HEALTHRIGHT INTERNATIONAL

2020 ANNUAL REPORT

DEAR FRIENDS,

COVID's impact has been devastating – globally, nearly 3 million deaths and approximately 130 million infections so far. But that is only part of the picture; the knock-on effects of the pandemic have reverberated through health systems, crippling public health campaigns and reversing recent health gains. Reports of intimate partner violence (IPV) and gender-based violence (GBV) are way up, driven by lockdowns, interruptions to social services, and fewer opportunities to report violence by friends and family. COVID and the response to it also reduced access to essential care services, including routine immunizations for children, facility-based births for expectant mothers, and reproductive health services for young women and adolescents. And incidence of mental health issues like depression and anxiety have skyrocketed. The consequences are tragic: tens of millions of additional GBV cases, millions of unintended pregnancies, hundreds of thousands of preventable maternal deaths, a spike in adolescent suicide, and millions of avoidable child deaths around the world.

COVID – like HIV in the late 80s and 90s – has highlighted the essential nature of HealthRight's work. It has exposed fundamental health system weaknesses and inequities, the brunt of which fall disproportionately on vulnerable and marginalized communities. Long before COVID we were building a nation-wide GBV response system in Ukraine, and working to reduce IPV in Kenya. In Uganda and Kenya we have introduced several highly effective and scalable mental health interventions that address depression, anxiety and PTSD since 2010. And we've worked for decades in dozens of countries to increase access to high quality family planning and reproductive health services, as well as to reduce the number of preventable maternal and child deaths, including expanding access to routine immunization.

HealthRight's health system strengthening work in the areas of violence prevention, family planning, mental health, and maternal and child health is essential to meeting the day-to-day needs of our partner communities, as well as to enhance their resilience to pandemics and other health shocks. Your support makes this possible.

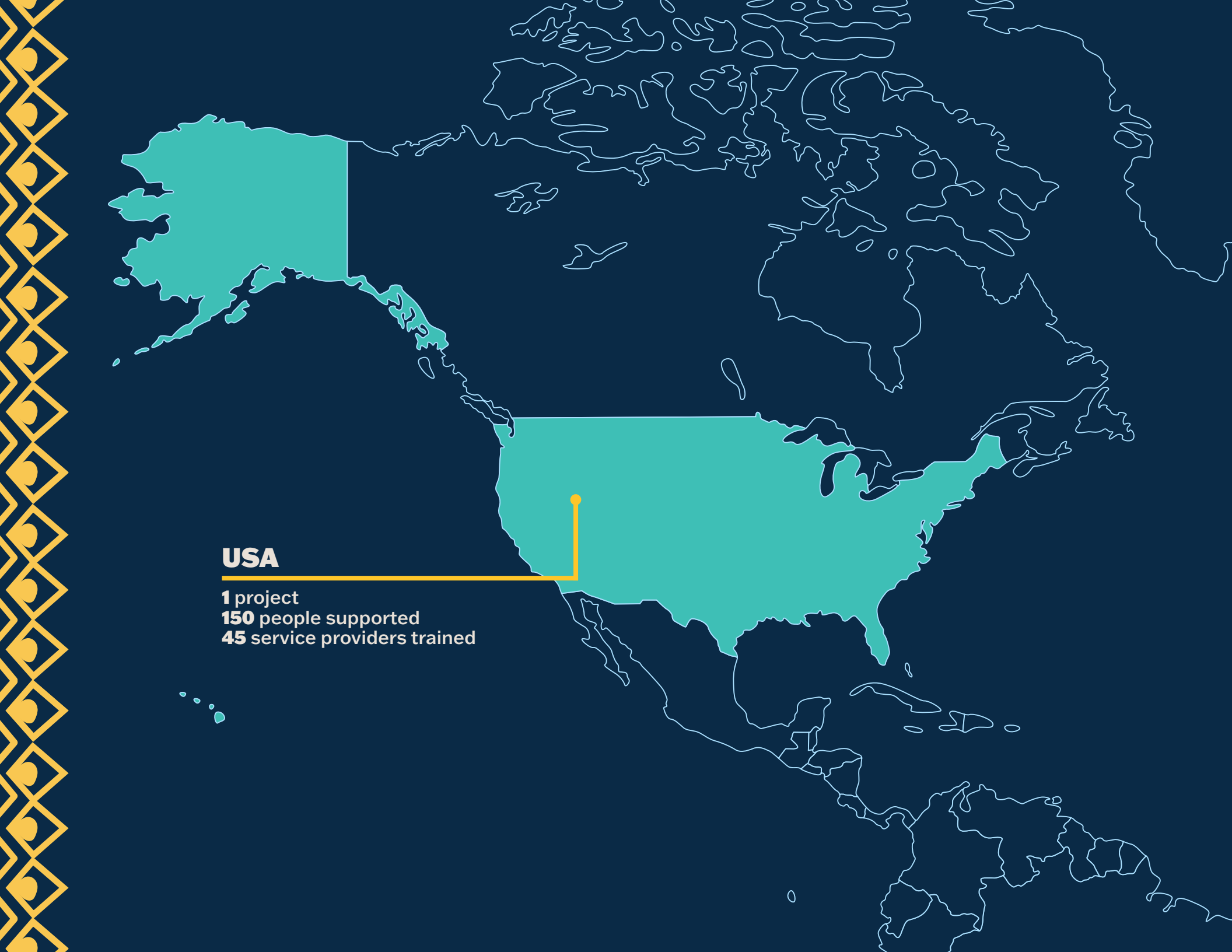
Thank you.

