



Real Medicine Foundation
Annual Report 2010/2011

AMERICAS - AFRICA - ASIA - EUROPE



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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. By using a personal approach, Real Medicine forms partnerships with individuals and existing organizations throughout the world, allowing us to create effective models and sustainable solutions that can be applied globally.

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, 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 in addition 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 six 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 the summer of 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.



Mothers and children in Madhya Pradesh, India attend an RMF Malnutrition Eradication Training

YEAR IN REVIEW

Dr. Martina C. Fuchs, Founder and CEO

Having just completed our 6th year of continued high impact work around the world, I couldn't be more excited about the future of our organization. I visited 6 of the countries RMF is working in in 2011, and the hope and commitment of the children and adults we are supporting and working with was palpable and inspiring.

RMF works in Madhya Pradesh which carries India's highest malnutrition burden with 60% of its children under 5 malnourished - 6 million children whose futures are at risk. With our team of 75 Community Nutrition Educators, tribal women, who are outside of the Indian cast system, lower than Untouchables, and, according to this system, don't even count as human beings, we work in 600 of Madhya Pradesh's worst hit villages, and have diagnosed and treated 85,016 children with acute malnutrition and counseled their caregivers from 2010 through November 2011. The impact and scope of this initiative that these amazing, smart and committed women are achieving with us cannot be understated: not only does our work immediately affect the future of these 85,016 children, their own future children, and their extended families and communities, but it also allows our CNEs for the first time in their lives to have their own bank accounts and support their families – not even mentioning their own sense of pride and self-esteem. Since July 2011, our CNEs are now also on the cutting edge of technology, helping Microsoft design their Digital Slate technology for data collection in the field. Tribal women advising Microsoft – truly, nothing is impossible! ... And, given the success of RMF's model, the Indian government is now partnering with us to scale our work.

South Sudan's maternal mortality is the highest in the world, at 2,054 deaths per 100,000 live births. At the first ever fully accredited diploma level College of Nursing and Midwifery in Juba, we are training 120 nurses and midwives over the next 3 years. In September 2011, we interviewed every single one of the 38 first year students, and they shared their personal stories of women dying in childbirth in front of their eyes. Several male midwifery students among them, who were willing to be ridiculed for cultural reasons embarking on this training in South Sudan, but committed to making a difference in their newly independent country. This first class will graduate in 2013, forever changing the face of healthcare in South Sudan. ... And it is already being envisioned and prepared to scale this model to be extended to other strategic locations within South Sudan.

Developing the economic component of 'real' medicine in Kiryandongo, a refugee camp of 55,000 we are supporting in Uganda, RMF initiated a vocational training institute that is led by two teachers with business experience who had to flee Congo and Kenya respectively, but bring their business acumen and experience to the refugee community, creating opportunities for independence of outside help, and simultaneously helping us manifest our vision of a new model of economic humanitarian development.

Also in 2011, we started to upgrade and renovate the Lodwar District Hospital, the only functional referral hospital for all of Turkana region, spanning a population of almost 1,000,000 in Northwestern Kenya. This hospital had been struggling for years with wards in need of major repair, and supplies and drugs that are available with great irregularity. The situation had become so dire that patients were often requested to purchase medicines themselves because the hospital could not provide them. Just a few months into our work, the Pediatric Ward at this hospital has been rated by the Government of Kenya as the best facility in Turkana County. The numbers speak for themselves, but seeing the joy of the mothers knowing their children now get the best possible care and not having to die of diseases such as bronchitis is priceless.

Together, there is little we cannot do.

Sincerely,




INDIA

INITIATIVES ■ Malnutrition Eradication & Treatment

75 Local Staff across 600 villages

13,432 Village Nutritional Training Sessions held

111,764 Families counseled at special family sessions on malnutrition prevention and treatment

25,404 Children's condition improved directly because of our intervention

1,341 Children received life saving treatment since launch of program



RMF Staff conducting Nutritional Training Session

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, business, and most importantly, local communities. Into its second year, our program continues stronger than ever. Our team of 75 Community Nutrition Educators (CNEs) 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 reporting technology into the program. With the increased accuracy of our reporting, we are better positioned to analyze our data quickly to adapt to the rapidly changing landscape of malnutrition in our target districts.

Utilizing Technology to Increase the Accuracy of Reporting

During July and August of 2011, RMF partnered with Dimagi and Microsoft to field test two different mobile technology applications for field collection of data reporting. The field test and study compared the advantages and disadvantages of mobile phone reporting, Commcare by Dimagi, versus Microsoft's prototype Digital Slate technology in a rural setting. Inputs from RMF staff will help both partners design and implement more effective designs into their products, and the lessons RMF shared will help to improve technological solutions for mobile data collection worldwide. After the study's conclusion, RMF continued the use of Commcare for data collection, individual patient tracking, referrals, and staff monitoring in Khandwa District.

