REAL MEDICINE FOUNDATION

ANNUAL REPORT 2012

REALMEDICINEFOUNDATION.ORG

Liberating Human Potential

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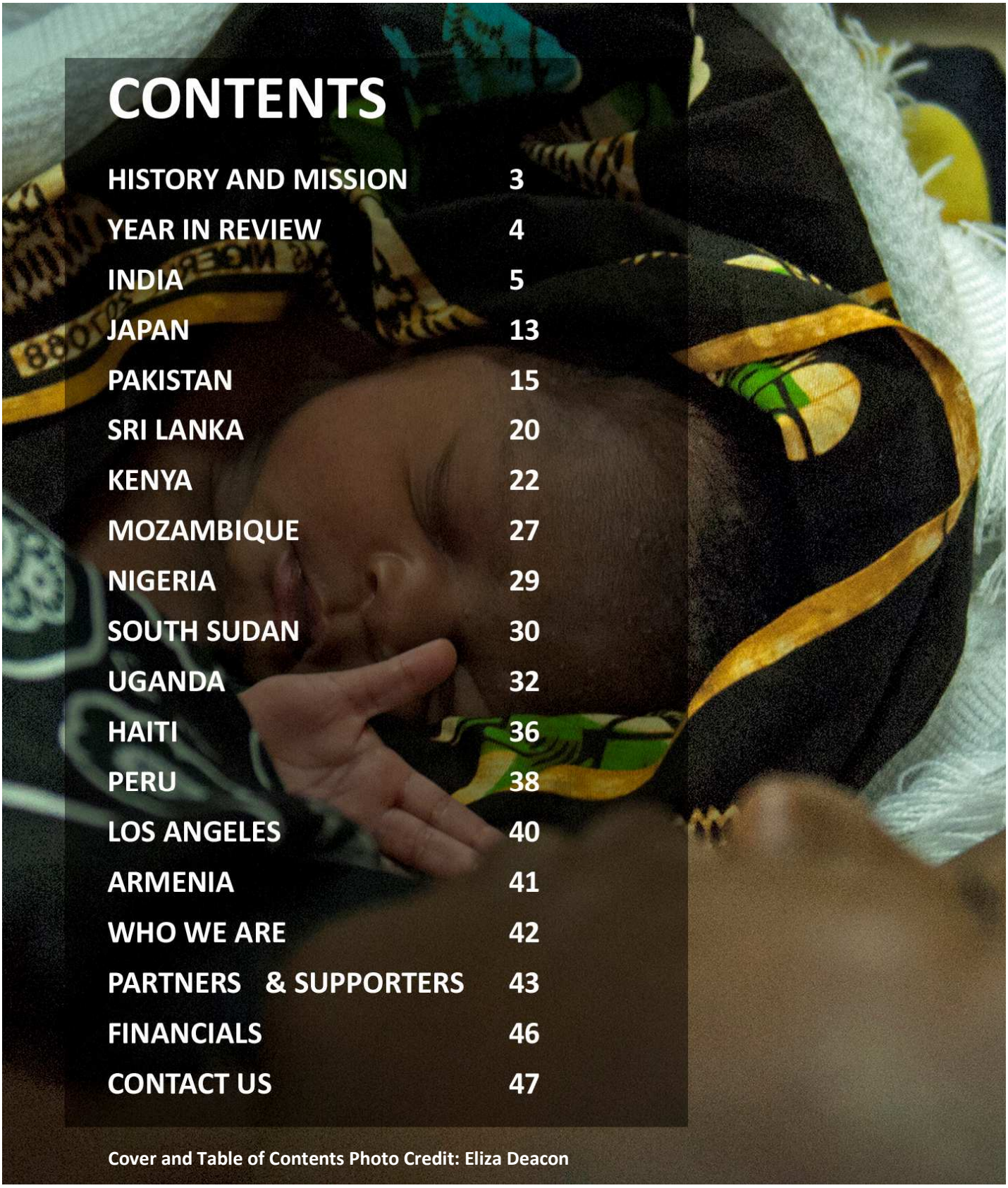

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HISTORY AND MISSION

The **Real Medicine Foundation** was founded in May 2005 inspired by lessons we learned after working for months in the Asian Tsunami relief efforts. Real Medicine Foundation provides humanitarian support to people living in disaster and poverty stricken areas, and continues to help communities long after the world's spotlight has faded. We believe that 'real' medicine is focused on the person as a whole by providing medical/physical, emotional, economic and social support.

We listen, learn, and support the long term whole health of communities most in need, and commit to projects where we will make lasting change. We believe in the human ability to transform — that the people in developing and disaster stricken areas are most capable of creating solutions to their unique challenges. We employ, train and educate locals, producing innovative solutions and strong communities that sustain and grow health care capacity, enlisting cutting edge technology and modern best practices. We ignite the potential of the people we are supporting — turning aid into empowerment and victims into leaders.

RMF's first years after inception were characterized by emergency responses to the succession of natural disasters in 2005 and 2006. It was our experience gained in the field that laid the foundation for what drives the organization today and that gave birth to our flexible and sustainable in-country strategies.

Based on today's best practice Modern Medicine, RMF utilizes a Comprehensive Integrative Health Care Model. Once survival and immediate health care needs are addressed, we establish mobile and stationary health clinics employing regional medical doctors, other healthcare professionals and supporting staff, and tailoring them to local needs. Using these clinics as hubs, we implement additional modules of care that address the priority needs of the region being served. Programs such as Maternal Child Healthcare, Malnutrition Eradication, HIV/AIDS Care, Malaria Treatment and Prevention, mHealth, and Vocational Training and Livelihood projects are introduced to build on the existing infrastructure already in place. These programs, addressing some of the developing world's most important issues, are part of RMF's commitment to treating the whole person. By staying for the longer term and by working with local staff and resources, we ensure long term sustainability, local ownership and capacity building. Since 2009, responding to needs presented to us, RMF has developed and implemented strategies for access to secondary and tertiary care, i.e. support and upgrade of hospitals, training of medical personnel, and has thus started to build health care capacity and to strengthen health systems on a larger scale. At home in the US, RMF conducts healthcare and education outreach programs in South Los Angeles.

Real Medicine Foundation's vision is to move beyond traditional humanitarian aid programs by creating long-term solutions to health care and poverty related issues. By empowering people and providing them with the necessary resources, we pave the way for communities to become strong and self-sufficient. In just seven years, Real Medicine Foundation has worked in 17 countries on 4 continents, with currently active projects in 13 countries, and has aligned with governments, international agencies, including the UN, to reach those most in need. In 2011, RMF was granted United Nations Special Consultative Status. Real Medicine Foundation is a US based non-profit public charity 501(c)(3), headquartered in Los Angeles, California, with branches in the UK and Germany, and with offices and partners all over the world.

Maternal Health and Nutrition Seminar at RMF sponsored clinic in Gure, Nigeria

YEAR IN REVIEW

Dr. Martina C. Fuchs, Founder and CEO

Liberating Human Potential.

Real Medicine Foundation: Liberating Human Potential. This might sound unusual for a humanitarian relief and development organization, but then that's what we are and aim to be: new, ground-breaking, path-finding, creating new ways and models of doing global humanitarian work.

We have been liberating human potential in our team from the very beginning, starting with my very own journey in founding our organization following my work in the Asian tsunami relief efforts: you don't know what's possible until you do it.

The people we've been attracting as our team members around the world have consistently had the willingness and courage to stretch what they believed to be their own personal limits, to think outside the box, to create new ways of doing things, to serve as pathfinders. So many of our projects would not be in existence without our team having the vision to say: *How about this? Why not? Let's just go for it! Let's make it happen! Let's be unrealistic for a second!!* And concurrently, they as persons and our organization as a whole continues to grow and expand, developing new solutions to old challenges, making the often seemingly impossible a reality.

And the same applies to the people we are supporting and working with around the world. One of our main concepts is 'friends helping friends helping friends' – treating each other, but also the people we are supporting with the dignity and respect you give to friends. And I cannot count the times I have heard, in every single country we are working in: *'I didn't know I was able to do that', 'I never thought this would be possible', 'I thought it was all over and you helped me make my dreams come true'.*

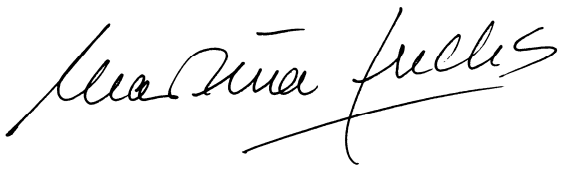
And what could be better than that… Between our more than 130 team members around the world and considering all the people we are supporting and empowering and working with across four continents, more than 35 languages are spoken, many religions and belief systems are represented, and countless cultures and perspectives are part of this - our - global network. So this does not address any specific orientation, this is the best possible thing that can happen to any human being anywhere on this planet: 'living their full potential', getting the support and being empowered to liberate that potential.

This is how we have been able to turn victims into leaders with our work, despair into hope and creativity and new beginnings and possibilities: at our Juba College of Nursing and Midwifery in South Sudan, in our massive Malnutrition Eradication project in India, in our clinics in Kenya, Uganda, Mozambique, Nigeria, Haiti, Peru, Armenia, Pakistan, Sri Lanka, in our livelihood projects and vocational training institutes in Uganda, Kenya, Japan, the hospitals we have been supporting and upgrading in Kenya, Haiti, Pakistan, the school children we offered the chance to get an education in Sri Lanka, Uganda, Kenya.

This doesn't mean that there aren't challenges, but it means that we focus on solutions: on what can be done, one step at a time, one child at a time. And the impact we are able to have is exhilarating and addictive. We proudly have been realizing how our models are picked up by others and are finding global recognition.

Liberating Human Potential! There is little we cannot do if we do it together.

Sincerely,



INDIA

INITIATIVES ■ Malnutrition Eradication & Treatment ■ mHealth

66 Local Staff across 600 villages

4,146 Village Nutritional Training Sessions held

50,837 Families counseled at special family sessions on malnutrition prevention and treatment

23,238 Children's condition improved directly because of our intervention

2,104 Children received lifesaving treatment since launch of program

CommCare Training of our 60 CNEs

Malnutrition Eradication & Treatment

RMF's Childhood Malnutrition Eradication Initiative has the largest field presence of any NGO working in malnutrition in the region, a result of strong partnerships with government, NGOs, businesses, and most importantly, local communities. Into its third year, our program continues to go strong. Our team of 60 Community Nutrition Educators (CNEs) and 6 District Coordinators is covering enormous ground every week across 5 districts and 600 villages in Madhya Pradesh. Madhya Pradesh carries India's highest malnutrition burden, with 60% of its children under 5 malnourished - approximately 6 million children whose futures are at risk. Our strategy continues to be closing the gap between the resources available and the families who need them by focusing on the basics of malnutrition awareness, identification, treatment, and prevention and inserting simple, but innovative technologies and practices.

After a full review of our processes and data collection systems from the first year of the program we introduced new, more streamlined and intuitive reporting formats in order to ease reporting for our staff and facilitate their counseling. This positioned our team to be ready to integrate more advanced mobile phone reporting technology into the program. With the increased accuracy of our reporting, we are now very well positioned to analyze our data quickly to adapt to the rapidly changing landscape of malnutrition in our target districts.

mHealth – Utilizing Technology to Make our Program More Effective and Adaptable

In 2012, following the successful completion of our pilot study using mobile phone based data collection through CommCare, RMF and Dimagi Inc. agreed to expand our partnership to include mobile data collection from all of our CNEs. After donating 70 mobile phones to our project, Dimagi sent a field fellow to help train all of RMF's CNEs on the use of the CommCare technology.

As demonstrated by the pilot rollout, CommCare enables more versatile data management and analysis than our paper based system had. With the mobile phone data entry, all of RMF's information is available in real-time through an online dashboard for all program staff. In addition, CommCare HQ provides better supervision of RMF CNEs, giving instant information on the amount of time each CNE spends counseling, which topics they cover, and the follow up rate with each case. These indicators give us hard data on individual staff performance, and allow RMF to train, communicate, and support staff with more information and guidance.

CommCare data collection platform on RMF CNE's mobile phone

INDIA

INITIATIVES ■ Malnutrition Eradication & Treatment ■ mHealth

On May 17-20, 2012, RMF began our scale up by training all 60 CNEs on the use of mobile phones with CommCare. Over three days, the CNEs familiarized themselves with the new technology and began collecting information on children and referrals in the community. After successfully training and rolling out CommCare with all of RMF's CNEs, RMF immediately began to record data remotely, giving us comprehensive data recording in real time from all of our staff for the first time since our program began. As a direct result of this data, RMF's program became instantly more efficient, and was able to more actively follow up with children in need of our support.

Previously, our response relied on phone call alerts from CNEs to their coordinators, which were then relayed to the program managers for assistance. However, with the real-time data available on CommCare, RMF management is now able to identify serious cases of malnutrition, their name, and village remotely, and then actively follow up with the CNE immediately. In addition to the regular reports received by the CNEs, this combination of top down supervision with bottom up reporting has made our program more responsive, versatile, and effective.

RMF CNE in the field using CommCare app to collect Malnutrition data

Since the CNEs started using the phones to collect data, RMF now has a digital database containing the vital information of over 6,000 children we are currently tracking. On each visit, each CNE updates the status of the child, and from our web-based dashboard, CommCareHQ, and the downloadable data, we are able to get a clearer understanding of how many children are malnourished where, whether they have any complications (such as diarrhea or other illnesses), and how they are improving over time.

Community Management of Acute Malnutrition Pilot with the Madhya Pradesh Department of Women and Child Development

Since the beginning of our program in 2010, RMF has worked very closely with our partners in the Government of Madhya Pradesh (MP) to streamline and improve the treatment of malnutrition in the state. Lessons from RMF CNEs in the field are shared with government officials to promote best practices in prevention and treatment of malnutrition in our target districts and beyond.

RMF management staff worked with the Atal Bal Aroyga Evam Poshan Mission (ABM), Madhya Pradesh's flagship scheme for the prevention and treatment of malnutrition, to lay the groundwork for a Community Based Management of Acute Malnutrition (CMAM) pilot using Ready to Use Therapeutic Food (RUTF) for community based treatment of malnutrition in our target villages. By implementing CMAM, the ABM and RMF will initiate a new method for treating SAM (Severe Acute Malnutrition) children, one that does not require long hospital stays and can be easily followed at home.

RMF began consultation with officials from the MP government and our academic partner, the Indian Institute of Health Management Research (IIHMR), in 2011 to design an operational research study to test the effectiveness of CMAM in the current Integrated Child Development Scheme (ICDS). Based on the results of this pilot, RMF and IIHMR will publish a report that will directly contribute to the implementation of CMAM across MP, helping the government to directly and effectively treat the estimated 600,000 SAM children in MP.

In December of 2012, RMF's pilot was officially sanctioned by the Government of MP. Estimated to begin in June 2013, RMF's study will run for six months and treat 2000 children across 400 villages. After a successful demonstration of CMAM with RUTF, RMF hopes to change the landscape of SAM treatment in India. Previous programs using RUTF in Africa and other Asian countries have shown that, with proper counseling and monitoring, the use of RUTF in CMAM programs has a success rate as high as 80%.