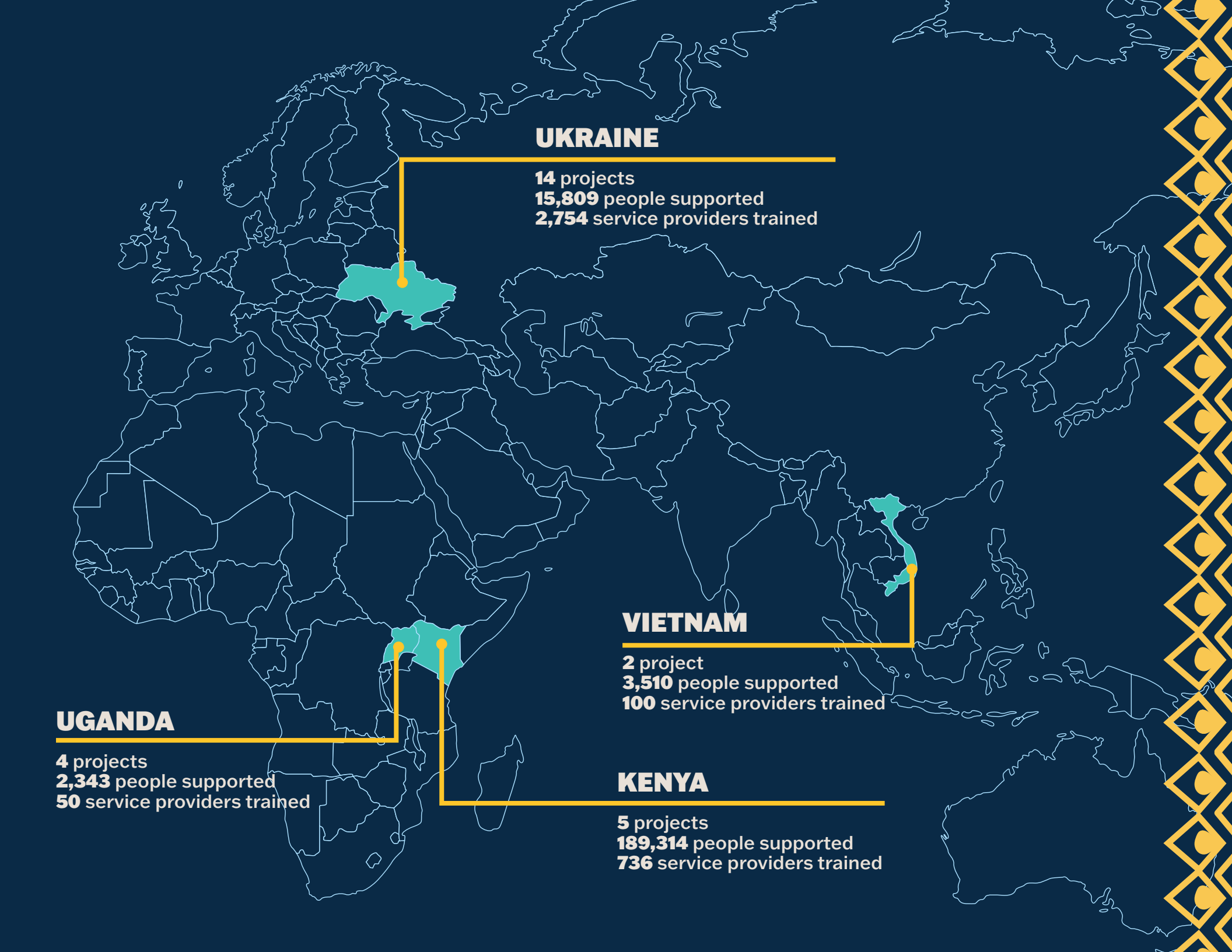
DR. PETER NAVARIO
Executive Director

TRACEY EDWARDS
Board of Directors Chair

OUR MISSION

Our mission is to empower marginalized communities to live healthy lives by supporting and funding local solutions to local health problems. Each of our programs is unique and tailor-made for and by the communities they serve.


USA
1 project
150 people supported
45 service providers trained


UKRAINE
14 projects
15,809 people supported
2,754 service providers trained
VIETNAM
2 project
3,510 people supported
100 service providers trained
UGANDA
4 projects
2,343 people supported
50 service providers trained
KENYA
5 projects
189,314 people supported
736 service providers trained

IMPACT

197,034 WOMEN & CHILDREN

We advocate for respect, dignity, and equality in healthcare systems for marginalized women and children. Our projects improve maternal mental health services, promote respectful maternity care, empower women to take charge of their own reproductive health, strengthen child survival and protection, and prevent gender-based violence.

559
MIGRANTS

We work to provide comprehensive health solutions to vulnerable migrant populations, such as survivors of torture, populations internally displaced by conflict, and survivors of human trafficking. We address the specific needs of these vulnerable migrant populations including medical, social and legal aid, strengthening the political and health systems that support them, and building on their resilience to improve the mental health of communities that have experienced trauma.

13,293
AT-RISK ADOLESCENTS

We work with at-risk adolescents by strengthening local systems to provide adolescent health services for marginalized youth, especially those who are HIV-positive, street-involved, and in the juvenile justice system. We improve the health and well-being of these adolescents by giving them the knowledge and resources necessary to make healthy choices related to substance use, their mental health, and their sexual and reproductive health.

3,633
MENTAL HEALTH PATIENTS

Mental health concerns are a major factor in the ability of communities to rebound from violence and conflict, putting them at high risk for poor health and life outcomes, such as low rates of school completion, joblessness, and poor economic self-sufficiency. Our ambition is to improve mental health services in vulnerable populations, fight the stigma tied to mental health issues, and implement community-based interventions.

