

Inspire

Issue 44. May 2011



encouraging development
... inspiring hope

www.hada.org.au

**Health And
Development Aid Abroad
— Australia Fund Inc.**

ABN 43 739 862 351

HADA'S VISION

To see medical, educational,
agricultural and sanitation
programs established in
countries as needed.

All projects listed in *Inspire*
are tax deductible. All monies
for these projects and person-
nel involved in them are sent
in their entirety except for
bank charges. HADA does not
use these funds for admin-
istration.

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Medical Training

Dignity and Hope Restored

AFRICA

Professor Judith Goh is a busy urogynaecologist in Brisbane who travels to Africa a few times a year to train African doctors in treating women with the condition "genital tract fistula". This condition is commonly due to prolonged obstructed and neglected labour/childbirth. This terrible illness is seen in many developing countries where there is little or no health care for women during labour and delivery. On average, the women who develop genital tract fistulas labour for four days and over 90% deliver a stillborn baby. The fistula is due to pressure injury from the baby's head being in the vagina for prolonged periods of time. This results in loss of tissue between the vagina and urethra/bladder and/or between the vagina and rectum/anus. Thus, the fistula (or abnormal tunnel) between the lower urinary tract (and/or rectum) and vagina develops. This results in absolute loss of control of urine and/or faeces (in those with rectovaginal fistulas) into the vagina.

The women who develop fistulas often become outcasts, as they are an embarrassment to their friends and families. They are abandoned by their husbands and family. It is estimated that worldwide, over 100,000 women develop fistulas annually and there are at least 3-6 million women with fistulas today. The abnormal communication



between the bladder/rectum and vagina causes women to be incontinent 24 hours a day. As the majority develop the fistula during the first delivery, many are young women, often teenagers and will continue to be incontinent until it is surgically treated or until they die.

These women are poor and there are no such things as continence products. Even if there were, the women would not be able to afford them. The average income for a man in many parts of sub-Saharan Africa is \$1 to \$2 a day. As fistula women leak urine/faeces, they become abandoned outcasts.

Successful surgical closure of fistulas may be achieved in up to 90% of women in specialised fistula units. When these women become continent again this gives them a new lease of life with hope for the future and an opportunity for them to integrate back into the communities and their families.



Judith first started to learn about the management of genital tract fistulas in 1995, when she spent six months in Ethiopia. Since then, she has travelled to developing countries (including Bangladesh, Tanzania, Sierra Leone, Liberia, Democratic Republic of Congo, Uganda) to assist women with fistulae and vaginal prolapse, and also to up-skill the local health practitioners. Each time Judith travels to one of these African countries she will, on average, treat about one hundred women over a two to three week period. The funds raised

through this current project will aid Judith to train more local African doctors in this specific surgical skill and enable many more women to be healed from this dreadful condition. All in all, it is giving these (mostly younger) women back their dignity and hope for their future.

Tax Deductible Gifts

HADA is a Gift Deductible Recipient registered with the Australian Tax Office and we have the privilege of offering donors Tax Deductible receipts for donations to approved projects.

AusAid and the Australian Tax Office stipulate the types of projects that are able to receive this status. Welfare assistance, that is the running of institutions, orphanages and like activities are expressly excluded; whereas assistance to a community that will help the whole community is tax deductible. Sponsoring children to go to school without other projects in the village is not permitted. If a project includes micro credit, clean water supply and sponsoring of children tax deductibility is acceptable.

Because all HADA staff are volunteers, and no salaries are paid, we are able to send all the funds in their entirety to the project except for bank charges levied against us when transferring the funds overseas. On some occasions small amounts of funds are hand carried to the projects when a board member is visiting them.

All HADA projects are run by people who are personally known to members of the board and applications go through an examination process before being accepted as a HADA project. All managers of projects are required to submit three monthly reports.

We value our Gift Deductible Recipient status and carefully look at all projects to see if they fit the criteria laid down by the Australian Tax Office.

Some donors like to leave the distribution of their funds to the HADA board and send gifts marked "where most needed". This allows us to help a specific project when a need arises and having this discretion is very much appreciated.

I trust that this explanation of Tax Deductibility is helpful to you in understanding how the system operates.

We highly value your confidence and trust in us and thank you for your donations over the past 10 years.