Summary of accomplishments over the past year:

- 2,676 children with SAM (Severe Acute Malnutrition) identified and families counseled; 10,186* since the program began in 2010
- 4,440 children with MAM (Moderate Acute Malnutrition) identified and families counseled; 26,265* since the program began in 2010
- Overall improvement in 23,238 identified children in the two years of operation
- 717 children who received lifesaving treatment at Nutritional Rehabilitation Centers (NRCs), 2,104 since our program began in 2010
- 4,146 village nutrition training sessions conducted, with over 27,302 people in attendance
- 50,837 family counseling sessions conducted on topics such as nutrition, public health services, breastfeeding, and hygiene

* Total number of children identified since our program began was modified after RMF conducted on internal audit of Monitoring and Evaluation Practices

INDIA

INITIATIVES ■ Malnutrition Eradication & Treatment ■ mHealth

Success Story: Anitha

One of the largest challenges facing families in RMF's target districts in Madhya Pradesh is the semi-arid climate of the area. Although the soil is quite fertile, and seasonal farming provides most families with a basic livelihood, the dry season forces many families to migrate to city centers and construction sites for labor jobs to supplement their income. In Chervi village in Meghnagar block of Jhabua district, Anitha's family faces the same problem. Three generations live in the same house, working their land in the rainy season to grow corn, wheat, and other crops. In addition, the family also has livestock, keeping three buffaloes for milk and labor.

Even with this stable source of income, Anitha's parents choose to migrate for much of the year to work on road construction projects in neighboring Rajasthan. In order to maximize their earnings, the family travels with their children, including all of Anitha's brothers and sisters. Unfortunately, 18-month-old Anitha, who was already on her way to severe malnutrition, was left behind in the care of her grandmother.

RMF CNE Premlata had already watched Anitha recover from malnutrition once before. Under her counseling and guidance, Anitha had spent 14 days in an NRC (Nutrition Rehabilitation Center) over a year ago to recover from her first brush with malnutrition. Unfortunately, because of the family's travel and the burdens of her siblings and cousins, somehow Anitha slipped back into SAM. During a regular spot check to the village, Premlata brought the whole RMF team to help with Anitha's case.

Anitha on Admission to the NRC

Anitha's grandmother was reluctant to bring her to the NRC because of her obligations at home. In addition to her cattle, she also had to care for Anitha's cousins, whose parents were also migrating, and her ailing husband. After meeting with her several times and counseling her on the severity of Anitha's condition, she desperately exclaimed for someone to just adopt Anitha.

RMF staff worked with the village leadership to convince Anitha's grandmother to at least take her to the hospital for some tests. Once there, the hope was that she would consent to stay and continue with Anitha's treatment. Unfortunately, that was not the case.

After one night, the grandmother was insistent on leaving the hospital. Even though doctors explained how critical Anitha's condition was, her grandmother was under tremendous pressure to return to her village. All too often in these communities families are faced with impossible choices. How do you balance the work required to keep the whole family alive and healthy while staying for 14 days in the hospital? Without support, who can care for the elderly members of the family? Who will cook the meals for the other children whose parents are away for work?

Unfortunately, faced with these challenges, Anitha's grandmother chose to leave the hospital. Since the beginning of our program, RMF has worked diligently to maintain partnerships and relationships with the district government and officials working on child health and malnutrition. Without their support, RMF's work would be impossible. In addition, as RMF works towards integrating our model into treatment of malnutrition across the state, feedback from our government partners is critical for our success. Faced with Anitha's situation, this partnership was about to reach a new level.

After several consultations, the district administration decided to take responsibility for Anitha's case. Between the Chief Medical Health Officer (CMHO), District Program Officer for Women and Child Development (DPO-WCD), and the District Collector (DC), a plan was put in place to monitor Anitha's care throughout her stay in the hospital. Anganwadi workers from nearby villages were engaged to stay with Anitha during the day. Auxiliary nurses and other health staff were dispatched to stay with her at night. Between both departments and RMF, over 15 individuals took personal responsibility for Anitha's recovery.

In addition, the block administration in Meghnagar worked towards finding Anitha's mother. Mobile phone coverage is rare and many of the

INDIA

INITIATIVES ■ Malnutrition Eradication & Treatment ■ mHealth

migrant workers are nearly impossible to reach while on migration, but somehow word of Anitha's condition reached her mother. After several days of trying, Anitha's mother reached the Jhabua NRC to assume care of her daughter. In addition to the wage supplementation the family received while in the NRC, she was also given an additional assistance package from the District Collector to help offset her lost income.

While Anitha has a long road to full recovery ahead of her, her case is the best example of what resources can be mobilized to save a child's life. Without the strong relationships in the community, with the district government, and with individual government workers, RMF's efforts and intervention would not be possible. While Anitha's story is one of many successes we have had, her path to recovery is a great example of how it often 'takes a village' to help a child survive.

Anitha with her mother 2 weeks after admission

INDIA

INITIATIVES ■ Naiara's Rahul Trust

Medical and Financial Support to Children from RMF's Target Villages

66 Local Staff across 600 villages

7 Children with Serious Conditions Treated at Specialty Care Centers

15 Children and Their Families Provided Long Term Support for Medicines and Treatments

Ashish had a metal fragment threatening his sight removed

"During my months in Jhabua, halfway between New Delhi and Mumbai, I met and had the chance to support many children and their families. Each of them with different conditions, different ages and different ways of being, my heart is theirs. We tried to help them all, many of the times with a high success."
– Naiara Tejados, RMF Volunteer and Founder of "Naiara's Rahul Trust"

Providing Support To Children Requiring Secondary and Tertiary Care

RMF's Community Nutrition Educators work in 600 villages across 5 districts in Southwest Madhya Pradesh. As part of their work, they engage in community case finding for children suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). Illness is a significant contributor to malnutrition in our target communities, and after three years of work RMF's staff has become known in their communities as a resource for health education, questions, and assistance. As part of RMF's philosophy of treating a community as a whole, many children with other medical problems seek out RMF staff for assistance.

To that end and with a generous donation from our former volunteer Naiara Tejados, in 2012 RMF established "Naira's Rahul Trust".
Named after Rahul, a child who touched all of our hearts but eventually succumbed to tubercular meningitis, RMF works towards preventing mortality from all diseases, not just malnutrition, in our target communities.

With this fund, children in need of secondary or tertiary care at private facilities are supported. Unfortunately, in most of our target areas, public facilities cannot treat serious health problems and don't have advanced diagnostic equipment, and the cost of transportation, treatments, medicines, and subsequent follow up visits is too much for families to afford. However, there are many excellent facilities where treatment is available at relatively low costs.

In 2012, RMF provided support to 15 children outside of our malnutrition treatment and education program. Located in our target villages, these children suffered from a variety of medical problems, including congenital heart defects, cataracts and other eye problems, skin disorders and infections, and mental development disorders.

INDIA

INITIATIVES ■ Naiara's Rahul Trust

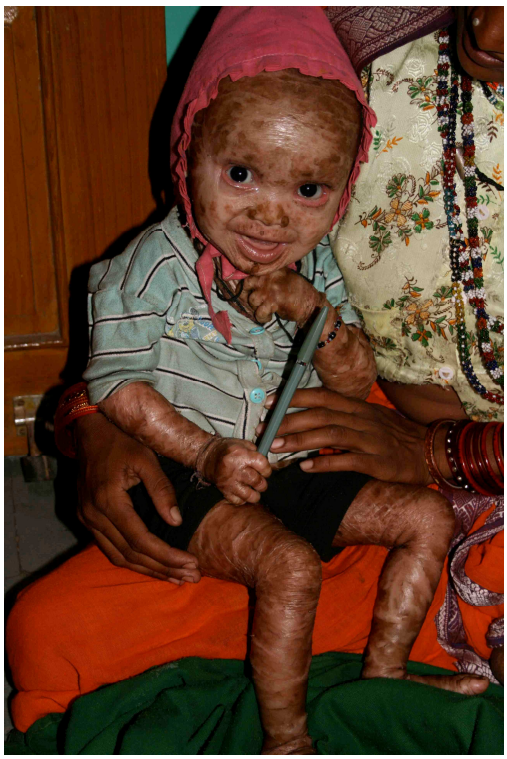
Success Story: Jitendra

When RMF first identified Jitendra, he was an 8 month old child suffering from Severe Acute Malnutrition (SAM) in Nani Barwani in Barwani District. In addition to his malnutrition, the family revealed that he had suffered from a constricted anal opening since birth. Although the problem was surgically corrected at the hospital where he was born, Jitendra was still unable to pass stool and had a large mass in his abdomen.

RMF staff took Jitendra to the M.Y. (Maharaja Yeshwantrao) Hospital in Indore, a large government hospital with specialty care facilities and a pediatric surgeon. Because of his malnutrition the doctors where not ready to place Jitendra under anesthesia to perform corrective surgery. Instead, they provided his family with medication and a dilation kit to remove the mass and allow Jitendra to pass stool.

Jitendra completed two rounds of treatment at the Nutritional Rehabilitation Centre (NRC) in Barwani and continued to gain weight at home. With RMF support he was taken back to M.Y. Hospital for two follow up visits. With his family's diligent care, and the support of RMF's Community Nutrition Educators, Jitendra's condition has improved to the point where the surgeons expect his condition to improve with dilation alone.

Success Story: Munna



Munna was first identified and diagnosed with Ichthyosis by RMF CEO Dr Martina Fuchs at an RMF health camp in Barwani District, Madhya Pradesh when he was 10 months old. Initially, he presented with a deep, scaling rash over his entire body. After taking Munna to a specialty care facility in Indore, the diagnosis of Ichthyosis was confirmed; Ichthyosis is a rare disorder that prevents the skin from retaining moisture and causes scaling. Although Munna's initial condition looked grave, Ichthyosis is actually treatable, and, with RMF's support, Munna was seen by specialists at CHL Apollo Hospital and given a course of treatment. With the help of his remarkable parents, who bathe him with special soap and apply moisturizing therapy to his skin three times a day, Munna is on the road to recovery. His skin has already shown dramatic improvement over much of his body, and he has more freedom of movement and comfort than when he first came to the attention of RMF.

One final step remains for Munna: once his skin has recovered completely, surgeons will graft skin to his eyelids. Unfortunately, as a side effect of his condition, Munna's eyelids never developed completely, and he is in need of surgical correction.

Every month, Munna travels with his family to Indore to receive his medication and follow-up visits with the dermatologists, optometrists and surgeons. While he is not yet ready for surgery, he is recovering and we hope 2013 will see him restored to full health.

INDIA

INITIATIVE ■ HIV/AIDS Prevention & Treatment

Provided HIV/AIDS counseling/testing for more than 2,000 individuals

Care and support to over 306 HIV patients, including 21 children

RMF HIV Education Materials Handout

Background

RMF's HIV/AIDS program was started 6 years ago and has been providing HIV/AIDS awareness, prevention, counseling, testing, and treatment services to hundreds of community members per month. We have the most integrated Public Private Partnership for HIV/AIDS services in the State of Madhya Pradesh with an Integrated Testing and Counseling Center, a Link Antiretroviral Treatment Center, and a 'DOTS' Treatment Center for Tuberculosis (often occurring in HIV+ patients). Since its inception, our care and support program has assisted over 306 HIV positive individuals with medical, psychosocial, and livelihood generation services. We specifically tailor our program to the needs of the tribal communities we work with, addressing the needs of vulnerable populations such as children, migrants, truckers, and female sex workers.

In 2012, RMF completed the full transition of our HIV programs to local partners. In 2006, when the program began, there was no functional HIV outreach, awareness raising or treatment program for any People Living with HIV/AIDS (PLHAs) in Jhabua district. With RMF support, the district now has:

- A fully functioning Link-ART Center at Jeevan Jyoti Hospital with a second sanctioned for the Jhabua District Hospital.
- An additional DOTS Treatment Center for TB treatment in Meghnagar.
- A fully functioning outreach program aimed at Female Sex Workers (FSW), including the formation of the first FSW Community Based Organization in Jhabua.
- A District Level Network for PLHAs (DLN), which was set up with RMF support, to provide psycho-social, livelihood, and political support to People Living with HIV/AIDS in Jhabua.

RMF is pleased that local ownership, both from the government at the district and state level and from local individuals, in this initiative has been strong enough to allow for transition. Now, because of the seeds planted in 2006 and the structures we implemented, local leaders are in a better position to support this program, as well as expand as needed by the local population.

2011-2012 Update:

Continuing in 2012, RMF is working closely with government partners to shift the Link ART Center from Jeevan Jyoti Hospital to Jhabua District Hospital. This move will ensure the long term sustainability of our program, which will now be fully funded and run by the national and state government. In addition to our support of the District Hospital, RMF will also be working more intensely to build the capacity of the local and state level network of People Living with HIV/AIDS (PLHA). Founded with the help of RMF in 2008, the Jhabua District Network of People Living with HIV/AIDS has over 200 members and is now receiving funding independently from the Global Fund and the Public Health Foundation of India. The first patient in RMF's treatment program, Rajpal, has been elected President of the State Level Network for Positive People. RMF has promised the network to provide training and capacity building of staff and is looking into implementing new programs in partnership with the network. This move will ensure local ownership of the program and allow PLHAs to have an active voice in their care, support and continued healthy living.

INDIA

INITIATIVES ■ Adolescent Girl Outreach Program

First pilot workshop for 44 adolescent girls

Girls gather in circle to listen and share stories

Adolescent Girls Outreach Program

RMF's outreach workers (Community Nutrition Educators, CNEs) for our Malnutrition Eradication Program cover 600 villages and counsel pregnant and lactating women on their diet and care in addition to the mothers and families of malnourished children. The counseling of adolescent girls however remains a critical gap in the community, both in general reproductive health as well as nutrition. Since malnutrition in Madhya Pradesh does not exist in a vacuum, RMF's team in India in 2012 started thinking of ways to reach these girls. After discussion with the UNICEF District Coordinator in Khargone, RMF planned a way to expand our intervention and decided to design a workshop for adolescent girls. In India, "adolescence" is not a homogenous category – as there are school-going adolescent girls as well as those who have dropped out of school to work at home or in the community. In our first attempt, we decided to work with the girls in the middle schools and high schools in the villages we are working in.

In conjunction with officials from the district administration, RMF CNEs collected general information about all of the schools in the area, including the number of girls enrolled. RMF's District Coordinators visited some of the villages to see the schools and decided to run our first program in Bhagyapur High School, Block Bhagwanpura. The necessary permissions from the Head Master of the School were acquired, and, as RMF works very closely with officials at all levels, we coordinated the activities with him every step of the way. With the help of two books and a curriculum published by the National Level Government Organization for the Purpose of Adolescent Education, the content of the workshop was created.

An ice breaker at the beginning of the session

On September 1, 2012, the first workshop was conducted in the community hall in Bhagyapur Village with 44 girls from the 10th grade attending. The class teacher of the 10th class also attended the workshop as a representative of the schoolteachers. The workshop covered the following issues:

- What is Adolescence?
- The Changes in Adolescence - Physical, Emotional, Psychological and Social
- Iron Deficiency – Anemia
- Diet in Adolescence – Importance of Diet
- Menstrual Cycle – Misconceptions (Role Play)
- Personal Hygiene

The highlight of the day was a play enacted by RMF's CNEs from Khargone district under the guidance of Ms. Gupta. The play centered on a village girl who has attained puberty and experiences stress and confusion about this sudden change in her body. She approaches the Auxiliary Nurse Midwife (village nurse) and the ANM clarifies her doubts, answers her questions, and ensures her that there is nothing abnormal in these changes. The girls could relate themselves to the character of the girl in the role play and responded very well to the example.