363
SEXUAL & GENDER MINORITIES

We fight to increase equity in healthcare systems to meet the needs of sexual and gender minorities – Members of the LGBTQ+ community. SGM are facing health disparities worldwide due to an inadequate understanding of their specific health challenges, as well as overt stigma and discrimination against SGM. Our work emphasizes research to improve global knowledge on HIV/AIDS and mental health interventions that positively impact the health and well-being of LGBT+ populations.

STORIES

KENYA

Abraham Barasa, commonly known as Pastor Abu, is a 30-year-old ***boda boda***[1] driver and a pastor at the Whole World Ministry Church in Trans-Nzoia County, Kenya. Pastor Abu grew up with the idea that a failure to be an upstanding moral Christian would result in HIV, a punishment from God to endure a miserable death, a view he continued to propagate during his early years as a pastor. While training as an ***HWO***[2] with the ***SACCO project***[3], Pastor Abu was faced with views of HIV that contradicted his own and came to understand the reality of HIV transmission. Through peer-to-peer interactions and health educator-led discussions during boda boda SACCO meetings, HWOs like Pastor Abu play a vital role in challenging misconceptions about HIV and ***COVID-19***[4] among the boda boda drivers in their communities.

The SACCO training sessions encouraged Pastor Abu to sensitize his congregants about HIV and become a resource for health information in his community. Since then, Pastor Abu has embraced his role as an HWO and takes every opportunity to speak about prevention, care, and treatment of HIV, even partnering with other communities to reach more boda boda drivers. Pastor Abu also noted that thanks to their engagements as HWOs, boda boda drivers are now perceived as important members of their society rather than a public nuisance.

574 SACCO members tested for HIV

“I now take it upon myself to use every opportunity I get to demystify myths around HIV.”

- Abraham Barasa

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[1] local motorbike transport

[2] Health and Wellness Officers are health champions who receive basic training on HIV prevention and treatment. They encourage their peers to participate in HIV testing and other health-promotion initiatives within the SACCO.

