



SPRING 2019

productive cooperatives HAITI

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The Foundation for International Development Assistance
Fondation pour le soutien du développement international



EDITORIAL...

As I write this, the people of Haiti are railing against the corruption of their politicians and the resulting affect on their day to day livelihoods. The world responds by issuing Level 4 Travel advisories. Airlines cancel their flights to and from Haiti. Once again, abandonment is the punishment for the cry of the poor.

In times like these, we must remind ourselves what we are called to be and to do. We are called to have courage, to not be afraid. We are called to stand together, to be present, to never forsake those we claim to love. Such was the model of my parents, Jack and Anne Wall, who moved to this country in 1984 when they were 60 years old. They endured dictatorship, military coups, an embargo, the rise and fall of countless political leaders and the resulting economic hardships. Yet they remained. At one particular time, my mother wrote:

“Over and over again, I am asked why I am not going home. But there are those who encourage me to not give up. I won’t. When I think of the thousands of men and women and children who have a better way of life because of this work, this alone inspires me to hold fast. As Christians, we cannot turn and run whenever something goes wrong. We need to remain steadfast and work together so that there can be a better way of life for the many others. And so we encourage each other...”

I work alongside extremely dedicated Haitian people. We are *inspired* daily by the motivation of those who are tired of being poor. We are *encouraged* by each and every one of you who believe in a future that they have shaped for themselves. Together we can go far.

Kenbe la. Pa lage. Hold fast to that. Don’t let go.

~ Betsy Wall, Executive Director



NEW PILOT LAUNCHES IN FON BATIS

In May of 2015, FIDA/pcH met with members and leaders of cooperatives in four areas. Each group comprised approximately 25 participants. The discussion began:

- What health care services do you have in your community?
- What are the challenges you face in meeting your health care needs?
- What is your ideal vision for health care service for your members?
- Would you be willing to invest in this vision?

While a clinic existed in each community, respondents all noted that services were inadequate or extremely limited. There were no professionals (such as a doctor or nurse) on site, medications were few and the cost varied according to whomever was managing the clinic. There was no support at all for psycho-social or mental health issues.

The challenges were many: Sourcing transportation to a healthcare facility; Distance and mode of transport (moto or by foot) challenging for pregnant women or for emergency issues; Not seen as priority as they are a peasant; Medicines/ lab testing/ specialists not on hand when diagnosis is made and the patient is forced to wait resulting in unforeseen costs for food and accommodation; Follow up is often not an option due to the above. While there may be visiting medical mission teams, diagnosis is inadequate, treatment is for general issues, and there is no possibility of follow up; Medicines are often inappropriate and cause more harm than good; There is no investment in training the population to meet their basic health care and family needs.

There was universal consensus of the vision each group of participants had in order to meet their needs:

- A mobile clinic that would consistently come to their community.
- Access to a certified doctor/nurse equipped to diagnose their ailments

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NEW PILOT LAUNCHES IN FON BATIS...continued

- Availability appropriate medication and lab testing services.
- Most importantly, was the desire to have *training* in preventative health care, nutrition and family management. (e.g. mothers commonly believe that “nutrition” is a full stomach and so will sell their more nutritional sorghum for imported rice).
- Literacy was viewed as an avenue to increase their knowledge. While some members had received literacy through previous pcH programs, new members and new cooperatives have not had access to this precious gift.

Of significant interest was the response to whether members would invest if the services they desired were provided. Clarification was required as to how many family members would this include, would there be an age limit, who would be in control of the funds, would there be a limit to services?

With this information and over 35 years of promoting/developing the cooperative business model in Haiti, FIDA/pcH began formulating a concept that would offer the desired health care services for women, men, and children through a sustainable funding model. And we began to talk about it to anyone who would listen. In October of 2018, we were heard and were offered the resources to launch a three-year pilot by a donor who believed in the power of the cooperative model. Cooperative leaders have agreed to an annual fee of 4500 GDE per member (about \$50 USD) and to the terms and conditions of the policy. Agents are now in the field promoting the service. Renovations are underway at the staff house and clinic base.

The time has come for the community of Fon Batis to show the world what it can do.



TELEHEALTH: POWER. POTENTIAL. PROMISE

Telehealth, through this pilot, is positioned to empower people to determine the course of their own health care as it delivers medical practices and procedures to a community, no matter how remote. This service equips cooperative members with the ability to knowledgeably access and interpret material available on the “information highway,” to be more informed, and to develop capacity for critical thinking. When telehealth is available in a rural community in a country such as Haiti, the impact of disasters, whether natural or man-made can be mitigated; infectious disease outbreaks can be thwarted; Samples can be collected and sourced out to the world for diagnosis.

With telehealth, patients can literally be examined remotely by disease experts from anywhere in the world while being assisted by an onsite trained telehealth agent. Information is gleaned from patients digitally and stored/ shared electronically through USB-powered “peripherals” such as otoscopes, dermatoscopes, retinal scopes, stethoscopes, spirometers, ultra-sounds, EKG’s, blood pressure devices, and web cams.