The feedback on the workshops was very positive and the teacher confessed that she had never attended such a workshop where it was possible to talk about the issues openly, and where questions and concerns were handled with such sensitivity. Though this preliminary activity focused on the girls, there is also a need for such activities to be conducted with adolescent boys, so that they become aware about their role. RMF looks forward to continuing these workshops in many other project villages and possibly other countries.

JAPAN

INITIATIVES ■ Earthquake and Tsunami Relief ■ Long Term Community Support ■ Livelihood Assistance

100 Fisherman/Households supported

Long Term Community Support

Fishery Assistance Program

Relief workers and Fishermen working on Fishery Assistance Program

Earthquake and Tsunami Relief

On Friday, March 11, 2011 a 9.0 earthquake struck off Japan's northeastern coast and a devastating tsunami followed. Dozens of cities and villages along a 1,300-mile stretch of coastline were affected by violent tremors that reached as far away as Tokyo, hundreds of miles from the epicenter.

Highly recommended by JICA (Japan International Cooperation Agency), our partners in South Sudan, we were pleased to connect with JEN (Japanese Emergency NGO), a Japanese non-profit organization, working on the ground in Tokyo and the earthquake and tsunami affected northern areas of Japan. JICA vouched for JEN's trustworthiness and effectiveness in disaster relief. JEN was founded in 1994 in response to the humanitarian crisis in Bosnia, and has since then been conducting relief around the world for victims of war, internal conflicts and natural disasters. JEN's motto of "psycho-social care and assistance for self-reliance" is very similar to RMF's mission of real medicine focusing on the person as a whole by providing medical/physical, emotional, economic and social support. Through very generous fundraising events and many other corporate and individual donors, more than $50,000 was raised for the early relief efforts, and a further grant of $100,000 was awarded by the Annenberg Foundation for longer term relief efforts.

2011-2012 Efforts:

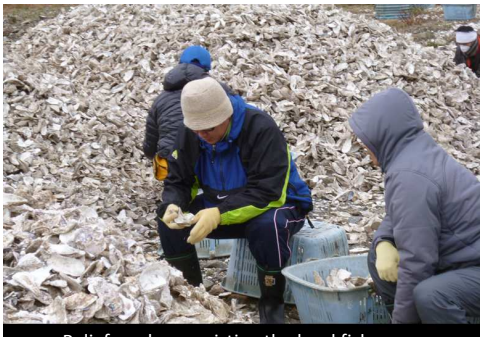
Our initial emergency relief efforts with JEN reached more than 33,000 people and continued into 2012 with our longer term rebuilding projects. We completed our relief and rebuilding work in Japan during late 2011 early 2012 with a Long Term Fishery Assistance/Rebuilding project sponsored by The Metabolic Studio, a direct charitable activity of the Annenberg Foundation.

Project Background

Real Medicine Foundation (RMF) received a grant from The Metabolic Studio, to be directed towards Tsunami/Earthquake Relief Efforts in Japan in partnership with the Japanese Emergency NGO (JEN). Over the course of 3 months, from October 1st to December 31st, 2011, RMF and JEN were able to use these funds for a Fishery Rebuilding and Assistance effort on the Oshika Peninsula. The project objective was to recover the livelihood of Earthquake/Tsunami affected fishermen of Eastern Japan on the Oshika Peninsula. The immediate objective was for the local fishermen of the Yoriiso-hama, Higashihama, and Omotehama communities to be able to restart aqua-farming of ascidiacea and scallops effectively with the purchase of the necessary equipment for port operation and through reconnecting the fishing community. This also served as a pilot and as a model for the recovery of other affected fishery dependent communities.

RMF donated Forklift and Pallets

Helping with the harvest



Relief workers assisting the local fishermen

JAPAN

INITIATIVES ■ Earthquake and Tsunami Relief ■ Long Term Community Support ■ Livelihood Assistance

Yoriiso-hama Village/Port location

Immediately after the tsunami, the Oshika Peninsula was isolated as the roads connecting to the Ishinomaki City center were completely cut off. The villagers on the Peninsula were forced to start the recovery and rebuilding on their own without much assistance from outside for a long period of time. After the roads were opened and starting from the west coast of the Peninsula, assistance was gradually provided. Partially due to this geographical issue, the east coast of the Peninsula had been much less covered by aid/assistance than the west coast. Yoriiso-hama of the Oshika Peninsula, located the furthest away on the east coast, was the least supported amongst all the ports of the Oshika Peninsula. Japanese Emergency NGO (JEN) worked on assessing the condition and needs of Yoriiso-hama once it had been selected and presented to Real Medicine Foundation as the most in need of assistance.

Target Population

The direct beneficiaries of this project were the population of Yoriiso-hama. The indirect beneficiaries were the general populations of Yoriiso-hama and other nearby villages. Through this assistance the populations of this area will have alternate livelihoods to the only other option previously available, daily debris removal subsidized by the government. As a result, this population is more likely to stay in Oshika Peninsula and contribute to the reconstruction. Also, these households were expected to participate in other community activities such as monthly beach cleaning, as a condition of receiving assistance from this project. The equipment purchased enables the fishermen's family members, who also work in the port's operation, to gather again at the common operation hub, helping residents to reconnect and communicate on a daily basis, regaining a sense of community. Approximately 100 fishermen households in Yoriiso-hama have been directly reached by this project.

JEN workers helping craft the new fishing nets

RMF donated Tent Structure at dock facility

Large tents were purchased with RMF funds and used for temporary operations centers, general port-management meetings and activities throughout the year. Large storage tanks were also procured and used for both, preserving live caught fish and as small equipment/tool storage. In addition, a forklift and pallets were purchased for the main port operations and for tsunami debris removal work around the damaged port.

Communication as Psychological Care

Finally, RMF supported the dispatch of 156 volunteers from the Tokyo area to Yoriiso-hama. Through community meetings, local fishermen were encouraged to explain and teach the volunteers fishery techniques and skills. Many fishermen found a sense of self-confidence reborn through these activities that had been undermined from having lost their families, livelihoods and houses. RMF/JEN continued the community meetings and volunteer assistance for the remainder of the year, while the fishermen began fishing again and cultivating the longer term aqua-farming projects.

Family member

PAKISTAN

INITIATIVES ■ **Primary and Secondary Health Care** ■ **MNCH Research Studies**

Talhatta Clinic treated more than 100,000 since inception

Gulbella Clinic treated 15,763 patients

Two MNCH Research Study projects launched in Punjab

Agra clinic treated 8,780 patients and vaccinated 659 children against polio

Local children gather in front of the RMF Agra Clinic

Background

RMF set up office in Pakistan in response to the devastating 2005 earthquake that killed more than 80,000 people in Northern Pakistan and left millions in this remote Himalayan valley with no access to shelter, food and healthcare. For the next 6 years, the RMF primary health clinic in Talhatta remained the only source of quality primary healthcare for 150,000 people in the area from 6-7 Union Councils in District Balakot. With an average OPD of 200 patients per day, our Lady Health Visitors (LHVs) remained the only source of reproductive healthcare for the women of this area.

In July 2010, the flooding of the Indus River Basin at an unprecedented scale inundated nearly one-fifth of Pakistan's total land area, directly affecting 20 million people mostly by destruction of property, infrastructure and livelihood. RMF Pakistan, with funding from Google Inc. and APPNA, provided healthcare to 36,067 people (65% women, 35% men and 11% children) in Charsadda District of Province KPK, through free medical camps and health clinics. In Dadu District of Province Sindh, with funding from the US Sindhi Diaspora and other philanthropic sources, RMF accessed 74 remote, isolated villages by a mobile health clinic providing healthcare to 5,675 patients and ensuring 4,000 families had access to clean water (via purification sachets) during our 9 month relief project.

In line with our mission to move beyond traditional humanitarian aid programs by creating long term solutions to healthcare and poverty, RMF Pakistan also partnered with the University of Alberta, Canada starting in late 2011 to conduct two qualitative 2-5 year long research studies in Province Punjab to identify innovative, contextually specific solutions to the problems faced by poor, marginalized women in terms of Mother and Child Healthcare.

2011-2012 Country Update:

This past year saw Real Medicine Pakistan transitioning two of our clinics back to the local governments and supporting a new hospital aimed to provide secondary level healthcare to the Charsadda District of KPK Province. We also launched two new MNCH research study projects in Punjab, successfully completed field work and data collection, and preliminary research findings were shared with key stakeholders; policy recommendations have been made to the Government of Pakistan via the close links developed over the years.

RMF Country Director Dr. Rubina Mumtaz visits Talhatta Clinic


RMF Doctor treating patient at Talhatta Clinic

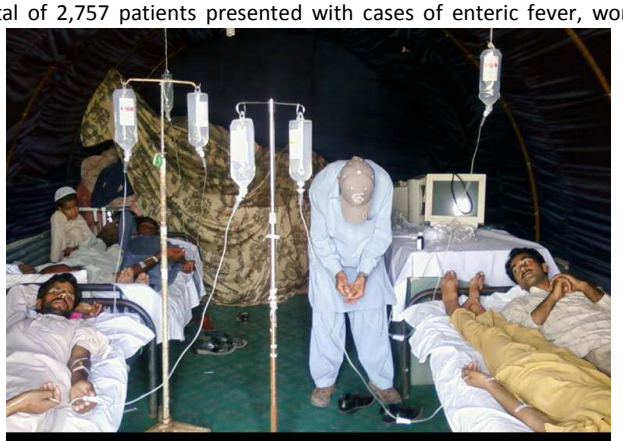
PAKISTAN

INITIATIVES ■ Primary and Secondary Health Care ■ MNCH Research Studies

Talhatta Clinic, District Balakot, Province of Khyber Pakhtunkhwa

Background: During the six years of healthcare services following the October 2005 earthquake that rocked this northern region of Pakistan, we saw a total of 107,121 patients of which 12% were children and 88% were adults. Among the adults the gender distribution was 35% male to 65% female. During the first year at Jabri, the clinic saw 11,028 patients, a relatively low number in comparison to the following years but attributable to the remoteness of the area, where it served only one Union Council with a population of 20,000. The most common presentation at the clinic was follow up visits of injuries and wounds sustained in the October 2005 earthquake (31%) followed by respiratory tract infections (29%) and gastrointestinal infections (16.1%).

The Lady Health Visitor (LHV) component of care for MNCH related problems represented over 10% of total patient visits. Our LHVs saw a total of 16,842 cases of antenatal visits, family planning and general gynecological/obstetric problems over the six years of service. Other cases commonly presented and successfully treated were bloody and non-bloody diarrhea (9,202), dyspepsia (8,005), scabies (6,443), urinary tract infections (5,141), hypertension (5,611) and body weakness and malaise (5,686). A total of 2,757 patients presented with cases of enteric fever, worm infections, unexplained fevers, snake bites, burns, mumps, measles, spinal cord injuries (SCI), severe jaundice and acute abdominal pain. A total of 4,568 cases were referred to secondary and tertiary level hospitals in nearby towns and cities. In our community outreach program, the health clinic staff conducted home visits to patients who were unable to travel down to the clinic (usually spinal cord injury patients). About 10-15 visits on a monthly basis were carried out totaling to 196 visits over a three year span from mid-2007 to the 6-year end. RMF also conducted three outreach medical camps and treated 5,576 patients with free consultations and medicines.



Patients receiving i.v. treatment at RMF's Talhatta Clinic

Closure and Handover:
The Talhatta Health Clinic officially closed its doors on December 31, 2011 after having served the population of UC Talhatta and the surrounding five Union Councils of Tehsil Balakot with high quality primary healthcare for six full years. RMF and our partner Hashoo Foundation's exit strategy involved a gradual phasing out of provision of free health care over 6 months to a residual clinic offering the same high quality healthcare but at a nominal OPD fee and provision of high standard medicines at a subsidized rate. During the 6-month operations of the residual clinic, we collaborated on a continuous and sustained level with the District Health Office until they gave us the green light that the Government was in a position to take over the healthcare infrastructure via its People's Primary Healthcare Initiative (PPHI) launched in District Mansehra in October 2011. The official handing over of the Talhatta Health Unit to the District Health Office took place in a closing ceremony on March 3, 2012, held in the Hashoo Foundation Office in Mansehra. With the PPHI launching in Districts Abbottabad, Mansehra, Lakki Marwat and Bannu, this was the most opportune time for the RMF-HF Health Unit to wind down activities as the communities of these Union Councils will continue receiving healthcare services without any disruption. The closing ceremony ended with the handing over of all the equipment and machinery of the Health Unit by RMF and HF to the District Health Department.

RMF Pakistan staff in front of Talhatta Clinic

Lady Health Visitor treats a female patient

PAKISTAN

INITIATIVES ■ Primary and Secondary Health Care ■ MNCH Research Studies

Mother, Neonatal and Child Health (MNCH) Research Project

Background: With a maternal mortality rate of 297/100,000 live births; Pakistan is one of the 6 countries estimated to contribute to half of all maternal deaths worldwide. RMF Pakistan partnered with the School of Public Health, University of Alberta, Canada in 2011/2012 to research and identify innovative, contextually specific solutions to the many problems the poor and marginalized, specifically women, face in Pakistan. In 2011 RMF launched qualitative studies with the University of Alberta on Gender, Class and Social Exclusion in three districts of Punjab. Our research study in District Chakwal, funded by the Canadian Institute of Health Research (CIHR) aims to explore the role of class and gender inequities on the design and delivery of maternal health services in Pakistan. The research project in Districts Jhelum and Layyah, funded by the Research Advocacy Fund (RAF) aims to evaluate if Community Midwives are fulfilling the government objective of improving access to the full scope of skilled maternity care for the poor, disadvantaged and marginalized women. Our research findings aim to provide empirical evidence for the formulation of maternal health policies and health care system practices in Pakistan.

2011-2012 Update:
The RAF funded study completed data collection over the course of 2012. The research methodology adopted was a qualitative phase followed by a quantitative survey. In the qualitative phase 100 in-depth interviews were conducted with CMWs and 80 interviews with *'dais'* (traditional birth attendants). 20 health facilities were visited and 60 patient-provider interactions observed, with 12 complicated maternal health cases explored in depth. Similarly 90 in-depth interviews were conducted with socially excluded poor young women/ men and 12 with older women. 15 focus group discussions were also conducted along with 200 informal interviews with men and women in all the villages visited. In the quantitative phase, over 1,400 questionnaires were successfully completed. The study proposal was first shared as a poster presentation at the RAF First Annual Conference held in Islamabad in March 2012. After data collection was complete, a progress review report was shared in September 2012 with the funders and other key stakeholders in a workshop held in Lahore. Currently analysis of the data is underway and expected to culminate in early summer 2013.