[3] The Health and Wellness Savings and Credit Co-operative (SACCO) Project was launched in 2019 to increase HIV testing and treatment among boda boda operators in Trans-Nzoia County in Western Kenya.

[4] HWOs received additional training on COVID-19 during the early days of the pandemic and were a critical community resource for dispelling disinformation and rumors about the virus.

UGANDA

In 2003, at the age of 14, A.R. was abducted by ***LRA***[1] rebels from her aunt's home. During the insurgency, the LRA abducted, mutilated, and psychologically and physically tortured Northern Ugandans, using tactics such as sexual and gender-based violence and the exploitation of children for military and sexual purposes. Victims were left with severe health care needs that prevailed long after the LRA left the region. In captivity, A.R. was physically and sexually abused and forced to harm others against her will. Now A.R. is and married and has children, but she continues to suffer from her experiences.

A.R. was still plagued by nightmares about the people she harmed, and experiencing ***psychosomatic symptoms***[2] when she joined our Trust Fund for Victims project, which provides integrated ***physical***[3] and ***psychological***[4] rehabilitation for LRA victims in Northern Uganda. After being referred to a HealthRight mental health specialist by a ***CHEW***[5], A.R. was diagnosed with PTSD and depression and began treatment soon after. With the help of medication and therapy, including a home visit to help her husband understand her condition, A.R. started down the long road of recovery. When the COVID-19 pandemic interrupted her treatment, and the total country lockdown caused her to develop anxiety, A.R. almost had a relapse. But her care team quickly adapted and guided her through this time using first phone calls and eventually socially distant home visits. After almost a year of treatment, A.R. is starting to feel better – her pain is gone, she can sleep through the night, and says she finally feels happy.

925

beneficiaries enrolled in psychological rehabilitation

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[1] The Lord's Resistance Army is a rebel group that originated in northern Uganda and whose acts of violence resulted in the displacement of nearly 95 percent of the Acholi population in three districts of northern Uganda.

[2] A.R. experienced physical manifestations of mental illness, such as headaches and stomach pain

[3] We partner with Help a Child Face Tomorrow, an African international humanitarian medical organization that provides medical and surgical services to rural communities in hard-to-reach areas

[4] The Peter C. Alderman Program for Global Mental Health has been active in Uganda, addressing the mental health needs created by the LRA, since 2008

[5] Community Health Extension Workers connect vulnerable and hard-to-reach communities with health services

UKRAINE

Tatiana was 29 years old when she was diagnosed with HIV. At the time she was physically ill and suffering from depression, and had no family members to lean on. So even though she formally registered at an AIDS center, her adherence to ***HAART***[1] was very low. Then, during her last months of pregnancy, she was incarcerated. A HealthRight social worker visiting the prison heard about Tatiana and referred her to our ***virtual social support project***[2] which aids at-risk women and adolescents, including those living with HIV and who are in conflict with the law.

Throughout this project, our teams found ways to provide counseling services, HIV testing and prevention, ***PrEP***[3], tuberculosis screening, case management and more, despite the pandemic. Tatiana received online counseling while in prison, which significantly increased her adherence to HAART, and coordinating with prison psychologists helped diminish fears and anxieties she had about pregnancy and delivery. The social worker also helped Tatiana's restore her relationship with her older sister and the child's father, who were waiting to support Tatiana and her newborn when she was released. In 2020, this project supported over 1,800 people like Tatiana.

147

incarcerated women received remote social and psychological services

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[1] Highly Active Antiretroviral Therapy is a combination of multiple antiretroviral medications to treat HIV.

[2] Funded by the Elton John AIDS Foundation, this project is responding to COVID-19 by adapting current programs to virtual services, distributing personal protective equipment, and strengthening coordination among community-based organizations who support vulnerable populations.

[3] Pre-Exposure Prophylaxis is medicine that is highly effective in preventing HIV infection, and is often taken by HIV-negative people who are at high risk of infection

UNITED STATES

When ***Anita**** was 25 years old, she fled her home in El Salvador. After surviving assaults, harassment and death threats, she decided to make the arduous journey to seek asylum in the United States, where she hoped to live freely as a transgender woman. However, reaching the U.S. border did not bring the security she so urgently sought. The Trump Administration's ***efforts to eviscerate the U.S. asylum system***[1] instead forced Anita to remain in Mexico for over a year without seeing a judge. While waiting for her asylum hearing, she continued fearing for her life, fending off continued persecution and attacks for being transgender.