Summary of accomplishments over the past year:

- 2,587 children with SAM (Severe Acute Malnutrition) identified and families counseled; 22,248 since the program began in 2010
- 5,967 children with MAM (Moderate Acute Malnutrition) identified and families counseled; 62,768 since the program began in 2010
- Overall improvement in 25,404 identified children in just under two years of operation
- 683 children who received lifesaving treatment at Nutritional Rehabilitation Centres (NRCs)
- 13,432 village nutrition training sessions conducted, with over 105,000 people in attendance
- 111,764 family counseling sessions conducted on topics such as nutrition, public health services, breastfeeding, and hygiene
- Instructional Flipbook developed with illustrations on nutrition and health for use by CNEs and AWWs (Anganwadi Workers)
- Training manual developed for capacity building of CNEs and Anganwadi Supervisors on nutrition and health for community sensitization
- Information Systems training conducted for all CNEs in batches of 20 staff members; revised and streamlined MIS and reporting systems
- At the request of the state government, an independent assessment of 800 Anganwadi Centres and 803 Community Health Workers conducted and shared with the government.

INDIA

INITIATIVES ■ Malnutrition Eradication & Treatment

Success Story: Asha – A Story of Hope

In July of 2010, a CNE from Jhabua, Salma, came across Asha, a little girl from a small village, who was so weak, so wasted, and so obviously close to death, it was immediately apparent that she needed serious help. Salma, fearing for the worst, asked the mother how many months old Asha was. “3 years” was the reply.

Salma counseled the family and rushed them to a Nutritional Rehabilitation Centre (NRC). Asha’s MUAC reading was 8.5, meaning the entire circumference of her upper arm was only 8.5 cm (normal children are above 12.6). She was skeletal and weak, unable to support her head or move her eyes, and in addition, she had an infection.

On her first admission, Asha had a difficult time. She had no appetite, so she had to be fed through a nasogastric tube. Since she was dehydrated, many thought she should be put on an IV infusion to help her body recuperate fluids and other nutrients. However, children with SAM should rarely be put on IVs, as the influx of fluids can overwhelm and stop their already weakened hearts. While the pediatricians tried their best to address Asha’s complicated case, the staff at the NRC discovered the worst: Asha and her mother had left the NRC.



Asha, before treatment

Asha’s story seemed to be just one of many. Though the treatment provided at NRCs is comprehensive and effective, many mothers face the same problems as Asha’s: they simply have too many other responsibilities at home to leave. Too often, the needs of the other children and household outweigh the needs of one malnourished child. To compound this problem, among the poor families the compensation the mothers receive while staying in the NRC is less than the money they could earn from a day wage job, a loss of income equivalent to half of the average family’s daily budget.

About a week later, however, Salma’s efforts and earnestness had paid off. Asha and her mother suddenly appeared back at the NRC, this time ready to stay until Asha was well. Doctors immediately went to work again, this time placing Asha on an extremely slow drip IV to hydrate her and put her on a specifically designed regimen of micronutrient rich and calorie dense food to help her system get used to food again. She was treated with antibiotics, anti-parasitics, and deworming medication. Her mother was counseled on nutrition and proper food, hygiene practices, and services available in her community if Asha became ill again. When it was discovered that she was also pregnant, she was counseled on family planning practices and the benefits of birth spacing.

One of the most rewarding aspects of our program, and amazing, is the resiliency of Severely Acutely Malnourished (SAM) children and the speed at which they recover. Within a few days, Asha was sitting up and lively, eating without assistance, and starting to crawl, something she had been too weak to do.

Asha recovered well and quickly, and after 14 days was released from the NRC to return home and continue her rehabilitation. For over a year Salma has continued to follow up with Asha at home to ensure her continued recovery and we are proud to say she is a chubby, healthy little girl.

Today Asha, which in Hindi is “Hope,” serves as a constant reminder about the importance of our work and staying with our families over the long-term. With just a little help from our tenacious CNEs, our goal is to enrich many more families with hope and light.



Asha with her Father at home, March 2011

INDIA

INITIATIVE ■ HIV/AIDS Prevention & Treatment

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

Care and support of 266 HIV patients, including 21 children

Outreach to over 500 female sex workers

Background

RMF's HIV/AIDS program was started 5 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 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.