RMF staff conducting field interviews for MNCH research

The CIHR funded study data was analyzed this year and preliminary findings shared in a conversation session held in Islamabad with key stakeholders and policy makers from the Government, DFID, UNICEF, CIDA, GIZ, academicians, INGOs, CSOs and the media. The data of the 10-month critical ethnographic study in Village Ganji, District Chakwal, Punjab was collected by 4 social mapping exercises, 134 extensive participation/observations, 54 open-ended interviews, 11 focus group discussions, a longitudinal follow up of 18 pregnant women and an in-depth investigation of 5 maternal death case studies. In this village of Ganji with a population of 1,240, there were 6 maternal deaths in the last 4 years; 5 out of these 6 deaths were from one social group called the 'Kammis" (a group that can be categorized as equivalents to the 'untouchables' of India) who constitute 17% of the village population. This means that 83% of all maternal deaths occurred in 17% of the population. The key conclusion is that the focus of the MNCH program is on strengthening technical and managerial services, such as increasing supply of services with a technical health systems approach or creating demand through health education, but the root causes of the inequities, in particular the social 'causes of the causes' in access to services remain neglected. The findings illustrate why progress towards safe childbirth has been so slow for these 'kammi' women who contribute to 80% of Pakistan's MMR and IMR statistics. The conversation session stressed that since the root causes of maternal mortality are far more complex than current programmatic initiatives, addressing these issues is going to be challenging and controversial as they are in deeply embedded norms and structures of oppression and social exclusion. As a first step, a policy document was developed in December and shared with key stakeholders.


Mothers and children gather for RMF interviews

PAKISTAN

INITIATIVES ■ Primary and Secondary Health Care ■ MNCH Research Studies

Gulbella Clinic in Charsadda

Background: Shortly after our flood relief camps ended and in light of the continuing critical situation in Charsadda, KPK, RMF decided to establish a Basic Health Unit (BHU) in the town of Gulbella, in the Union Council of Sardaryab for a period of at least one year - to provide free health services for the flood affectees of the region. Gulbella plays the role of a hub for three additional nearby Union Councils: UC Naguman, UC Sardaryab and UC Agra. Located on the bank of the Kabul River, the population of Gulbella District is over a million. The people of the region are poor and literacy rates are very low. The torrential rains in the region during the monsoon of August 2010 resulted in the flooding of all three rivers flowing in the territory, which created havoc in the country in general and Charsadda in particular. This BHU was started in collaboration with the Association of Physicians of Pakistani Descent of North America (APPNA).

2011-2012 Update:
During its fourteen months of service in the area, from December 2010 to February 2012, the RMF BHU was able to do tremendous work in terms of treating the ill and raising awareness about hygiene conditions for the prevention of common health problems. We provided healthcare services to a total of 15,763 patients; 65% of the patients were women, 35% men, and 11% children. The larger proportion of patients was women and most sought MNCH services from the LHV. The number of women coming in for family planning fairly increased during the tenure of the RMF BHU services in the area. This alone is a testament to how the BHU made efforts to improve the life standards of the people of the area. As per our mandate, once the Government revitalized the BHU of UC Sardaryab and hence became capable of taking over its role for health provision post-disaster, our mission in the area was achieved and the RMF BHU began to wind up operations and officially closed in mid-February 2012.

RMF Doctor treating patient at Gulbella Clinic

LHV consulting with patient at Gulbella Clinic

Agra Clinic in Charsadda

Background: The 2010 floods have been officially recognized as one of Pakistan's worst natural disasters to scale. The province of KPK was the most severely affected in terms of destruction where massive damage to infrastructure and property was sustained. Against a backdrop of recurrent natural and human-made calamities in this Province – including the protracted fighting and mass displacement witnessed in 2009 due to the Taliban invasion of Swat – the long term effects of entrenched food insecurity and poverty in KPK, especially District Charsadda, are ubiquitous.

According to the UNOCHA (Office for the Coordination of Humanitarian Affairs) report of January 2012, Union Council Agra was identified as one of the most flood-devastated areas within Charsadda District which still stands in need of aid in all areas of development including health. Agra which is located at the fork of River Kabul has been subject to regular low intensity flooding for the past many years; hence the BHU of this Union Council had never been functional. Statistics prior to floods are that 30% of women have no access to MCH care, only 9% of patients actually receive medicines prescribed at government health facilities and child mortality rates are 25% and 10% of children succumbing to pneumonia and diarrhea respectively.

In response to this critical situation, on March 1, 2012, RMF joined hands with Pakistan Health Foundation (PHF) UK to provide comprehensive primary healthcare to the people of Union Council Agra. PHF was founded in 2011 by members of the Rotary Club Reading, UK who directed their funding to build a 10-bed hospital. RMF with its vast local and global experience is operating the healthcare services in line with local demand and high levels of quality control.

PAKISTAN

INITIATIVES ■ Primary and Secondary Health Care ■ MNCH Research Studies

This project will significantly improve the access for women and children to healthcare in this region that has always faced a shortage of health facilities. The RMF-PHF Hospital aims to provide secondary healthcare services with a coordinated referral system to tertiary level health facilities to Peshawar, not only for the people of Union Council Agra but also the poor populations from non-flood affected areas of other adjacent Union Councils of District Charsadda. As a sign of the hospital's engagement with the local communities, it often receives volunteers from the surrounding villages to help with its services and outreach. The staff also interacts and coordinates with local health authorities at the district and provincial levels. Recognizing the strength of the RMF-PHF Hospital, local health authorities have selected the facility as a provider for polio vaccinations. Since its inception in March 2012, a total of 8,780 patients have been treated over a period of 10 months and 659 children were vaccinated against polio. The polio campaign is run every month by the Government and partner organizations like Rotary International.

Families waiting to be seen at the Agra Clinic

RMF Doctor treating a young patient

RMF Doctor checking blood pressure on a patient

RMF Doctor examining a girl's injured ankle

SRI LANKA

INITIATIVES ■ Primary Health Care ■ Long Term Medical Support for Children ■ Preschool and Student Support

Healthcare for more than 4,000 Post-Tsunami

2,479 patients treated

Long term medical support for 6 Children

36 Preschool children and students supported

RMF's Clinic Doctor, Dr. Chamal consults with patient

Background
Sri Lanka marks the birthplace of Real Medicine Foundation, the place where the first promise was made and the concept of "Friends Helping Friends Helping Friends" was born. Almost eight years after the tsunami of December 2004, rural villages in Southern Sri Lanka still face challenges of coping with psychological trauma, poverty, and infectious disease outbreaks.

After completing Real Medicine's immediate tsunami relief efforts at the Mawella Camp Clinic, a second clinic was opened in Yayawatta in October 2006. Now in its sixth year, this clinic remains fully active and continues to grow. Initially established to serve one community of 400 that had been displaced through the tsunami, the Real Medicine Clinic now provides free health care access to over 4,000 people in five impoverished villages in the Hambantota District of Southern Sri Lanka.

Yayawatta Primary Health Care Clinic

2011-2012 Update:
The Clinic's beneficiaries include the population of Seenimodara, Kadurupokuna, Moreketi-Ara and Palapotha. Having access to free healthcare is especially important for young mothers, children, and the elderly in the community. Using our clinic activities as a hub, we provide regular medical camps and healthcare outreach programs to preschools, schools and communities in the surrounding areas. Patients with more serious conditions are referred to the local District Hospital in Tangalle and then followed up with regularly by RMF's physician.

In 2012 our clinic was open for 10 days a month, seeing as many as 20 patients per day and 630 a quarter. The first Thursday of each month is set aside for a health education program for mothers and expectant mothers administered by a government nursing officer and hosted by our clinic staff at the clinic building. Our family planning program for mothers also continues to be very effective with administration of Depo-Provera to an average of 6 women per month. The diseases we see most frequently are respiratory tract infections, viral fevers, gastrointestinal tract infections, heart disease, hypertensive disorders, skin diseases and different forms of arthritis.

Mothers wait to be seen at the clinic

Monthly Maternal and Child Health program

SRI LANKA

INITIATIVES ■ Primary Health Care ■ Long Term Medical Support for Children ■ Preschool and Student Support

Long Term Medical Care of Children

Background

In 2005, shortly after the tsunami, Dr. Martina Fuchs met Madumekala, an adolescent girl suffering from panhypopituitarism. At age 11, Madu was the height of a three year old. In an unsupported gesture of compassion, Dr. Fuchs chose to fund Madu's treatment for growth hormone therapy and initiated the supervision of this treatment through Ruhuna Medical College, Galle. While over the next three years, as RMF expanded this program to care for 6 more children suffering from long term health conditions, it was impossible to predict that this one act of compassion would initiate a country wide program to identify and treat over 120 more children suffering from human growth hormone deficiencies.

2011-2012 Update:

Madumekala's treatment with sex hormones continues to ensure her puberty and growth are maximized. Four of our other patients have also all continued with their regular growth hormone treatment, and are growing in height and maintaining healthy weight gains. Our oldest long-term patient, Tharindu, is being treated for familial hyperlipidemia with lipid lowering medication. We also continue to provide the families of all these children with nutritious food packages every month.

Gayan receives his food package

The children of our program

Madumekala receives her food package

Preschool and Student Support

Palathuduwa Preschool In February of 2010, RMF moved our preschool support from the Tangalle Children's Relay Preschool to its new location, in the Village of Palathuduwa, 2km inland from Tangalle. In 2012 we supported the staff salaries and some of the costs of supporting the 15 children of primarily lower income farmers and laborers including bus fares to and from school. The objectives of this program are: educate children on basic English knowledge, modern communication technologies, health awareness and proper sanitation; environmental awareness, integrating eco-awareness and outdoor activities into their routines; natural disaster awareness and environmental pollution, including small skills they can utilize to help preserve their surroundings; provide students with diversity education about cultural and ethnic diversity, and with at least one nutritious meal a day.

Children showing off their drawings

Writing and drawing classes

Head Monk visits with teachers and children

The **Minhath Preschool Dickwella** was constructed by RMF in 2006 as the first ever preschool for the children of the Tamil/Muslim minority community in Dickwella, Sri Lanka, a region hit hard by the tsunami. Based on the Montessori Education Model, in 2012, 21 children benefited from the preschool classes that include academics, art classes, performance events and sports activities. This educational basis allows these children the chance of an advanced education that they were excluded from before. Lessons are taught in three languages: Tamil, English & Sinhala. RMF supported the salaries of the teachers and some of the school costs throughout the year. This past year also saw the creation of a home kitchen garden next to the school for education and nutritional purposes and the hosting of the annual "Sports Meet" game competition.

KENYA

INITIATIVES ■ **Health Systems Strengthening** ■ **Upgrade, Renovation, Support - Lodwar District Hospital, Turkana**

Lodwar District Hospital – The only referral hospital for over 1,000,000 people in Turkana

35,967 Patients treated in past year

Over 1,000 Pediatric patients per quarter

Nurse in the newly renovated Male Ward

Background

When RMF's CEO Dr. Martina Fuchs visited Turkana during the severe drought in September 2009, she realized that RMF's work in setting up health clinics for the drought victims would not suffice over the longer term – many of the more seriously ill patients needed advanced care at a secondary and tertiary care referral hospital. Lodwar District Hospital (LDH) is the only functional government regional referral hospital for all of Turkana region, spanning a population of over 1,000,000. This is where the vast majority of the Turkana and other populations of Northwestern Kenya as well as people from across the borders to Uganda and South Sudan seek help when they need more advanced care requiring medical equipment and specialized skills that cannot be provided at dispensaries, health centers, or private health clinics. Lodwar District Hospital had been struggling for years with wards in need of major repair, and supplies and drugs that come in with great irregularity from the government health supplies department in Nairobi. The situation had become so dire that patients were often requested to purchase disposables and medicines themselves in Lodwar town because the hospital could not provide them. Dr. Fuchs realized back in 2009 that referral care could only be improved for the Turkana people if the hospital would receive additional support to supplement supplies, upgrade the infrastructure and equipment, and conduct on-the-job training for the healthcare and biotechnical staff.

2011-2012 Update:

In our second year of support we have seen an amazing transformation in the quality of healthcare provided and in the attitudes and energy of staff and patients, and we are regularly being recognized within the Kenyan Ministry of Health for our improvements to the hospital.

- **As a result of the improved infrastructure and availability of essential drugs and equipment supported by RMF/MMI, LDH has been approved by the Nursing Council of Kenya as a "Training Institution" and a future internship center for clinical and medical officers.**
- We are seeing a continued increase in the number of patients seeking care at Lodwar District Hospital not only in the Pediatric ward, but also in the Male and Female wards. By the end of 2012, the hospital is averaging more than 5,000 patients per month.
- The entire inpatient unit at Lodwar District Hospital has been renovated fully by Real Medicine Foundation and looks modern, clean, and is now recognized as the County Referral Hospital.

Training staff on new equipment

Treated children in Pediatric Ward

Full stocked medicines and supplies

KENYA

INITIATIVES ■ Health Systems Strengthening ■ Upgrade, Renovation, Support - Lodwar District Hospital, Turkana

- We have sustained our constant continued supply of essential drugs and medical supplies for the Pediatric ward, and medicines and medical supplies as well as non-pharmaceuticals for the entire hospital.
- The Pediatric ward regularly records low mortality rates despite the increase in number of admissions as a result of RMF's work, i.e. providing essential drugs and medical supplies for the Pediatric ward that staff and patients can count on.
- We performed infrastructure repairs, renovations and upgrades at the Male and Female wards, such as new wall paint, new drug cupboards and wooden doors, repair of beds, new bed side drawers, windows and glass.
- New fracture boards, ward mattresses and bed sheets were purchased for the Male and Female wards.
- We improved and upgraded the sanitation at the Male and Female wards: drainage repairs, lavatory repairs and construction of new pit latrines.
- With the new lighting system installed at the wards by RMF, it is now possible for nurses to conduct procedures at night.
- Supply of new equipment and training for staff was provided: 2 pediatric monitors, 1 photo box (Ohio Neonatal Care center), 1 incubator and 1 respirator. **These were the first photo box and respirator that the hospital has ever had.**
- Repair of the ward floor at both Male and Female wards by fitting floor tiles has gone a long way in maintaining cleanliness hence promoting better health standards.
- The Occupational Therapy Department created at the Pediatric ward after infrastructure improvements, averages 60 patients per quarter.
- The Lodwar District Hospital is now in a significantly better position to handle victims of car accidents and other emergencies due to the availability of non-pharmaceutical supplies through RMF. Items like gloves, as well as wound care supplies and a wide variety of other non-pharmaceutical supplies that were never in stock before are now readily available ensuring that accident victims and emergencies are handled according to best practices modern medicine.

Lodwar District Hospital success story:

Selina Amojong brought her two year old daughter, Akai Napeto, to the Lodwar District Hospital Outpatient Department with at least 25% of her body burned by scalding water. Upon examination, Akai was immediately admitted to the Lodwar Hospital Pediatric ward**,** which RMF supports continuously with essential medicines, medical supplies and equipment. Usually, patients with burns above 20% are managed at a Level 5 Hospital but with the support of RMF, such patients can now be managed at the District Hospital without further referral. Once admitted, Akai was managed as an inpatient for 8 weeks according to international standards best practices modern medicine because of the availability of medicines and medical supplies, provided by RMF since our Lodwar District Hospital program began.

Selina is a single mother of six and a casual laborer with an income of only KSH 400-500 (about USD $5) per month. With such low income, she would not have been able to afford to cover her daughter's hospital bill. RMF's support made it possible for Akai to receive treatment at no cost. Akai's management was completed successfully and she was discharged with no complications. Following is a photo of a happy Akai on the day she was discharged.