Despite these challenges, Anita was among the lucky 4% of asylum seekers stuck at the U.S.-Mexico border to obtain legal representation. Her attorney reached out to HealthRight's Human Rights Clinic (HRC) for help building the vital evidence Anita would need to present a compelling asylum claim. Leveraging the ***remote evaluation systems developed in response to the pandemic***[2], the HRC deployed a physician and psychologist as expert witnesses who met with Anita via telehealth. Each clinician provided a ***forensic evaluation***[3], translating Anita's scars and symptoms from a lifetime of abuse into key evidence used to corroborate her claim for asylum. With her attorney's tireless advocacy, Anita finally crossed into the United States in early 2021 to pursue her right to seek asylum. Though her case is not over, we are grateful to play a role in Anita's journey to safely live her truth.

"I want to live my life as the person I am, as Anita. I want to live without fearing, every day, that I will be killed. I want to be treated like a person, with the respect, dignity, and rights that everyone else has. For me, that is only possible in the United States."

** Name and other information changed to protect the client's identity.*

[1] Anita was swept into the Trump-era Migrant Protection Protocols (MPP) program, which sent asylum seekers at the U.S.-Mexico border to Mexico to wait for the duration of their immigration court proceedings. The Trump Administration subsequently used its public health authority during the pandemic to ban asylum seekers from entering the country indefinitely. At the time of writing, the Biden Administration initiated efforts to roll back MPP and began permitting asylum seekers, including Anita, to enter the country.

[2] In 2020, the HRC adapted its operations to take place remotely, developing best practices for using telehealth to conduct forensic evaluations for asylum seekers, and remotely training 45 new health professionals to provide these critical services.

[3] HRC-trained clinicians provided 189 forensic evaluations in 2020

EVENTS

In early 2020, the Ukrainian Foundation for Public Health (HealthRight's Ukraine office) won the government tender to implement the *Kyiv City Program: Children. Family. Capital 2019-2021*, marking a tremendous move towards ensuring the protection and rehabilitation of vulnerable mothers with young children and women in difficult life circumstances. Under this new program, UFPH enhanced its provision of day care and social housing services within Kyiv City. The project provides support staff, meals, and psychological, social, and legal services for at-risk women and children.

On September 15, the Human Rights Clinic (HRC) hosted its first *virtual panel discussion on the impacts of COVID-19 on the U.S. asylum system* for clinicians volunteering with the HRC. The panel, which included three New York-based immigration attorneys, explored the unprecedented implications of COVID-19-related policies and practices on asylum seekers, including unaccompanied minors and detained immigrants, and offered special considerations for volunteer clinicians assisting HealthRight's asylum-seeking clients during the pandemic.