Thank you.
Neil Young,
President

Excitement Turns to Frustration

INDIA

HADA's gift of almost \$5,000 for the boring of a new well at the Ashir Orphan Home in Bhongir, Andhra Pradesh, caused great excitement among the 70 orphans and staff. For some months they had been struggling to get water due to a broken bore, but now there seemed to be hope that water would soon be flowing.

With machinery in place and a banner prepared out of gratitude, everyone patiently waited as the bore went down metre by metre until the target depth was reached: 300 metres. And then — nothing! Not a single drop of water and over half the money spent in vain.

You can understand the frustration that everyone must have felt, and the sense of being lost in an ocean of helplessness as staff confronted this critical situation.

A neighbour to the rescue

After consultation with a neighbour who has an abundant supply of water, he agreed to allow the Home to connect to his supply — for a price, of course. Together with what remained from the HADA funds, a further one-off \$6,000 is needed to connect to the neighbour's supply. Then it's only monthly electricity bills.

If you would like to contribute to this 'Water of Life' project, then please check out the online contribution page at the website below or use the form attached to this newsletter. Thank you for your interest in encouraging development and inspiring hope.

<http://www.hada.org.au/online-donations/order>

If you would like to receive Inspire via email instead of through the post, please let us know: hada@pobox.com

Girls' Hostel

GOOD SHEPHERD AGRICULTURAL MISSION

NORTH INDIA

The Good Shepherd Agricultural Mission is a family-owned and run orphanage home for over 100 children in North India. They have been operating for over 60 years and are now in their third generation. The orphanage is mostly self-supporting thanks to the sale of crops grown on their farm. While day to day running costs are raised by the orphanage it does need financial assistance when it comes to larger projects or needs.

One such need is the construction of a new hostel for the 25-30 teenage girls who are currently living in very dire conditions. Their current hostel is

made of mud brick and was constructed over 40 years ago. The asbestos roof is cracked as are the floors and many of the walls and all the wooden door and window frames have been badly damaged by termites. During the monsoon the hostel is often flooded in anywhere up to 30cm of water.

HADA is supporting the children of the orphanage through this project and the hope is that by the start of 2012 funds to the amount of \$70,000 can be raised to not only build a new hostel for the girls but also bathrooms for all the girls (as there are over 60 children who use the bathrooms in the current hostel), some store rooms and a large playroom.

For more information please check *The Good Shepherd Agricultural Missions website: www.IndianOrphanage.com*



Some funds from HADA have been donated to the need in Japan following the recent disasters there.

How Do They Survive?

MONGOLIA

I wonder what you think of when you hear of the country of Mongolia. Neil and I are very excited to be here, but it is certainly not quite what I imagined.

It is the season of spring but to date there is very little indication of green shoots in the brown grass. There are very few trees to be seen and those in the city of Ulaanbaatar are still looking naked as they await their covering of green.

Instead of warm days the temperatures hover around the zero mark. In the past week we have had three days of snow, two of wild winds when the snow and we were blown about, and the remaining days were delightfully cool with amazing blue skies and sunshine.

How do the people survive? We were able to stay in warm gers, the round houses typical of this country. However, there are many poor people who do not have warm gers, who do not have sufficient food for their children, and who struggle during the nine months of winter.

Good Neighbour Society (GNS) is an NGO in Ulaanbaatar, and the staff have a real heart for the Mongolian people. We were privileged to spend time with Mark Jennings, the Executive Director of GNS and he took us to see what real life is like here.

For the past ten years GNS have been running a 'Feeding Program' in a small hall for children from poor homes in the Hailast district. The local authorities monitor who the poor families are and which children are able to be included in the program. At lunchtime 100 boys and girls, sometimes accompanied by a parent or grandparent, come for a generous healthy lunch of meat, vegetables and rice. They are given milk to drink and vitamins. The children appreciate the food – none is dropped or wasted.

Dr Dellgermaa has been with GNS for many years and loves these dear children and their families. She gives regular medical checks, supplies medication when necessary and teaches the children about health and hygiene. A dentist comes twice a year to check their teeth and over a period of time staff are able to see an improvement in the children's skin, health and hygiene.