Akai, when first admitted to the Pediatric Ward

Akai, on the day she was discharged after treatments

KENYA

INITIATIVES ■ Drought Relief ■ Primary Health Care ■ Mobile Clinics

Reaching a target population of 79,800

18,474 patients treated at Health Clinic and Mobile Outreach Clinics in remote areas

96 Mobile Clinics/year

Mobile Outreach Team conducts relief work in the field

Lodwar Healthcare Clinic and Mobile Clinic Outreach

Background

The September 7th, 2009 NY Times article by Jeffrey Gettleman, which highlighted the life threatening impact of the drought in Northern Kenya, called to action Real Medicine Foundation to coordinate a supply chain for water and food aid, and medical support to the region. We were able to provide a 4-week supply of food and water to 4,500 persons in severely drought affected regions of Turkana, Kenya where it had not rained in 4 years. RMF's Turkana documentary: www.YouTube.com/RealMedFoundation.

In December of 2009, RMF started a longer term partnership with Share International supporting the only clinic in Lodwar, Turkana's capital, with a population of almost 30,000 as well as expanding medical outreach programs and mobile clinics, and food and water aid where needed. Funding from Medical Mission International (MMI) made it possible to significantly enlarge this program at the beginning of 2010. Now entering into the 4th year of this program we are continuing to provide much needed health care and mobile outreach to communities not traditionally served by the health care system in Kenya.

2011-2012 Update:

Having adequate medical personnel and medicine stores has enabled us to treat more patients and combat a wider range of diseases on a regular basis, especially in the very remote villages of this region in Kenya, with our target population now at 79,800. We provide predictable and continuous clinic coverage at our clinic in Lodwar as well as through our mobile outreach clinics. The nomadic nature of the Turkana tribe causes the population of these villages to migrate approximately every 4 months and to be a new group of villagers about every 4 months; therefore we are providing service to more than the estimated population of persons living in each village at one time.

The continued quality and regularity of medication purchases this past year through RMF/MMI funding has allowed the clinics to be conducted and maintain a high level of service. This year also saw the addition of a testing laboratory, the provision of electricity at the clinic that greatly improves the quality of care provided, the renovation of the waiting room and the start of a new children's vaccination program (with refrigeration now available after electricity installed). The clinic staff serves all villagers who come for treatment, but we see an especially high number of children and pregnant women. Prior to the funding provided through RMF/MMI, there were an average of one to two mobile clinics per month, based on variable funding availability through private donors; we now provide 8 mobile clinics each month. Towards the end of 2012, an average of 1,150 patients a month were seen by the mobile clinic teams, and an average of 400 patients per month at the permanent clinic in Lodwar.

Treating a boy with broken arm in Turkana

Pharmacy Tech giving public health talk to villagers

KENYA

INITIATIVES ■ Community Hospital ■ Ambulance Service ■ Safe Motherhood Programs ■Livelihood Programs

20,724 patients treated

809 women in Safe Motherhood Program

1,200 patients enrolled in HIV care and treatment program

Lwala Staff giving a WASH training outreach

Lwala Community Hospital

The Lwala Community Hospital serves the population of North Kamagambo in Migori County, Kenya. Poor physical infrastructure, including impassable roads during the rainy season, lack of electricity and lack of reliable drinking water, have helped to create a critical healthcare challenge. Malaria, intestinal disorders, tuberculosis, pregnancy complications, HIV/AIDS and other diseases contribute to a significant infant, child and adult mortality rate; i.e. more than 30% of the children in the Lwala primary school have lost one or both parents. The official HIV prevalence in the province is 15.1%; the prevalence in the county is 20-24%. These rates are the highest in Kenya.

Background

The Lwala Community Health Center was founded by the Ochieng' siblings in memory of their parents who died of AIDS to meet the holistic health needs of all members of the Lwala community, including its poorest. Prior to the establishment of the health center, there was no immediate access to primary health care or HIV/AIDS testing and care. For this reason, the Lwala health initiative has focused on primary care for children, access to medicines (particularly vaccines and antimalarials), HIV testing and care, public health outreach and safe maternity services. Primary beneficiaries are children, pregnant women, HIV infected persons and the elderly. The health center was upgraded to a community hospital in the course of 2011 and has continued its infrastructure expansion and improvement in 2012. Other programs include Emergency Ambulance Services, a Safe Motherhood (Umama Salama) Community Education Program, and three livelihood programs. Based on the populations of school aged children and the number of families related to the 13 primary schools in the Lwala area, there are now over 30,000 people who are able to access health care at the Lwala Community Hospital by foot or short motorcycle transport. Many other patients walk hours, sometimes days to access safe health care.

2011-2012 Update:

A new hospital wing opened at the end of April 2012 and patient numbers have surged since opening with 20,724 patients seen. At this continued rate, the clinic is approaching 25,000 visits per year, up from 17,075 in 2011. By the end of 2012, beneficiaries at the clinic averaged 1,900 per month, including HIV services (over 525/month) and Maternal and Child Health visits (over 600/month). The emergency ambulance serves about 10 patients per month in emergency situations. An average of over 230 people per month participated in the Lwala health education activities, which included Home Based Life Saving Skills, Water and Sanitation Training (WASH), Family Planning, Childhood Nutrition, Immunizations, and training on Breastfeeding.

- Running water established in June through a submersible pump at the new borehole. Piping, water storage tanks and new plumbing being installed and hot water at new building is also established.
- Deliveries have been at record highs with 49 babies born at the Lwala Community Hospital in September 2012.
- Monthly WASH trainings continued, bringing the total number of WASH trained individuals to 807 since 2010.
- 2nd Annual WASH sports tournament took place in August. Over 5,000 community members attended with 98 counseled and tested for HIV during the tournament.
- Clinic Staff presented at Global Hand Washing Day celebration with 3,000 in attendance.
- Cervical cancer screening and long-term family planning methods clinic conducted each month.
- Staff education held weekly (topics: malnutrition, dry blood spot collection, pneumonia, neonatal sepsis, UTI in children).
- 637 households enrolled in the MCH program.
- Capacity building of community members in income generating activities through Agriculture (DIG program), Sewing (New Visions Sewing Group) and a Poultry program (see Success Stories below).

KENYA

INITIATIVES ■ Community Hospital ■ Ambulance Service ■ Safe Motherhood Programs ■Livelihood Programs

Lwala Success Stories

"Groundbreaking Woman": Emily Achieng


Emily and one of her children

Emily Achieng Obunga is a mother of two and at 24 years old, she is the second youngest participant in the Lwala project's Development in Gardening (DIG) agricultural program training. When Emily first started the training, she had just given birth to a son. Emily started bringing the newborn to the trainings, wrapping him around her back while she worked. The baby at first had no name, as is tradition. In Luo culture, parents often wait days or even weeks before naming their baby. Emily, who was inspired by DIG, decided to name her baby, DIG. Baby DIG is now 9 months old, strong and healthy and is already learning how to walk! Emily does not only work hard in the garden, she also has an amazingly innate talent for organic agriculture. She has a huge garden at her home in Kameji Village. She has planted an astonishing variety of cowpeas, kales, onions, cilantro, carrots, French beans, pumpkins, and spider plants. Emily's self-employment has been earning her 700 KSh a week in the past 3 months. She has trained over 10 of her friends in the area and is looking to further her agricultural education by applying for scholarships to go to college for a degree in organic agriculture.

"From the things we get here (at the DIG training) we go and plant them in our garden. We save lives, improve our nutrition, then we also have some little money from the garden. I think I am employed in my garden. It is like my self-employment!"

Mary's Story


Mary with her crops

Mary is 34 years old and comes from a nearby village called Sumba. She has 3 young children and some years ago, her husband was injured in an auto accident and was forced to retire from work. Due to her husband's disability, Mary had to take on the major responsibility for financially supporting their 3 children, feeding them, clothing them, and, most importantly, keeping them in school. There was one major challenge for Mary though - she was not well herself and was unable to farm. Like 1 in 5 of her community neighbors, Mary had contracted HIV unknowingly. She discovered her status in 2008 when she was ill and came for tests at the Lwala Community Hospital. When she heard the news, she cried…but then the staff at the hospital comforted her and encouraged her to accept her status and to find a way to live with it. So Mary began to take lifesaving anti-retroviral drugs and within months, she began to get stronger and healthier. Working with the Lwala staff and some other openly positive community members, she helped form the first HIV support group in the area. Mary says that meeting together as people living with HIV made everyone less fearful. They were determined to help each other stay on their drug regimen and to spread the word so others would be tested.

With the social support and healthcare she needs, Mary has become an active participant in the development of the community. In 2010, she was trained in Water, Sanitation and Hygiene and then deployed in her home area to teach her neighbors what she learned. In 2011, she joined other support group members for 6 months of agricultural training at the hospital. Together they learned new techniques to increase crop yields and their own nutritional intake. At first, Mary says, her neighbors laughed at her for going to these trainings. But now that she is growing kale, onions, tomatoes, cucumbers, carrots, and even pumpkins in her home garden, these same neighbors have become customers. Mary's leadership and entrepreneurial spirit impressed the members of the New Visions sewing cooperative in Lwala, and so when they were adding two new members this year, she was selected right away.

Mary embodies RMF and Lwala Community Alliance's multi-dimensional development model. These ideas are personal. When she was diagnosed with HIV, healthcare was not the only answer she needed. She represents the real changes that come when a person who once was sick is now healthy, is feeding herself and her family, and is reaching out to others in her community. This is the holistic transformation we strive for.

MOZAMBIQUE

INITIATIVES ■ Mobile Clinic Project

15,665 patients treated

More than 100,000 people reached by education and outreach efforts

Monthly Health Fair participation

Patients line up to be seen at a Mobile Clinic Outreach

Mobile Health Clinic Outreach

Background

RMF's Mobile Clinic in Mozambique is a flexible model of health care provision for our organization, conceptualized to reach remote and rural communities with no prior access to health care. Since its inception in 2008 our Mobile Clinic has been hugely successful and has been delivering high impact health care in some of the most difficult to reach regions of Mozambique. The clinic, a collaboration between RMF, Vanderbilt University's Friends in Global Health and Medical Mission International, is currently deployed in one of the most populous provinces of Mozambique, Zambézia Province, located in the central coastal region with a population of almost 4 million. The Mobile Clinic vehicle, custom built on a midsized truck frame, operates as a 'mini health clinic on wheels' and offers an extremely versatile and flexible platform for providing health care services, education and counseling.

Addressed are all the most common health problems observed within the targeted region, such as Malaria, Malnutrition, Diarrhea, HIV/AIDS and Tuberculosis. The main services provided through our Mobile Clinic include General clinic consultations (adults and children); Ante-natal clinics, family planning, HIV counseling and testing for pregnant women, and PMTCT for HIV-positive women; Immunization for children and pregnant women as per the National Program schedule; Nutritional monitoring and supplementation for children and adults; Counseling for prevention of cervical and breast cancer and referral of suspected cases for follow-up; Health counseling and testing (HCT), including distribution of male and female condoms; Positive prevention packages for HIV-positive patients; Rapid testing for malaria, HIV and syphilis; TB services, including TB screening, TB treatment and follow-up; HIV services, including follow-up and point-of-care lab control, CTZ prophylaxis and initiation of ART; First aid for medical emergencies; Collection of blood and other biological samples for lab tests and transport to laboratory; Transport of sputum samples for TB smears, collected by DOTS-C volunteers and Mobile Clinic staff; Support of DPS-Z in health-related celebrations and events; Public education regarding the importance of adherence to ARV treatment, proper use of condoms and malaria prevention.

Doctor sorting through medicine supply

The target population includes 12 districts, comprising approximately 2,500,000 people. The direct target population for the Mobile Clinic includes the communities of Macuse and Mexixine in Namacurra District, relatives of patients in the health facilities of Mexixine and Macuse, the population of Pebane and Namacurra District capital, as well as the students, professors and administrative staff of the IFPQ (Instituto de Formação de Professores de Quelimane –Teachers Training Institute of Quelimane) and ICSQ (Instituto de Ciencias da Saúde de Quelimane – Quelimane Health Sciences Institute) and the general population of the residents of Quelimane City.

MOZAMBIQUE

INITIATIVES ■ Mobile Clinic Project

2011-2012 Update:
Starting in the First Quarter of 2012 a revised strategy was implemented for the increased and enhanced utilization of the Mobile Clinic, integrating it within the CDC/PEPFAR-supported HIV care and treatment services. With additional funding from the CDC/PEPFAR, together with RMF's funding, our partner FGH is strengthening various HIV/AIDS care and treatment services in the following 12 districts: Alto Molócuè, Chinde, Gilé, Ile, Inhassunge, Lugela, Maganja da Costa, Morrumbala, Mopeia, Namacurra, Namarroi and Pebane in the district capitals with expansion to secondary/peripheral sites.

The following expanded services are now available through the Mobile Clinic:

- General clinic consultations (adults and children).
- Rapid testing for malaria, HIV and syphilis.
- Basic first aid for medical emergencies.
- Referral of patients to Health Units as per clinical needs.
- Nutritional monitoring and supplementation for children and adults.
- Counseling for prevention of cervical and breast cancer and referral of suspected cases for follow-up.
- Provision of basic medicines and ART.
- Support of the DPS-Z in health-related events.
- HIV services, including follow-up and point-of-care lab control, Co-trimoxazole (CTZ) prophylaxis and initiation of ART.
- Health counseling and testing (HCT), including distribution of male and female condoms.
- HIV counseling and testing for pregnant women, and PMTCT for HIV-positive women.
- Delivery of positive prevention package for HIV-positive patients.
- TB services, including TB screening, TB treatment and follow-up.
- Collection of blood and other biological samples for lab tests and transport to laboratory.
- Transport of sputum samples for TB smears, collected by DOTS-C volunteers and Mobile Clinic staff.

The Mobile Clinic continues to provide regular support to the often isolated communities it serves through planned visits and regular participation in specific health fairs (at least three every quarter) and other special events across the province. The clinic is now averaging about 1,000 patients per month, often, up to 100 patients are seen per hour at our clinic days. A total of 15,665 patients were treated in the past year.

In addition to the direct treatment of patients in the Mobile Clinic, the communities also benefit from education and outreach efforts focusing on Vaccinations, Maternal and Child Healthcare, HIV Counseling, and ART and TB medicine adherence. More than 100,000 people have benefitted from these education and outreach efforts over the past year through magazines, pamphlets and seminars.

Villagers attending a medical education outreach session

NIGERIA

INITIATIVES ■ Primary Health Care

Access to healthcare for over 154,000 in one of the most remote areas of Nigeria

More than 26,000 patients treated

Lab and Dental services added

Malnourished children under the care of our clinic

Gure Model Health Center, Baruteen LGA

Background

Nigeria's child mortality rate of 124 per 1,000 for 2011, while improving over the past few years, is still ranked in the lower 10% of all 191 countries tracked by the World Health Organization. Nigeria's maternal mortality rate also improved but still stands at a high 630 per 100,000, ranked in the 10 lowest out of 191. Real Medicine Foundation, supported by World Children's Fund, has partnered with the Kwara State Ministry of Health, the Nigerian Youth Service Corps and the Gure Gwassoro Ward Development Committee to support the previously abandoned Gure Model Health Center. Situated near the Nigeria/Benin Republic border, the clinic is the only access to healthcare for a population of over 154,000 in the Baruteen Local Government Area and its surrounding towns. Patients continue to cross the border from the Benin Republic to seek treatment at the clinic.