EVENTS

REGISTER NOW FOR THE

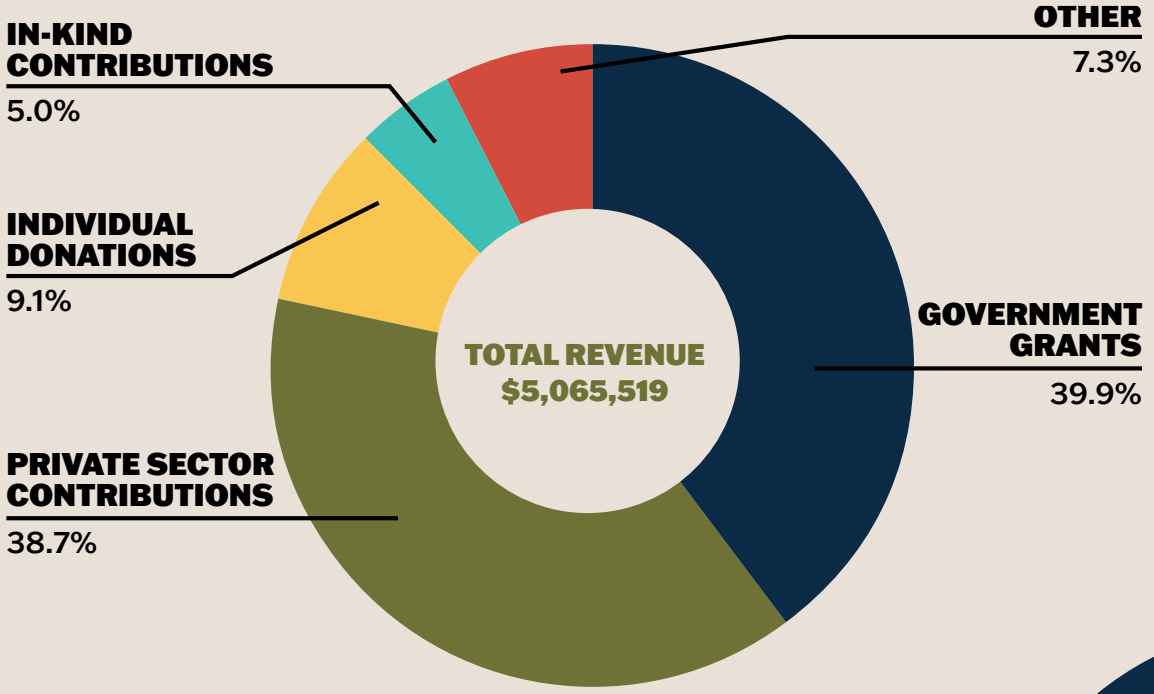
2021 HEALTH & HUMAN RIGHTS AWARDS

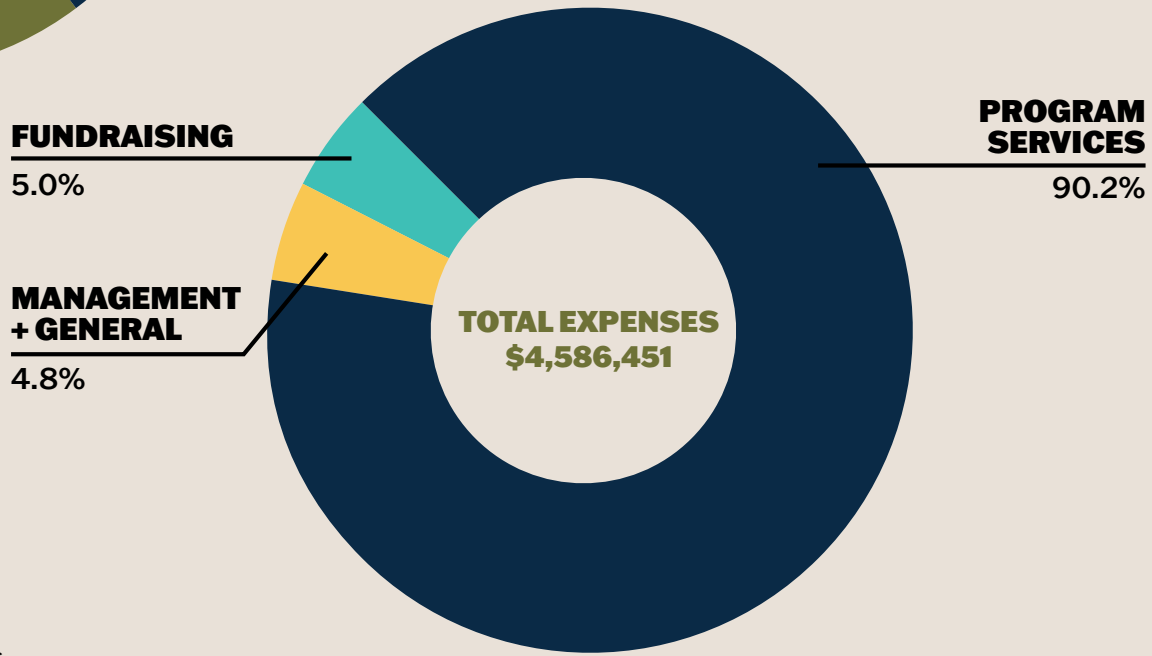
ON MAY 27!

events.healthright.org

On September 10, we hosted the first virtual *Peter C. Alderman Health and Human Rights Awards*, which raised almost $250,000 for marginalized communities. The program included insightful interviews with Laurie Garrett, Dr. Mary Bassett, and Dr. Vicki Sharp, and the presentation of the Community Partner Award to Amkeni Malindi. HealthRight and Amkeni worked to introduce PrEP (Pre-Exposure Prophylaxis) into their HIV prevention programming for male sex workers in Kenya.

FINANCIALS





CHARITY WATCH TOP-RATED

GUIDESTAR PLATINUM SEAL OF TRANSPARENCY 2020

Financial data based on unaudited cash-basis financials.
For the latest Audit Reports, please visit healthright.org/financials

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