So much more could be done, and so many more things are being planned. GNS wants to be able to help the parents and families but with the small hall it is not possible to expand their work. To this end they are endeavouring to raise support so that they can purchase

their own building. With larger premises they hope to be able to continue with the feeding program but also include after-school care, English, computer and craft classes, micro enterprise to help the families, and training in job skills.

Another exciting project being planned is a FUN program run-

ning over a one year period. The idea is to encourage families to do things together and parents will be taught and encouraged to play and interact with their children. They want neighbours to be aware of, and care for each other — to build healthy communities.

All this is in the planning, but cannot become a reality until larger premises are found. Some funds are in hand but not sufficient to purchase and refurbish a building with land around it. There is excitement at what can be achieved and staff are trusting that within six months they will be able to locate suitable premises in the same Hailast district and expand their help and encouragement to the poor families in the area. Gifts to this Community Centre in Ulaanbaatar are tax deductible.

by Jeanie Young



Current HADA Projects



All projects listed here are approved for tax deductibility

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Africa

Medical Training

Manager: Dr Judith Goh

- Training African doctors in treating women with genital tract fistula.

Cambodia

Siem Reap.

Manager: Valéria Pires

- Bridge of Hope: Working with families and communities to prevent children at risk becoming street children.

Phnom Penh.

Manager: Martin Aerne

- Vocational Training Program: Tailoring Workshop, Metal Workshop and I.T. Support / Customer Service.

China

Kham Health Associates, Sichuan Province.

Managers: Keith and Barbara Richardson

- Disaster Relief: help in the form of food, blankets, shoes and shelter.
- Yak loans and shelters.

Bridgewater Care, Guiyang.

Manager: Karen Kirkland

- Hospital and community-based physiotherapy/rehabilitation training for recently disabled individuals from stroke, head injury, spinal cord injury and neuromuscular disease..

Democratic Republic of Congo

Heal Africa, Goma

- Equipping a new hospital.

India

Maxton Strong School, Banbassa.

Manager: Rick Shipway

- School buildings for orphans and local children.

Vocational and Career Development, Orissa.

Manager: Bill Watson

- Construction of Shepherd International School for very poor children.
- Construction of Jeevan Jyoti Ashram home for orphaned children.

Ivory Coast

Literacy Project.

Manager: Alfred Koussi

- Literacy for adults.

Kazakhstan

HADA, Astana.

Manager: David Pichotta

- Alcoholism: Education, literature, and support groups for alcoholics and their families in order to break the cycle of this devastating problem.
- Open Doors Community Centre: a place to gain employable skills and life skills for young adults, couples and parents.
- Valueology teaching: assisting schools by providing teaching materials, and teaching values to teenagers and students.

Mongolia

Good Neighbor Society, Ulaanbaatar.

Manager: Mark Jennings

- Feeding poor children; Mobile Library; Animal Replacement Project; Food Distribution; Kindergarten Project; Educational Projects; Micro Loans.
- Purchase of building for GNS programs.

Nepal

International Nepal Fellowship, Dang Province.

Manager: Dr Julie Lincoln

- CATS: Community development; environmental health; TB patient hostel; youth awareness program and scholarships for poor children.
- Leprosy/rehab project: care of leprosy, general disability and burns patients; footwear provision; training government health workers; income generation.

Zambia

Oasis Care Project, Ndola.

Manager: Margaret Parry.

- Oasis Care Project - market garden for orphanage.

**Please make your cheque payable to
HADA Relief Fund.**

**Do not include the name of the
person or project on the cheque.**



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**Health and Development Aid Abroad –
Australia Fund Inc.
PO Box 733
Ashmore Qld 4214
ABN 43 739 862 351**

I would like to make a donation to HADA
(please mark the appropriate boxes)

Non Tax Deductible gift. Make your cheque payable to **HADA Fund**

HADA General Fund \$

Tax Deductible gift. Make your cheque payable to **HADA Relief Fund**

Make a Tax Deductible gift of \$ for general project distribution

Make a Tax Deductible gift of \$ for
(person or project)

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CVV (last 3 numbers on back of card in signature block) Expiry date/.....

If paying by credit card, please complete all sections.

Credit card transactions will show as **Strata Pay** on your statement.

***We reserve the right to use designated gifts for another project if the
one identified is sufficiently funded or closed.***