The Nigerian Youth Service Corps (NYSC) was created in a bid to reconstruct, reconcile and rebuild the country after the Nigerian Civil war. As a developing country, Nigeria is plagued with poverty, mass illiteracy, acute shortage of high skilled manpower (coupled with highly uneven distribution of the skilled people that are available), inadequate socioeconomic infrastructural facilities, housing, water and sewage facilities, roads, healthcare services, and effective communication systems. The NYSC is responsible for deploying graduating professionals, including physicians, to Nigeria's remote regions for their final year of service to their country. As a result of our support at the Gure Clinic, the NYSC along with the Kwara State Ministry of Health partnered with RMF to leverage their network of emerging medical staff and their connectivity to other remote health care clinics within Kwara State in need of support.

Mothers attending Child Health workshop

2011-2012 Update:

With RMF's presence and the provision of comprehensive, high quality medical services, the previously abandoned Gure Model Health Center continued to experience rising patient numbers. We also maintained our focus on good relationships between the community and all involved parties and stakeholders. Weekly immunizations are provided, and regular maternal and child health and hygiene clinics are held for new mothers, with high attendance. Basic laboratory tests are also being conducted in the clinic with the regular supply of laboratory reagents, to facilitate more inclusive health care delivery versus the previous referral to the state hospital.

Word of the regular restocking of medicine and medical supplies has spread through the entire surrounding community and the clinic is now regularly seeing more than 2,250 patients per month. Services provided at the clinic include:

- Primary Healthcare, Family Healthcare
- Maternal and Child Healthcare
- Community Outreach and Training
- Weekly Immunizations for newborns and infants
- Dispensary for Medicines
- Malaria treatment
- HIV/AIDS support
- Management of systemic diseases such as Hypertension and Diabetes
- Dental care

Vaccination of an infant

SOUTH SUDAN

INITIATIVES ■ Health Care Capacity Building and Training ■ Maternal & Child Health ■ University Level Training

First ever accredited College of Nursing and Midwifery in South Sudan

95 Nursing & Midwifery Students enrolled

155 Nurses and Midwives in 3 years


Nursing Students in Lecture Hall at JCONAM

Juba College of Nursing and Midwifery

Background

South Sudan's maternal mortality remains the highest in the world, at 2,054 deaths per 100,000 live births; 200,000 women die in childbirth every year according to the 2006 South Sudan Health Survey. High levels of maternal mortality are linked to: poor access to quality reproductive health services, including family planning, access to skilled birth attendants and access to emergency obstetric and neonatal care. Fewer than 20 certified nurses and even fewer registered midwives, four in total, exist in all of South Sudan, a population of 9.6 million.

Juba College of Nursing & Midwifery

Real Medicine Foundation, in collaboration with the Ministry of Health of South Sudan, UNFPA, UNICEF, UNDP, WHO, St. Mary's Hospital Juba Link, Isle of Wight, CIDA, and the Japanese International Cooperation Agency (JICA), and in partnership with and with financial support from World Children's Fund, has established South Sudan's first ever accredited College of Nursing and Midwifery. The consortium aims to provide a scalable working model for this college that offers a 3 year diploma for Registered Nursing and Midwifery and is envisioned to be extended to other strategic locations within the newly independent country of South Sudan. This graduated level of nurses and midwives aims at filling the gap of professional skilled care services, destroyed as a result of the more than two decades of civil strife and war.

During their training, students serve as staff in the outlying primary health care clinics and primary health care units in Munuki, Nyakuron, and Kator as well as the Juba Teaching Hospital. The immediate population in Juba and surrounding areas, estimated at 500,000 are direct and immediate beneficiaries of this newly qualified health care staff. Upon graduation, nurses and midwives will return to their home states to work for at least two years to serve the population of South Sudan. Our first class of newly minted nurses and midwives will graduate in 2013. The college accepts applicants from all 10 states to optimize the distribution of newly qualified health care personnel.


Doctor at Pediatric Ward in Juba Teaching Hospital

Healthcare Trainings and Evaluation for Medical Professionals

In late 2012, RMF South Sudan also implemented four healthcare trainings and evaluations as technical partner on behalf of CARE International for medical and Ministry of Health professionals in Unity State. These trainings are in partnership with the South Sudanese Government to meet the goals of the South Sudan Development Plan.

2011-2012 Update:

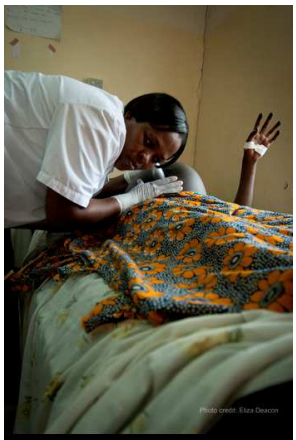
- The November 2011 to January 2012 prospective student interviews culminated in at least 450 students being admitted into various national health training institutes across the 10 states of South Sudan. More than 1,000 candidates applied for admission into the various institutes undergoing a rigorous interview process led by the Ministry of Health-Directorate of Training and Professional Development and assisted by tutors within these institutes and other stakeholders. During the first week of February 2012, JCONAM admitted a new class of 30 nursing and 31 midwifery students into their first year. Recruiting for the next class of students began in late December 2012 and will be admitting another 30 midwifery and 30 nursing students in early 2013.
- Both the first and second year intakes have newly constructed classrooms at the Juba Teaching Hospital thanks to college partner, JICA.

***All South Sudan Photos Credit: Eliza Deacon**

SOUTH SUDAN

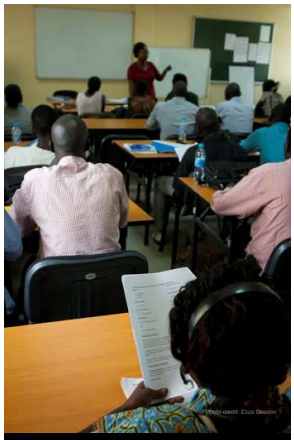
INITIATIVES ■ Health Care Capacity Building and Training ■ Maternal & Child Health ■ University Level Training

- With the 2012 admissions into JCONAM, the current student population stands at a combined number of 95 nursing and midwifery students.
- The college project established a model skills laboratory and library, both will be serving as models for other institutes in South Sudan.
- College partner UNDP completed the construction of the hostel facility for second and third year students at the Juba Teaching Hospital. The structure is comprised of three floors; the ground floor has a kitchen and mess hall.
- RMF South Sudan hosted Nicky Lankester, a freelance filmmaker funded by IRIN (UNOCHA office in Nairobi) and Elizabeth Deacon, a freelance photographer. The team of two worked in partnership with RMF in highlighting the challenges faced by the health sector in maternal and child health with activities conducted, culminating in a documentary titled "The Birth of South Sudan': www.youtube.com/RealMedFoundation
- During the second quarter of 2012, RMF procured wireless Internet facilities for JCONAM. This initiative saw the installation of a VSat internet equipment and payment of monthly subscription for internet services. In an ever-changing global environment, it is essential for training institutes especially in the health sector to be updated on current information and research via the internet. Wireless Internet equipment and services were also installed at Juba Teaching Hospital for hospital staff to utilize.
- Second year nurses and midwives were in the wards at Juba Teaching Hospital for their first rotation until mid-September. The third year midwifery students had practical lessons and were rotated among the Newborn Unit, the Maternity Ward and the Postnatal Wards. The third year nursing students were placed in the Medical, Family Planning, Pediatrics and Surgical Wards.
- With the inclusion of the second year midwifery students into the Maternity Ward delivery roster, the 16 students are able to conduct/ participate in 10-20 supervised deliveries per day.
- RMF consultants conducted healthcare trainings and evaluations of health facilities in Unity State in December of 2012 on behalf of CARE International in the following areas: Pharmaceutical Management, Comprehensive Emergency Obstetric and Neonatal Care, Clinical Management and Psychosocial Support to Victims of Sexual & Gender-based Violence, and Evaluation of 13 Health Facilities in Unity State.



Nurse in training

Expectant Mothers waiting at Maternity Ward in Juba



Students in lecture

New Mother at the Juba Teaching Hospital

UGANDA

INITIATIVES ■ Refugee Support ■ Health Center ■ Education and School Support ■ Vocational Training Center

More than 22,700 Patients treated

1,625 Refugee School Children supported

Vocational Training Institute with 40 Tailoring and Hairdressing Students

Happy patient at the Panyadoli Clinic, Kiryandongo Settlement

Background

The Kiryandongo Refugee Settlement in Bweyale, Uganda, is a UNHCR managed refugee settlement that provides shelter, land and support for more than 25,000, comprised of Ugandan IDPs and refugees from Kenya, Congo, Rwanda, Burundi and Sudan. RMF has partnered with UNHCR in supporting Kiryandango and the greater surrounding community of Bweyale (an additional 30,000 residents) with health care, education and vocational training since 2008.

The 75-bed Panyadoli Health Center, located in the middle of the Kiryandongo Refugee Settlement, has been consistently supplied with medicine, medical supplies and operational support by RMF since early 2009. In collaboration with the UNHCR and the Ugandan Office of the Prime Minister and with the support of World Children's Fund, RMF, on an as-needed basis, periodically repaints, provides mosquito nets, beds and mattresses, and keeps critical medical inventories supplied and in stock. RMF cleaning staff also regularly cleans the patient wards and grounds of the clinic compound to ensure hygiene and low mosquito and other infestations near the buildings.

Panyadoli Health Center

2011-2012 Update:

The Panyadoli Health Center treated 22,724 patients this past year with some months seeing as many as 3,000 patients, for a wide variety of issues including malaria, malnutrition, maternal and child care, and HIV/AIDS; cases requiring tertiary care are referred to the closest county hospital.

In addition to our regular clinic support we conducted a child Malnutrition Survey in February of 2012, which showed a total of 28 cases of children with malnutrition, with 10 cases of Severe Acute Malnutrition that require special treatment and expensive therapeutic food supplies. The survey results and consultation with medical staff at Panyadoli has shown that the health center would need approximately $30,000 a year in therapeutic food supplies and medicine to manage both the severe and moderate cases of acute malnutrition. RMF is currently looking into the expansion of our health program to include more regular Malnutrition support.

Our consistent supply of medicine and supplies to the health center also enables the running of a smaller second clinic at a further away location in the settlement and enables the Panyadoli Health Center to handle more complicated cases. In addition to the continuous medical support, RMF has also has maintained the solar powered water pumps, pipes, and taps that supply all the clinic buildings and that we had installed the previous year. Our vision continues to be to expand and upgrade the Panyadoli Health Center's capacity and services so it can function as a Level 4 Hospital.

Malaria patient receives treatment at the Panyadoli Clinic

RMF purchased Medicine and Medical Supplies

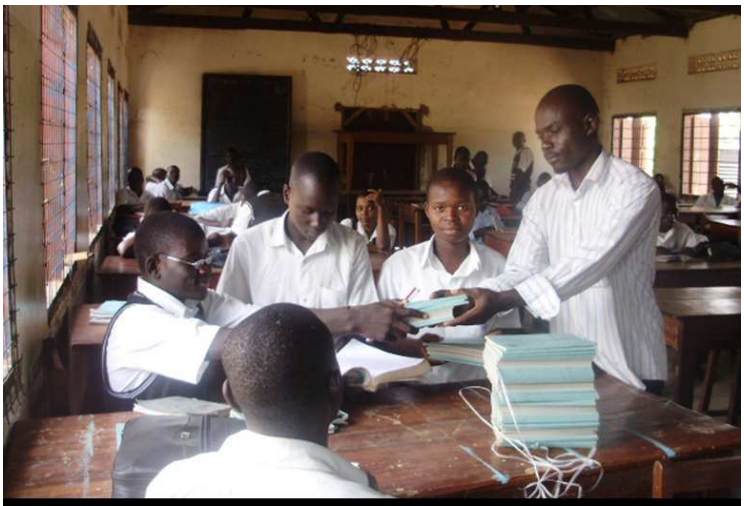
UGANDA

INITIATIVES ■ Refugee Support ■ Health Center ■ Education and School Support ■ Vocational Training Center

Kiryandongo Refugee Children Education and School Support

Background

When the Kenyan refugees arrived at the Kiryandongo Refugee Settlement in 2008, there was very little support in terms of school fees for their children, and there was no provision for a nursery school at the settlement. RMF stepped forward in collaboration with the UNHCR and Ugandan Office of the Prime Minister and with support from World Children's Fund to establish a school support program to cover fees and supplies for Nursery, Primary and Secondary School children of the Kenyan refugee community at Kiryandongo. In the subsequent years, students from Sudan, Congo, Burundi and Rwanda have been accepted into our program as well. RMF pays a portion of the tuition fees, school uniforms, school supplies, and exam fees for the students of parents unable to afford the fees. We also cover the cost and travel expenses for the final examination tests for the senior high school students.



Students receive notebooks at Secondary School

2011-2012 Update:

For the 2012 school year we piloted supporting 75% of the school fees for the portion of the Secondary School students that we are sponsoring as the parents are more settled and have become more able to cover a portion of the fees. Additional reasons for this step are holding the parents co-responsible for the education of their children, and the fact that we have to be strategic with respect to the funding available to us since inflation has taken its toll. We have also continued providing the same amount of fees to the Nursery and Primary Schools but these fees are spread across the whole student population of these schools as the fees are significantly lower.

This increase has resulted in RMF sponsoring 1,625 students, up from 636 last year. The refugee children we currently support are from Kenya, Congo, Burundi, Sudan and attend the following schools in the settlement: Beth Cole Nursery School, 79 students; Day Star Nursery School, 30 students; Arnold Primary School, 713 students; Can Rom Primary School, 679 students; Panyadoli Secondary School, 124 students. We also continued to provide funding for the annual registration of candidates in Senior Level Four and Senior Level Six that are in our sponsorship program and facilitated candidates taking their national exams in the city of Masindi.

Students gather on campus

Students hard at work with their new textbooks

UGANDA

INITIATIVES ■ Refugee Support ■ Health Center ■ Education and School Support ■ Vocational Training Center

Kiryandongo: Panyadoli Vocational Training Institute

Background

In April 2011, RMF initiated a Vocational Training Program at the Kiryandongo Refugee Settlement after being presented by the refugee community with issues surrounding the lack of skills and vocational training for students graduating from the settlement high school. After researching which skills and programs might provide the quickest income earning opportunities for the students and the most economic investment requirements for RMF, and with the feedback from the community we narrowed the programs down to two: Hairdressing/ Beauty and Tailoring Training. With the generous support of World Children's Fund, we renovated a disused building in the camp, purchased tailoring and hairdressing supplies, and funded the salaries of four vocational tutors.

Hairdressing students practicing new skills

This program is part of the economic component of RMF's overall humanitarian vision, the 'focus on the person as a whole'. The longer term vision for this vocational training center is to be one of several models for income generating opportunities for the populations we are supporting around the world so they eventually can be self-sufficient again.