Community staff and peer counselors discuss HIV awareness program

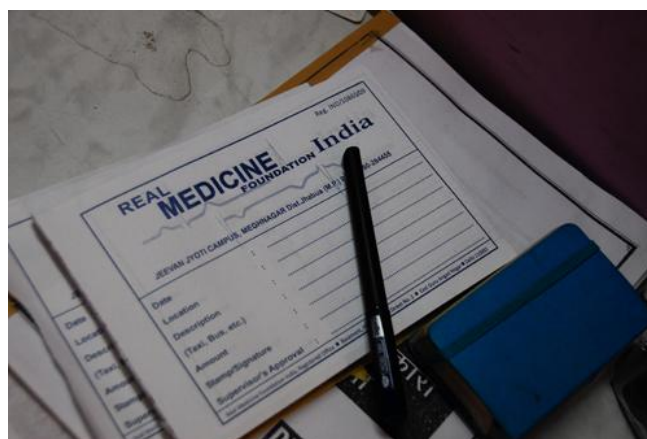
Together with the United Nations Population Fund (UNFPA) we also embarked on a comprehensive HIV/AIDS awareness, prevention and treatment program for female sex workers in Jhabua and Neemach Districts. Over the course of this program, we have worked closely on the ground with the Jeevan Jyoti Health Services Society, and with the state and national government HIV/AIDS bodies, MPSACS and NACO, as well as other NGOs doing work in our communities and across the country.

During 2011, RMF worked 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 is also 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 now 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.

2010-2011 Update:

Our care and support program currently assists 266 HIV positive individuals with medical, psychosocial, and livelihood generation services.

- We tested over 8,300 individuals for HIV/AIDS since 2007.
- Identified over 306 new cases of HIV/AIDS in Jhabua district since the program began in 2007.
- RMF coordinates with all 266 HIV+ individuals who are in our care and support program and, where required, provides for their transportation to Indore to receive ART each month.
- Obtained government approval for the new Link Art Centre at the Jhabua District Hospital, transitioning the Public Private Partnership Link ART centre to a fully sustainable and funded operation by government partners.
- Provided technical support to UNFPA led Targeted Intervention with Female Sex Workers in Jhabua and Neemach Districts.
- Provided Tuberculosis treatment (DOTS) to 72 individuals.



INDIA

INITIATIVE ■ Education and Healthcare Support at the Bhil Academy

English Medium Education for 375 children from some of India's poorest families

Green Initiatives, including solar lighting, rainwater harvesting, and organic composting

Partnership with Government of India under Right to Education Act



Students at BHIL Academy holding the donated solar lamps

Education and Healthcare Support at the Bhil Academy

Background

In 2006, one of RMF's local partner NGOs 'BHILS' opened Bhil Academy, a residential school for poor tribal children in Jhabua, the district with the second lowest literacy rate in the state. The medium of teaching is English, which will allow them, one day, to work in any services industry or continue higher studies in teaching, nursing, medicine, engineering and agriculture. While studying at Bhil Academy, students become fluent in English and Hindi, in addition to their native Bhili and are prepared with the skills and the confidence to break the cycle of poverty that has trapped their parents for long.

2010-2011 Update:

With 375 students and over 40 staff, including teachers, wardens, cooks, a nurse, healthcare workers and gardeners, Bhil Academy High School has this year started a 10th grade class for the first time. BHILS' belief in equity is reflected in the number of girl students which will soon match the number of boys in classes Kindergarten through 10th grade. The residential school provides completely free quality education, three nutritious meals per day and hostel accommodation. The school has a dispensary on campus with staff that looks after the children's health needs, and conducts an annual medical and dental camp for villagers with medical professionals coming from as far as Delhi.

Bhil Academy is open to innovative ideas and has hosted many RMF volunteers including students from Harvard Medical School, Loyola Marymount University and the Stanford University's Center for Innovation in Global Health. RMF doctors and nurses have visited the school and provided health education and preventive care. The Bhil Academy students interact with and continue to benefit from RMF's dedicated local permanent staff and visitors.

This year, Bhil Academy complies with the recently enacted Right To Education law and plans to provide education to 500 students over the next two years by selecting prospective students from surrounding and far-away villages through a lottery. The school's green vision focuses on renewable energy in the form of rainwater harvesting, a kitchen garden and compost bins for organic waste. RMF donated solar panels and lamps also light up the school at night.

The school offers extracurricular activities, too, including weekly drama classes, stitching classes for the girls, a newspaper club, cricket camps, as well as soccer, volleyball and table tennis games. The main school building has a reading room as well as a computer and science lab.

