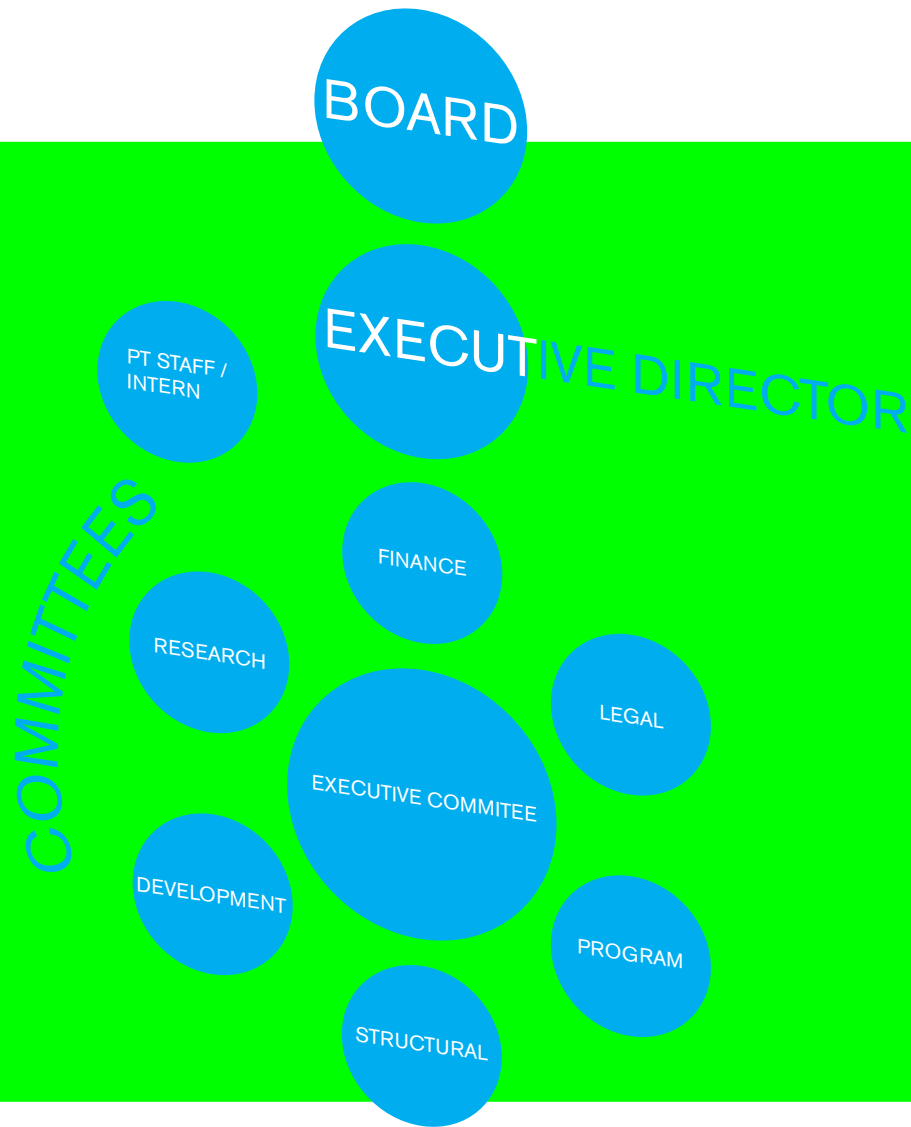
vi. Multidisciplinary Approach

Medical Services: Patients in the hospital in need of general emergent care will be provided necessary treatment by a member of the medical team, who will work eight hours daily in the hospital and assist with on-call needs. The medical team will also teach medical education. Some of the ailments they expect to treat are Malaria, Diabetes, Hypertension, Gastroenteritis, Typhoid infections, and OBGYN conditions.