2011-2012 Update:

RMF completed its first session of classes in December of 2011, covering both theory and hands-on techniques for hairdressing and tailoring. The vocational institute had its first official graduation ceremony on December 1, 2011 with 30 students graduating; 13 in tailoring and 17 in hair dressing, all with good grades. Our second class of students that started in January of 2012, graduated in October 2012, with a total of 40 students, 24 in hair dressing, and 16 in tailoring, and we are slated to start our third class in January of 2013.

The Vocational Centers are continuing to generate some income for the school by tailoring garments, i.e. uniforms for the nurses at RMF's Panyadoli Health Center, and by offering hairdressing services to the refugee population at the Kiryandongo Settlement and its surrounding communities.

Success Stories

Auma Santa (pictured below to the left), a graduate of the first tailoring and garment cutting class opened her own shop (she sews and designs garments) at the Bweyale trading center, and is now able to meet her family's needs. Another success story is Florence Kabwimura (picture below to the right), a graduate of the first Hairdressing Course, who is also doing well at the Bweyale trading center with her own hair salon.

Tailoring Class graduates at their new garment shop

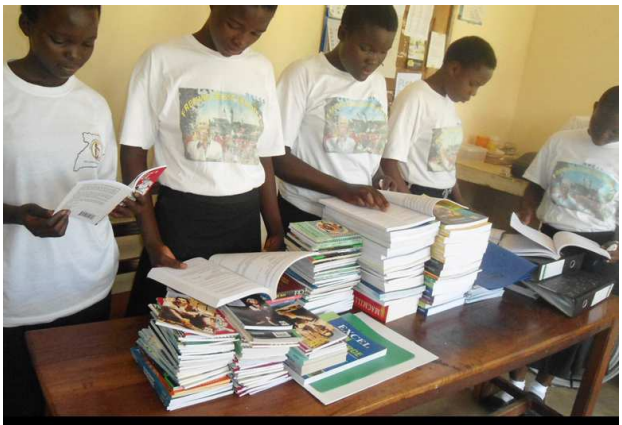
Hairdressing Class graduate at her newly opened salon

UGANDA

INITIATIVES ■ Boarding School and Orphanage Support

Full operational support of school programs and 200 students

Registration of school with Ministry of Education



Students reviewing RMF textbook donations

Mama Kevina Boarding School, Tororo

Background

The Mama Kevina Comprehensive Secondary School is both an orphanage and a boarding school that provides education and care for orphans in eastern Uganda. The boarding school caters to both orphans and some local paying students and is located just a few kilometers outside of the town of Tororo in eastern Uganda, about 200 kilometers from the capital, Kampala. Mama Kevina School was opened in 2006 with international financial support, and with the goal of providing both secondary education and vocational training. The student population is mostly from northern Uganda where many children have been affected by ongoing wars, floods and HIV/AIDS. Many of the students' parents were killed by rebels or AIDS which left many of the children as orphans; some boys had been forced to be child soldiers. Enrolled at the school are students ranging in age from 11 to 24, who attend secondary grades 1 to secondary 4.

2011-2012 Update:

Starting at the beginning of the second quarter of 2012, the World Children's Fund and RMF began significant financial support of the school's monthly operational funding. This funding is being used to cover the school's various operational expenses, enabling it to significantly raise the level of academics and support for the students and orphans, also enabling the school to attract more paying students. This new level of funding has enabled us to:

- Support the school administration in payment of staff salaries and the daily running of school programs.
- Supply new school text books, laboratory and chemistry equipment for science classes.
- Supply computers to equip students and staff with computer skills and knowledge.
- Equip the students with tools for extra-curricular activities to participate in the regional games and sports.
- Construct new bathrooms, paint all buildings, plant a kitchen garden, and install a new water tap.
- Purchase 200 mosquito nets and support the school clinic with medicine and supplies so that the school nurse can treat the children within school premises.
- Host a community sports and music competition on campus to introduce new programs to the community and the parents.
- Continue RMF/WCF food sponsorship for Mama Kevina, with students now able to receive all the meals in a day.

The students are now also able to receive novels in their literature lessons, medical treatment within school premises, and computer lessons. The laboratory is fully equipped and students are able to have science practical within the school premises.

As a result of the WCF/RMF funding, the school was officially registered by the Ministry of Education and Sports and was given center number. This means that our students will sit for National exams within the school premises without having to travel.

Students in classrooms

New water tap installed

Students performing at Community Gathering

HAITI

INITIATIVES ■ Disaster Relief ■ Surgical Support Program ■ Long Term Health Care Capacity Building

New Surgical Support Program

Hospital Equipment and Supply Support

Small Resident of Port-au-Prince

Background
In the aftermath of the January 12, 2010 earthquake, in addition to tackling some of the immediate relief needs, RMF moved forward with a comprehensive long-term strategy for sustainable health services development in Haiti to help rebuild its shattered public health system.

Our work during the initial weeks was focused on the provision of medical staffing, medicines and medical supplies and strategic coordination to help meet the surging needs of the health crisis on the ground.

For all of 2010 and much of 2011, RMF provided free clinic services at Hôpital Lambert Santé Surgical Clinic in Pétion-Ville, a facility which since the January 2010 earthquake had never stopped providing much needed care to public patients. Pétion-Ville and the surrounding communes were home to more than 100,000 displaced persons, living in tent communities. This free clinic continued to offer quality healthcare to patients in need of primary, secondary and even tertiary care. We were able to provide for more than 1,800 consultations and 450 surgeries over this time frame.

Three years have passed since most of Haiti's infrastructure was devastated, and while there has been some considerable progress made in rubble clearing and somewhat in rebuilding efforts, there is still much work to be done. Social and healthcare status remain dire despite the proliferation of primary care clinics all around the most affected areas of the country and more so in Port-au-Prince. While a very positive initiative, giving more people access to basic care, sadly the effort remains disorganized and unstructured and not defining a clear and continuous pathway for the patients in search of diagnosis and treatment. On a positive note, more than half of the 1.5 million Haitians who had been living in tent camps have moved back into homes and more permanent shelters thanks to a relocation program initiated by the new government, and more than half of the estimated 10 million cubic meters of earthquake rubble has been removed.

2011-2012 Update:
RMF's longer term strategy in Haiti continues to be the Hospital Consortium Project based on a Public/Private Partnership model, as one of the solutions, to not only adding capacity, but bringing a much needed boost to the quality of patient care in Haiti. This project is focused on the partnered hospitals' respective core competencies, providing access to quality secondary and tertiary healthcare, including trauma and critical care for the population, which before the earthquake was only readily available for private, paying patients. An initial pilot version of this project is currently moving forward with funding and support provided by Medical Mission International and Global Assistance, which have provided a container load of non perishable medical supplies and numerous medical equipments. This container cleared customs after more than 4 months and will surely improve care and services of the network's hospitals.

Surgical Support Program In addition, there is a new RMF Surgical Support program, currently providing surgeries and follow up treatment for Children and Adults in Port-au-Prince, Haiti. We hope to continue contributing to rebuilding and reshaping Haiti's healthcare system in 2013 with innovative and sustainable models, providing better access to quality care and targeting ultimately the overall improvement of the health of Haitians from all means and resources.

With funding made available by Child Survival Fund, originally directed towards reopening and improvement of a free medical/surgical clinic at Lambert Santé, RMF decided to implement a surgery program to benefit children and adults with post-earthquake and traumatic complications or non-trauma related orthopaedic conditions, which greatly impaired both the quality of life and earning capabilities of these patients.
Twenty (20) patients out of close to one hundred cases were carefully selected to be part of this program. They were chosen because of the capacity for the local surgical team to attend to their needs and the extent of the funding available for the implementation of the program, including pre and post-operative care. The patients then received a biological and radiological screening at Hôpital Lambert Santé Surgical Clinic in Pétion-Ville.

HAITI

INITIATIVES ■ Surgical Support Program ■ Long Term Health Care Capacity Building

Surgical Support Program (continued)

Surgicial patient: Etienne Cherley

Surgical patient: Masse Berline

Surgical patient: Diejuste Stévancia

The first part of the program was initiated in August/September 2012 and eight patients were operated on by the two orthopaedic surgeons involved: Dr Georges Beauvoir and Dr Patrick Dupont, assisted by Dr Katya Ollivier, anaesthesiologist. Seven of these patients were children with incapacitating conditions and one adult with a femoral implant, in need of removal since January 2010. Some of the detailed case reports on these children are already available and will be updated as their progress is being continuously monitored.

We already have very good results for three of our patients after only two months:

- *MARCÉUS Pierre Rivert, 12 years old*
  He was unable to walk because of progressive severe angulation of the ankle due to a multifocal benign bone growth disease, with one tumor impairing the normal growth of his tibia. Corrective realignment osteotomy was able to provide with a better ankle axis, thus permitting now a chance at normal ambulation.
- *ETIENNE Cherley, 12 years old*
  She suffered from complications of a misdiagnosed and somewhat neglected distal femur fracture, sustained during the earthquake, which left her with a deviated femur and resulting shortened limb. Corrective osteotomy of her femur with external fixation was able to regain some of her length and realign the deviation of the bone, making room for mobility improvement which before the surgery mandated the use of crutches.
- *MENDER Jennifer, 8 years old*
  She was born with a significant deviation of her forefoot with discrepancy in size between her feet, thus making impossible the use of closed shoes, even in different sizes. Her surgery included complete realignment of the bones of her foot to correct the deviation. Apart from being able to better use shoes, she will see her gait improve significantly.

Three of the remaining four paediatric patients underwent axial lower limb corrective procedures for which progress has to be evaluated during the course of the next 4 to 6 months; and finally one patient had a tumor biopsy done before considering corrective surgery for leg discrepancy and deviation. As the bone growth in both her right femur and tibia was proven benign by the lab, she will be included in the next round of surgeries.

We have been actively preparing the next part of this program, with the remaining twelve patients, of which nine are children. We are currently finalizing the preoperative screening of these patients in order to implement their procedures mid-January 2013, thus concluding this surgical program which has given us the opportunity to improve the condition and quality of life of fifteen children amongst other patients and offered them a better chance to thrive in the future.

Although these patients were able to benefit from this program, there are still many others in need of such care. Most of our kids were selected at a facility that cares for children with cerebral palsy, orthopaedic congenital, acquired and trauma related deformities. This facility, The St Vincent School/Hospital, was once the only recourse for these children, providing schooling, ambulatory clinic and surgeries but was destroyed in the 2010 earthquake; it is currently operating in a less versatile setting with only outpatient services and no surgical capacity for the foreseeable future.

PERU

INITIATIVES ■ **Primary Health Care** ■ **Medical and Dental Outreach**

Serving a population of 30,000

14,831 patients treated

Ultrasound, Dental and advanced Lab services

RMF & PAMS Medical Outreach team

Policlínico Peruano Americano in San Clemente, Pisco

Background

On August 15, 2007 a magnitude-8 earthquake struck just off the coast of central Peru, with more than 1,000 killed, 3,000 injured and more than 58,000 homes destroyed. The areas most affected were Pisco, Ica, Chincha, Cañete, and Huancavelica. After initially supporting the Children's Hospital in Lima which experienced a considerable influx of patients from the earthquake affected areas, helping other NGOs with aid and food distribution during the first days after the earthquake, and running a temporary health clinic to offer primary healthcare services until an appropriate permanent location was found, RMF Peru opened the doors to the "Policlínico Peruano Americano" in its permanent location of San Clemente, the poorest district in Pisco, in December of 2007. The clinic's target population is San Clemente (population of 30,000) but it also receives patients from other areas of the province of Pisco (population of 125,000).

Our Policlínico Peruano Americano was originally located in an earthquake safe house with several examination rooms, a large waiting area, lab, and ultrasound equipment. We also treated over 3,000 children through a school nurse program during our first year, and held weekly educational health workshops both inside and outside of the clinic, on topics requested by our patients such as family planning, arthritic pain, hypercholesterolemia, lower back pain, and acute diarrheal disease. In February 2011, upon invitation of the Mayor and the City of San Clemente, RMF's clinic moved to a new building with the sponsorship of the local authorities under which RMF Peru continued to provide medical services to those in and around the district of San Clemente. The city provides us with resources such as electricity, water, security guards and cleaning. This new location cost less for us to rent and manage, and brought us in closer partnership with the local health and political representatives.

The presence of RMF's Policlínico Peruano Americano continues to relieve the strain on the existing health infrastructure where patients didn't have sufficient access to healthcare even before the earthquake; **the number of patient files has now passed the 15,000 mark**. Services provided include general medical services, Pap smear exams, laboratory, EKG services, and dental services 3 times a week. In addition, the philosophies adopted at our clinic are based heavily on education and prevention. Not only are our patients being treated for their illnesses, but they are being educated as to why they are sick and how they may prevent the sickness in the future. Dental outreach campaigns are performed at least once a month to specifically reach seriously underserved patients. In addition, four 'deworming' campaigns were held in the past year.


Every morning, patients wait for the RMF Clinic to open

2011-2012 Update:

- An average of 50 patients per day are treated at our clinic, representing all ages from newborn to 60+, an average of 1,130 patients were treated per month. In addition, an average of 185 patients is being treated regularly at our dental outreach camps with 2,389 patients reached in the past year.
- Pap smear campaigns are conducted each month with an average of 55 women attending.
- A generous donation for the purchase of medicine was received by the Spanish town council of Lazkaoko Udala with the help of RMF Volunteer Naiara Tejados and her parents.
- RMF Peru participated in an AIDS awareness campaign at the Plaza de Armas in San Clemente on December 1st, World AIDS Day, with participation of other public and private sector health organizations.

PERU

INITIATIVES ■ Primary Health Care ■ Medical and Dental Outreach

- Thanks to our RMF Peru team and their families and friends, we collected many gifts for our small patients and held a very successful "Chocolatada" Christmas party.
- Equipment (air compressor) for the operation of dental services was purchased thanks to the donations from the local population of San Clemente.
- Dental service at the clinic was started in April, an additional big step forward to the services we are already providing, as private dental examinations are of very high cost for most people in San Clemente. For this service, we are grateful for the volunteer work of Dr. Luisa Reyes who has given her time and skills, and sees an average of 100 patients each week.
- The number of patient files has now passed the 15,000 mark. New wooden filing cabinets were purchased to help store the clinical files of our patients; they are required to be kept as paper files by Peruvian law and as per the Ministry of Health.
- Our partners at The Peruvian American Medical Society (PAMS) held their annual outreach and treatment mission on the 19th-21st of June, counting among the volunteers: 2 Primary Care Specialists, 1 Medical Student, 2 Dentists, 1 Dental Student, 1 Nephrologist, and 2 Psychologists. A total of 204 medical patients, and 87 dental patients were treated, and 25 patients received psychological counseling.
- We received the following donations of dental equipment: 1 halogen lamp, 1 micro motor drill, and 1 set of drill pieces.

Children at a RMF Nutrition and Weight School Outreach

- The Municipality and the Mayor assisted us with provision of supplies to repaint the walls and doors of our clinic and the bathrooms.
- In addition to our TV, a DVD player was installed in the waiting room to make the patients' time spent there more pleasant; this also enables us to show educational and disease prevention videos.
- We reached a financial agreement with the Milagritos Laboratory, who already works with us to give us a percentage of their monthly samples for free.