Bhil Academy is exploring public private partnership models with the State and Central Government to have additional students from poor families benefit from free quality English-medium education on the residential campus. The school is also keen on introducing the Central Board of Secondary Education and National Open School for those students interested in vocational training and skill development. With the first class graduating in 2014 the students will have the opportunity to become local leaders.

JAPAN

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

33,000 people reached
 20,000 meals served
 2,546 volunteers for sludge removal
 185 houses had sludge removed
 4,994 household kits delivered
 4 community centers supported



JEN delivering relief supplies during Tsunami aftermath

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, 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 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.

2011 Efforts:

Emergency Relief

Our relief efforts with JEN have reached more than 33,000 people directly and continue on today with longer term rebuilding efforts. The initial relief efforts included supplying food, basic medical, clothing and other supplies to the Relief Shelters set up in and around Ishinomaki City. JEN staff and volunteers met every day with local government and community leaders to decide where the priorities were and where best to direct the resources. In the initial weeks, thousands of hot meals were served and vital supplies delivered to thousands of displaced families. In later weeks, a huge volunteer cleanup effort was launched and managed by our partner JEN to clean the enormous amount of mud and tsunami debris from the streets, homes and buildings all around Ishinomaki. More than 2,500 volunteers participated in the street and building cleanup, coming from the local area and all over Japan. Over the 6 months of relief work conducted by JEN to the 150,000 population in and around Ishinomaki City, more than 20,000 hot meals were served in soup kitchens, community centers, and outreach efforts to displaced people. Thousands of care kits were also distributed to those left homeless with items such as clothing, sleeping bags, basic medical supplies and other emergency items.



Volunteers setting up temporary shelter/housing



Doll making workshop for children at a Community Center

JAPAN

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

Community Centers

Once the initial relief efforts were finished and most residents had at least temporary housing, the longer term process of rebuilding a sense of community among these shocked communities began. In an effort to bring these newly displaced communities together after so much loss, four Community Centers were created in unused or refurbished buildings that served as gathering places and event centers. A broad array of services for residents was provided including: financial and legal advice, free massages and haircuts, music concerts, entertainment for children and sporting activities. From doll making for children to yoga and exercise classes led by Japanese sports stars, these events have helped to provide some semblance of normalcy to these incredibly disrupted communities. Residents are continually asked to participate and help plan what is needed most in the Community Centers and the reception has been fantastic.



Volunteer masseuses at a Community Center



JEN staff and volunteers cleaning up Tsunami rubble

Long Term Livelihood Assistance

Real Medicine has also recently partnered with the Metabolic Studio/The Annenberg Foundation to provide longer term economic and livelihood support to a group of small business fisheries in three villages to recover the livelihood of Earthquake/Tsunami affected fishermen of Eastern Japan on the Oshika Peninsula. The immediate objective is for the local fishermen of the Yoriiso-hama, Higashihama, and Omotehama communities to be able to restart “aqua-farming” effectively with the purchase of necessary equipment for port operation. This will also serve as a pilot and as a model for the recovery of other affected fishery dependent communities. One of the major factors in the population decrease in these coastal areas is that many fishermen decided to give up on continuing the fishery since the port facilities were fully destroyed by the Tsunami. During Phase I of this project JEN has 1) dispatched volunteers to help aqua-farming restoration activities; 2) provided necessary equipment for alternative boat-fishing such as fish trap baskets, fishing nets, fish tanks and forklifts; 3) supported fish net making in order to create immediate incomes, to mobilize housewives with psychological care through working together as a community, and to cover the shortage of fishing nets existing in the market.



JEN staff serving meals at Tsunami relief soup kitchen



Children play with donated iPads at Community Center

PAKISTAN

INITIATIVES ■ Primary Health Care ■ Disaster Relief ■ Mobile Clinic Outreach ■ MNCH Research Studies

Talhatta Clinic treats up to 200 patients/day

Almost 25,000 patients treated at medical camps throughout flood affected regions of Pakistan in summer, fall and winter 2010

Gulbella Clinic sees about 1,000 patients a month

Mobile Clinic Outreach in the Sindh region for 6 months

Two MNCH Research Study projects launched in Punjab



Child patients at our Talhatta Clinic, KPK, Pakistan

Background

In October of 2005 a massive earthquake struck Northern Pakistan, killing more than 80,000 people and causing devastation on an unprecedented scale. Many in the remote Himalayan valleys of this region were left without access to shelter, food and healthcare. The Real Medicine Foundation arrived shortly after the earthquake participating in the immediate relief efforts in the worst hit mountainous regions, with the longer term mission of setting up a permanent and sustainable clinic to assist the underserved population of this area. Now, our locally staffed permanent clinic operating in Talhatta, Khyber Pakhtunkhwa (formerly North West Frontier Province), a collaboration between RMF and the Pakistani based Hashoo Foundation, provides the only access to healthcare for 6-7 Union Councils or almost 150,000 people. Up to 200 patients are treated per day. Our Lady Health Visitors provide safe care for the women of the area.