When it comes to medical care, ignorance is always life threatening. An informed, educated, literate people, even at the most elementary and rudimentary level, create the climate for a healthier, proactive, and resourceful population. This cooperative based health service offers people living in rural, under-served region such as Fon Batis, a realistic hope of determining a visionary direction of health care for their community for generations to come. This is the future for sustainable healthcare in Haiti.





FIRST HAND EXPERIENCE OF HAITI

This past March, Kim and I, introduced our children Valancia, Solomon and Samara to a first hand experience of Haiti. This was the first time Kim and the older children were returning to the island since the devastating earthquake of 2010. Our youngest, Samara, was not yet born.

While the anticipation of the trip was leading up to fever pitch, travel plans grew complicated due to a Level 4 Travel Warning issued by the US Government as a result of ongoing protests. The risks were well understood as I had been in Haiti with a group in February spending most of the week within Wall's International Guest House as widespread road blocks and protests prohibited travel. It was with this uncertainty that we headed to Haiti.

We spent our first days visiting friends and the birth families of our two older children, and swimming at Wall's Guest House. Our children immediately gravitated towards Velandia, the daughter of dear friend and Guest House Manager, Veniel Jean. Within minutes of meeting, all were happily swimming together. Throughout our time, Velandia could be found mediating between her Creole speaking friends and her new English speaking friends, introducing them to Rummikub and Monopoly; quickly transcending any language or cultural barriers through games. It was a beautiful reminder that, despite our differences, we are naturally inclined to connect on a human level in ways that enhance and add meaning to our lives. I was thankful for my children, and Velandia, for living this truth so naturally.

A trip highlight was a visit to a spectacular natural Haitian treasure, Bassin Bleu in Jacmel: a stunning series of three pools linked together by waterfalls. I watched as Haitian friends and guides carefully hand-led our children over rocks and across streams until they reached the pools. We climbed down ropes, jumped off rocks and swam in the blue waters - an experience made special

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because of the people we shared it with. What an honour to see the guides care for our children as if their own. It was a memorable time filled with the undeniable charm of Haiti.

Since returning home, Kim and I have been processing the experience with our children. They speak about the pretty colour of the ocean and how they loved their Bassin Bleu adventure. The girls noted their joy in playing games with Veland; their brother, Solomon, in playing soccer with friends in the streets of Jacmel. The poverty that too often defines Haiti, eluded them. No mention of garbage that lines the streets of Port-au-Prince nor any sense that Haiti was lacking. What a refreshing lens through which to see this country! How proud we are of our children for their capacity to see and embrace the beauty of this country, of *their* country, and its people. We connected with the land, the people, with each other and, as a family. It was an experience we hope soon to revisit.

~ Patrick Bentrott, Executive Director, FIDA USA

AND NOW I CAN SEE...

FIDA/pcH offers a four-level comprehensive adult literacy program as a benefit to members of a co-operative. This program, now in its third year in Zoranger serves three established cooperatives. Illiteracy is one of the greatest obstacles of the poor. Without this essential tool, a person remains marginalized, frustrated and traumatized. Illiteracy is a condition that impedes human development. When men and women learn to read, to write, and to use basic mathematics, they discover their own capacity for learning. This becomes a first step towards achieving self-confidence. Confidence in self leads to confidence in others which is critical for Haiti to move beyond poverty. Through the literacy program we become aware of members who struggle to “see” well. Following an earlier eye clinic conducted by Dr. Joey Prosper and his team, a group of students from Lambton College in Sarnia, Ontario collected eyeglasses. The photo here and on the cover tells the rest of the story...





KREYÒL GARDEN INTRODUCES NEW TECHNIQUES

The Kreyòl Garden pilot is championed by FIDA/pcH partner, Foresters for Haiti, reforestation experts who embrace permaculture as an effective response for the Haitian environment particularly in the area of Duchity and Pestel. This model has a certain familiarity with Haitian farmers who have an understanding of integrating several crops or varieties in a wooded environment. However, the model introduced by FIDA/pcH is more advanced in that it addresses sustainability, respect for the environment and implications resulting from the human factor.

One of the objectives of the Kreyòl Garden pilot is to introduce and apply new techniques for participants to increase their capacity and ability to produce in quality and quantity. The project promotes the use of compost and bans any use of chemical insecticides. Training is critical to success. Cooperative members are trained on the “minisèt” technique of yam multiplication. Smooth tubers are selected and put in dormancy for a month until blisters form. Tubers are then cut in pieces of 20 to 30 grams and soaked in a solution of water, sour orange juice and wood ash. After a day of drying, they are layered in baskets of wood chips watered periodically until the pieces begin to emit buds. This process may take 22 to 30 days depending on the degree of budding initiation of the yam after the dormancy period. The baskets contain 2 to 4 layers and each layer can count 20 to 30 pieces of yam plants. Yam production is a significant cash crop in this area.

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FIDA CANADA
155 Frobisher Drive, Unit G-215
Waterloo, ON CANADA N2V 2C9
T: 519-886-9520

PRODUCTIVE COOPERATIVES HAITI (pcH)
#8 Delmas 19, Rue Mackandal
Port au Prince, HAITI HT6121
T: (509) 2209-5854 or (509) 3237-8805

FIDA USA
PO Box 2590
Evergreen, CO USA 80439
Mobile: (303) 523-4989