Mother and daughter consult with RMF physician

Dental treatment Mission conducted at our Clinic

UNITED STATES: LOS ANGELES

INITIATIVES ■ Medical Outreach and Healthcare Education ■ Children's Programs

At home in Los Angeles, Real Medicine Foundation has initiated outreach programs at three locations in underserved areas in the greater Los Angeles area to provide medical/physical, emotional, social and economic support to children and adults; one of these programs, at Nuestra Clinica in Boyle Heights, East Los Angeles, has been completed in May 2010.

RMF Team at FWMC Holiday event

Florence Western Medical Clinic, South Los Angeles

Background

RMF's Community Outreach Programs located at Florence Western Medical Clinic are focused on increasing health care access and health education to the South Los Angeles community. FWMC provides care to patients from all economic backgrounds. Services offered are primary care, pediatrics, senior care, gastroenterology, diabetes care, podiatry, and physical therapy. Under the direction of Dr. Kevin Thomas, the clinic is also home to a variety of specialists committed to meeting the needs of the whole family as well as a full service pharmacy and lab. RMF's outreach programs include physical therapy and healthcare education services as well as non-medical services such as physical fitness and yoga for adults and children, programs for new mothers, assistance to families with children without insurance, arts & crafts and reading programs for children, and much more. Most of the children who participate in our programs are being raised by family members other than their parents, and are at high risk for future physical and psychological problems. Due to this fact, our Children's Programs have been especially focused on teaching the children how to approach and successfully overcome stressful situations within their everyday lives. RMF, in collaboration with Health Net also provides workshops for adults educating the community of South Los Angeles on the benefits of living a healthy lifestyle. The participants are i.e. engaged in low-impact exercises; discussions include the risks of smoking, alcohol and drug abuse along with the benefits of healthy eating habits to lower cholesterol levels, risk of diabetes and heart disease. Our daily healthy food and grocery program in cooperation with the Whole Foods Market in Venice, CA, has been successfully in place since December of 2008.

2011-2012 Update:

In addition to our Annual Holiday Party which provides gifts and grocery cards for families we have added an annual "Back to School Event" at FWMC providing children with a backpack filled with supplies to prepare them for the new school year. In August 2011, we held the first of these events and were able to provide over 70 children with new backpacks filled with school supplies and personal hygiene products. Personal donations and monies allocated by the 2011 LA Marathon "Athletes for Real Medicine" fund along with donations of supplies from Health Net, Northrop Grumman and Apple Care enabled us to ensure that every backpack would give the child a sense of dignity and excitement toward the upcoming school year. Our 2nd "Back to School Event" was held in August 2012 with equal success. LA school systems unfortunately are unable to furnish children with the required materials, and the financial burden on families can create significant hardship. Los Angeles Councilmember and former LA Police Chief, Bernard Parks, made a personal appearance at our first event in August 2011. In August 2012, we were delighted to welcome Alderman Mike Davis.

As a new program, we added RMF's signature **"Walk For Real"**. Obesity and inactivity are fast becoming the number one threat to the health of many Americans. At the same time, exercise can be dangerous in many of the city's neighborhoods (if you go alone). RMF believes the best healthcare is preventative and introduced a new community walking program offering to help individuals make physical activity a regular part of their lives – while becoming more involved in their neighborhood through a fun, motivational group walk.

JWCH/DRMC Family Care Center, Downey, South Central Los Angeles

AD+ World Health, JWCH Institute and Downey Regional Medical Center (DRMC) have partnered to create the JWCH/DRMC Family Care Center which will be a Federally Qualified Health Center. Volunteers of America has joined this coalition to provide the final funds to complete construction. The center will be a primary, preventative and urgent care family clinic in Downey to serve the underserved and underinsured in Southeast Los Angeles County. Real Medicine Foundation remains one of the first partners of the coalition to help attract funding support and to provide outreach programs. The local community is in desperate need of a healthcare home where children and adults can receive the full spectrum of primary and preventative care in a financially feasible venue. With the continuing implementation of the Affordable Care Act, much of our underserved population will have medical coverage but no access to medical care without the addition of more clinics. Clinic services will include comprehensive primary care for children and adults; mental health services; prenatal care and education; preventive education on asthma, diabetes, heart disease, HIV, STDs, teen pregnancy, obesity; women, infants & children (WIC) enrollment; urgent care; nutritional and exercise education. Patients are seen regardless of ability to pay. The clinic will also be a training site for DRMC's family practice residents, optometry, podiatry, dental and nursing students, family nurse practitioners and physician assistants from Western University of Health Sciences.

ARMENIA

INITIATIVES ■ Primary Health Care ■ Mobile Clinic/Ambulance Outreach

Clinic servicing a population of over 6,800

Emergency Ambulance for remote villages
540 house calls

473 children vaccinated

Supporting 88 chronically ill patients


Vaccination administered at the clinic

Primary Healthcare Clinic in Shinuhayr, Syunik Marz

Background

Accessibility to free, quality health services for children and mothers in rural Armenia is extremely limited. It is estimated that 35% of the country still live below the poverty line. The Shinuhayr Primary Healthcare Clinic is the only comprehensive clinic available in the region servicing its surrounding seven villages with a population of over 6,800. There is a great need for perinatal, pediatric, cardiovascular, infectious disease, orthopedic, and geriatric services in this region. Approximately 350 families fall under the 'socially vulnerable' category and benefit from the services of RMF's project. In addition, 265 disabled persons, 577 children ages 0-7 years and 1,113 school children ages 8-17 years, and 53 single mothers benefit from improved healthcare services.

Working closely with our program partner, the Armenian Relief Society (ARS), RMF supports the Shinuhayr Primary Healthcare Clinic to provide the clinic with critical medicine inventories and medical supplies. This project indirectly impacts all members of the eight communities it serves. It directly impacts those socially vulnerable individuals, including members of large families, pensioners and children, who present with acute or chronic illnesses during a clinic or house visit. RMF also provides these patients with free medications and makes sure that patients are followed up on by RMF staff to assure their continuum of care. Special attention is provided to chronically ill patients with cardiovascular disease, hypertension and diabetes. These patients are seen every month by our nurses to assess their health status and to ensure medication compliance.

2011-2012 Update:

In this past year, 4,262 patients visited our clinic, 27% of which were children. Our doctors made 540 house calls and we provided 88 chronically ill patients with free monthly medications. Two days per week are children vaccination days with a total of 473 vaccinations administered in the past year. Every month, our nurses contact mothers of young children in the communities to remind them about the importance of childhood vaccinations and to inform them of the dates when free vaccinations are administered either at the clinic or in the communities. After the children receive their vaccinations, the nurses call to follow up on their conditions and remain available to intervene whenever necessary.

Availability of our outreach team makes care more accessible for non-ambulatory patients, as our family medicine physician travels monthly from Shinuhayr to the surrounding communities providing home visits as needed. RMF's long term vision continues to be the upgrade of the clinic building to reestablish a hospital, and to expand our programs to include vocational training and small business sponsorships focused on women and youth entrepreneurs.


Long term patient Mariam Tevosyan with family


Patients wait in line to be seen at the clinic


Norah, one of our new long term patients

WHO WE ARE

GLOBAL MANAGEMENT TEAM

Martina C. Fuchs, MD, PhD	Chief Executive Officer
Jonathan M. White, MBA	Chief Operating Officer
Lilly Ghahremani, JD, MBA	Legal Advisor and Marketing Strategist
Miriam Mamann-Mayhall	Bookkeeper/Accountant
Frederick Ascher	Development and Donor Relations
Dheepa Rajan, MD	Coordinator, Global Projects
Caitlin McQuilling, MSc	Coordinator, Global Development
Michael Matheke-Fischer	Director of Programs, India
Pratik Phadkule, MSW	Program Manager, Health and Nutrition, India
Rubina Mumtaz, BDS, MPH	Country Director, Pakistan
Zahoor Uddin, MD	Project Coordinator/Supervising Physician, Pakistan
Stephney Minerva Fernando	Project Coordinator, Sri Lanka
Mwanaidi Kheyo Makokha	Project Coordinator, Kenya
Omar Amir, MD, MPH	Project Coordinator, Mozambique
Salau Rotimi, BA	Project Coordinator, Nigeria
Taban Martin Vitale, MD	Team Leader, Healthcare Projects, South Sudan
Okang Wilson Ezekiel, NPA/MDTF, BPHS	Project Coordinator and Finance Administrator, South Sudan
Naku Charles Lwanga, BSocSc	Project Coordinator, Uganda
Alphonse Mwanamwolho, BSocSc	Project Assistant, Uganda
Patrick Dupont, MD, MGSS, MHA	Project Coordinator, Haiti
Magali Mancini de Pujalt	Director Ejecutivo, Perú
Rene Gustavo Castillo, BA	Country Director, Perú
Rosalind (Roz) Baker	Project Coordinator, Los Angeles
Margarit Hovhannisyan, MIE	Project Director, Armenia
Kristine Sargsyan, MBA	Project Director, Armenia
Stella Arzumanyan	Project Coordinator, Armenia

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CDTI Hospital, Port-au-Prince, Haïti
Cha Cha Lounge
CHAI I Clinton Health Access Initiative, India
Child Survival Fund, UK
Clean Cuts Music & Sound Design, Silver Spring, MD
Clif Bar & Company
Comfort Chiropractic, Monterey Park, CA
Community Family Care IPA, Monterey Park, CA
Community Foundation of Greater Memphis
Community Foundation of New Jersey
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Dimagi Inc
Dionicess I Drink Eat Travel
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Discovery Communications, Inc I Discovery Impact Creating Change
Downey Regional Medical Center (DRMC)
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Florence Western Medical Clinic, Los Angeles
Fox Entertainment Group
Friends in Global Health, Vanderbilt University
Fundación Pablo Horstmann, Madrid, Spain
Gap Foundation
Gelson's Market, Encino, CA
GIZ I Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
Global Assistance
Global Basecamps
Global Development Foundation, Pakistan
Google Inc. Charitable Giving Fund
Green Bean Coffeehouse I Greenwood Neighborhood Advancement
Green Gables Elementary School, Lakewood, CO
Gure Gwassoro Ward Development Committee, Nigeria
Hans Zimmer, Varèse Sarabande Records, Inc
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Hirani Wellness Medical Center, Inc
Hôpital de la Communauté Haïtienne, Port-au-Prince, Haïti
Hôpital du Canapé-Vert, Port-au-Prince, Haïti
Hôpital Lambert Santé Surgical Center, Pétion-Ville, Haïti
Houston Neurocare, P.A.
Hulu
IIHMR I Indian Institute of Health Management Research
Intermix
IT Problem Solver
JCONAM I Juba College of Nursing and Midwifery, South Sudan
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JEN I Japanese Emergency NGO
Jewish Community Endowment Fund
JICA I Japan International Cooperation Agency
(JK Group as Trustee for) CA Inc. Matching Gifts Program

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LÄRABAR

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LOHAS I Lifestyles of Health and Sustainability

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NYU Wagner I The Capstone Program

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RAF I Research & Advocacy Fund

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Schwartz Family Foundation

SeeYourImpact

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St. Mary's Hospital, Isle of Wight - Juba Hospital Link, UK

Stanford University I Center for Innovation in Global Health

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The Rosenthal Family Foundation

The Sacherman Fund

The Salvation Army

The Sirpuhe and John Conte Foundation

The Surly Goat, West Hollywood, CA

Tides Foundation

Tiger Freight Services, Inc.

TISS I Tata Institute of Social Sciences, India

TOMS Shoes

Tony's Darts Away LLC

Total Contact Management, London, United Kingdom

UBS AG I Employee Giving Program

UN ECOSOC I United Nations Economic and Social Council

UNDP I United Nations Development Programme

UNFPA I United Nations Population Fund

UNHCR I The United Nations Refugee Agency

UNICEF I United Nations Children's Fund

Union Bank of California, Los Angeles, CA

University of Alberta, Canada – School of Public Health

University of Pittsburgh at Bradford, PA

Urban Zen Foundation

Valley Beth Shalom, Encino, CA

Walmart Foundation

West Sylvan Middle School 8th Grade Social Studies Class, Tacoma, WA

WHO I World Health Organization

Whole Foods Market, Venice, CA

Wildflower Skin Care, Valley Village, CA

World Children's Fund

Zanmi Lasanté, Partners in Health, Haïti

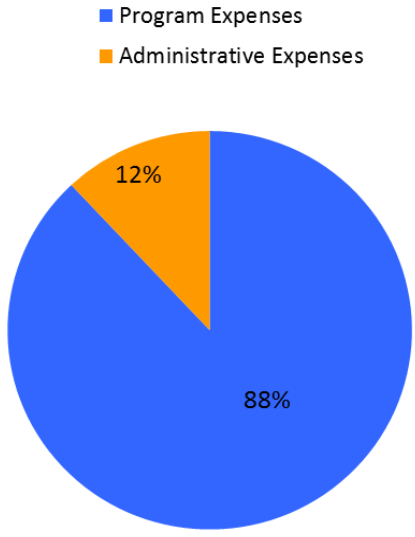
ZICO Coconut Water

FINANCIALS

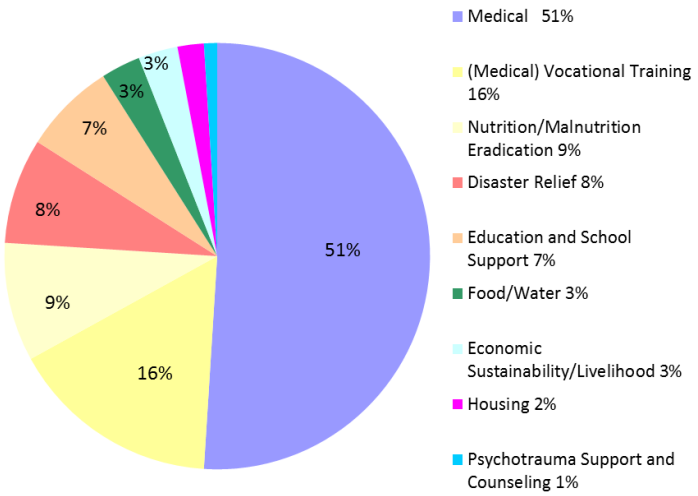
FISCAL YEAR 2011 (June 2011 - May 2012)

In US $	Fiscal Year 2010	Fiscal Year 2011
Contributions and Grants to RMF USA*	**1,067,287**	**1,580,963**
Expenses*:		
Program Expenses	1,016,919	1,178,216
Administrative Expenses	49,705	143,563
Fundraising		22,333
Total Expenses	**1,066,624**	**1,344,112**
International Contributions**		
Contributions to RMF Germany (100% used for program expenses)		515,010
Contributions to RMF India (100% used for program expenses)		37,546
Contributions to RMF Pakistan (100% used for program expenses)		235,494
Total International Contributions		**788,050**
Total Combined US & International Contributions		**2,360,013**
Total Combined Global Program Expenses**		**2,132,162**

Total Expense Breakdown



Global Program Expenses by Category



*2011 IRS Form 990 US Contributions and Grants, and Expenses. Copies of 2011 and 2010 Form 990 may be requested from head office in Los Angeles.

**The figures presented here describe RMF's finances on a combined international level. The 2011 combined international figures are set up in accordance with international accounting standards.

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