Social Services: Team members will offer support to patients seen during the project and collect data on the services rendered during the project. The purpose of this research will be to document patient care for the duration of the project, to track current patient needs and to help predict future needs and possible trends. A needs assessment will also be conducted on the availability of select resources and means of support, including local NGOs, schools, and religious institutions

Community Art: The community needs assessments will be used to achieve the goal of developing prevention and intervention tools useful when discussing the importance of Malaria in the community. A valuable tool could be a culturally appropriate Malaria coloring book to distribute to children and families.

3. ORGANIZATIONAL STRUCTURE



Committees Report to the Board of Directors and to the Executive Director. Globalhood recommends acquiring an Intern/Part-time staff to support the Executive Director. All Committee Chairs sit on the Board of Directors, as does the Executive Director. The Executive Committee is elected. Globalhood also recommends forming an Advisory Board, comprised of less active, but influential .members of the Board of Directors, as well as pulled from externally. We also recommend that the Co-founders occupy positions of 'Founder' on the Board of Directors, and if they are active, should also sit on the Executive Committee

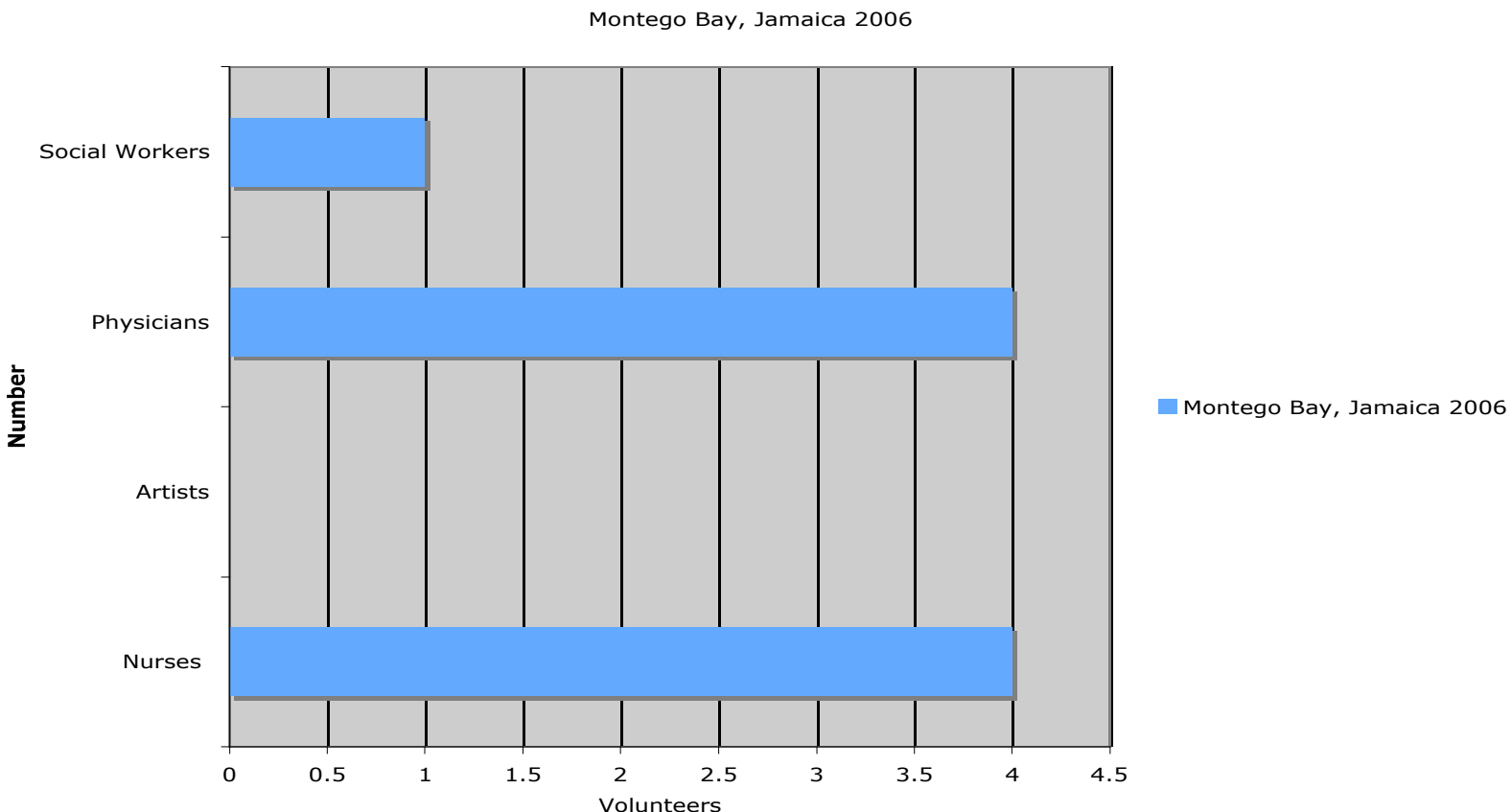
5. PAST OUTCOMES

i. Past Trips:

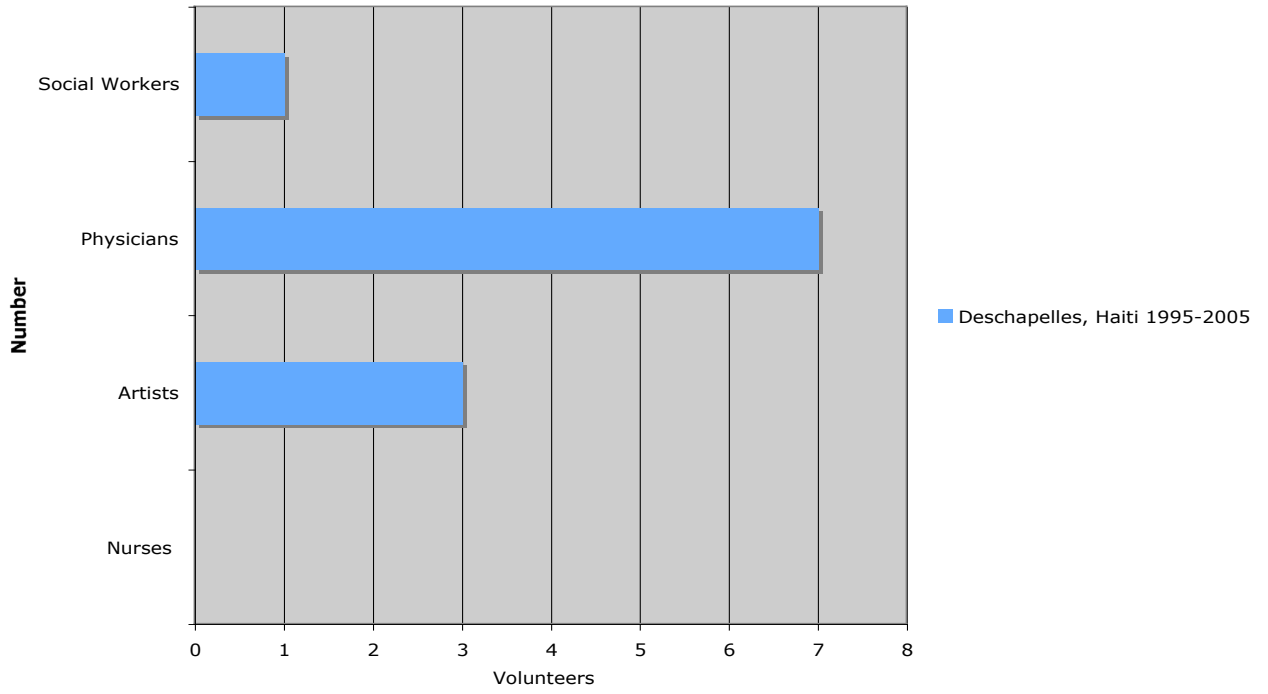
- » Haiti program concentrating on emergency medical care, ultrasound, and therapeutic arts
- » Jamaica program concentrating on emergency medical care, HIV/AIDS intervention, health education and empowerment in public schools.

Haiti: The first multidisciplinary project was in Des Chapelles, Haiti, in 2005. This trip inspired a culturally competent and multidisciplinary approach to serving people in developing nations by connecting with community-based hospitals, and the surrounding community. Our team provided emergent care in the hospital, taught medical education, gave clothing donations to community members in need, and taught a community art program, which allowed youth to express themselves freely and broaden their artistic vision through mixed media projects.

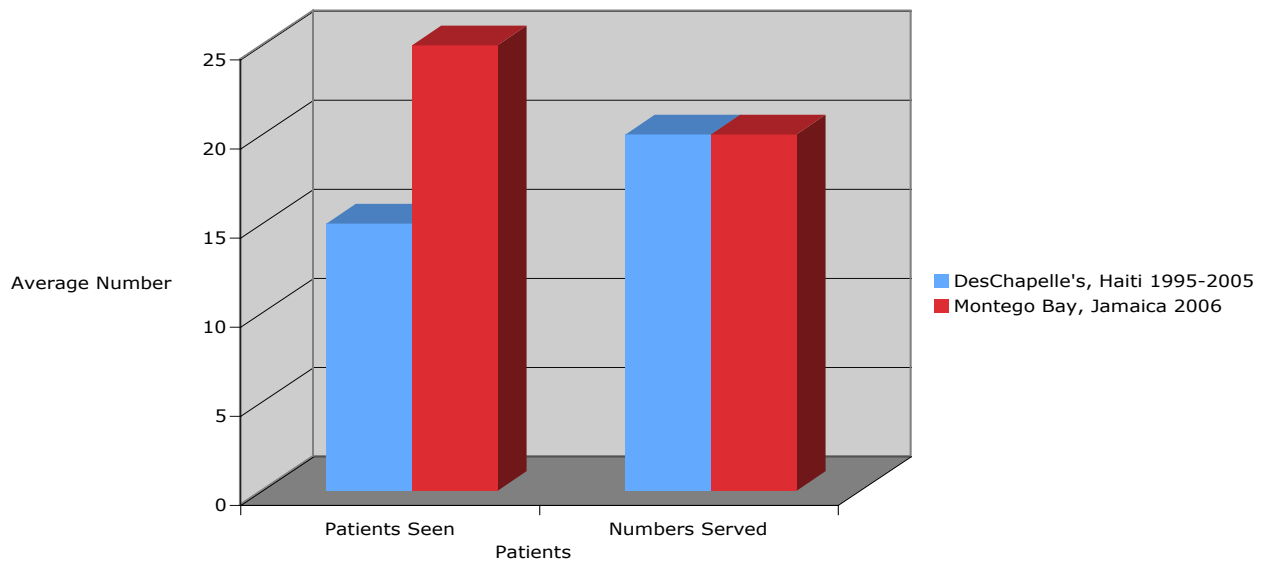
Jamaica: In March 2006 UfGH launched a project in Montego Bay, Jamaica that focused on HIV/Aids and health care disparities. Our next project will be in Agona Swedru, Ghana focusing on Malaria prevention and intervention.



Deschapelles, Haiti 1995-2005



Patients



APPENDIX G: TRIP CONSIDERATIONS

COMMUNITY IMPACT	» What is the purpose of this trip? Will the group's participation in this trip have a negative or positive effect on the community?
EVACUATION PLAN	» Is there an Evacuation Plan in Place
TRIP PLAN	» When will the group be leaving and returning to the community? » Will there be any other movement or activities in the days in between?
LOGISTICS	» How is the group travelling to the site?
SAFETY & SECURITY	» Is equipment and personal gear secure? Locked? Is there any special equipment required for the trip?
RISK MANAGEMENT	» Have risk factors been considered and mitigated?