More recently, in July 2010, following heavy monsoon rains in the Khyber Pakhtunkhwa, Sindh, Punjab and Balochistan regions of Pakistan, severe flooding of the Indus River basin caused approximately one-fifth of Pakistan's total land area to be underwater. The floods directly affected about 20 million people, mostly by destruction of property, livelihood and infrastructure, with a death toll of close to 3,000. Based on the success of our 2009 Flood Relief Medical Camps in Pakistan, and with a generous grant from Google Inc. Charitable Giving Fund of Tides Foundation, and support from The Association of Physicians of Pakistani Descent of North America (APPNA) and other donations from private individuals and others, Real Medicine Foundation and our partner in Pakistan, Global Development Foundation (GDF) set to work providing free medical care to address the emergency and primary health needs of flood affected populations, starting in 2010 and continuing into 2011.

2010-2011 Update:

This past year saw Real Medicine engaged in six different projects in Pakistan, our two permanent primary healthcare clinics in Northwest Pakistan, a series of 12 medical outreach camps for the flood affected in Khyber Pakhtunkhwa province (KPK), a 6 month mobile clinic project in the Sindh region, and the launch of two MNCH research study projects in Punjab.



Children at RMF Flood Relief Outreach Camp



Google sponsored Flood Relief Outreach Camps

PAKISTAN

INITIATIVES ■ Primary Health Care ■ Disaster Relief ■ Mobile Clinic Outreach ■ MNCH Research Studies

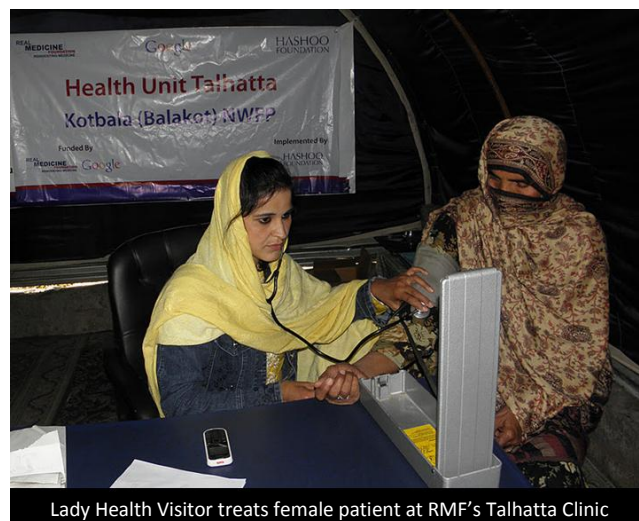
Talhatta Clinic, Khyber Pakhtunkhwa

Our clinic in Union Council Talhatta, Khyber Pakhtunkhwa, has treated 17,209 patients in the past 12 months and also reached its 5-year anniversary at the end of 2010, marking it as a significant public health success story. As our long term goal of the local government taking over the long term operations of this clinic had not come to fruition over the past 12 months, and no further donor funding had materialized, we decided to initiate a slow scaling down/closure process. We initially transformed the clinic into a residual clinic with a charge of small fees, medicines at subsidized rates, and reduced staff so that the community had a chance to adjust. During this transition stage, we had also attempted to initiate a micro-insurance structure to assist in covering the clinic's operating expenses; but we did not receive enough buy-in from the community to move forward successfully in that direction. The final stage of scaling down our operations in Talhatta was to communicate clearly with the community and to initiate the transfer and distribution of the equipment and medicine that remained in place. It was at this point, that we were delighted to be informed by the local authorities that the Pakistan People's Primary Healthcare Initiative (PPHI), a private-public organization, had taken up four new districts in Khyber Pakhtunkhwa to implement their healthcare revitalization projects including Mansehra, the district where Talhatta is located and that they would assist in the transition of our operations.

The basic objective of the PPHI, a federally funded operation, is to improve health service delivery at the primary level through improvement of management of the health institutions. PPHI endeavors to achieve the alleviation of poverty through improvement in the basic infrastructure of the health facilities, ensuring availability of medicines and staff, and by coordinating various activities relating to the healthcare service delivery. We have been advised that the most efficient, reliable and transparent approach would be to donate the equipment and medicine to the Government Health Office store in Mansehra so it could be distributed from there. The PPHI is in the process of carrying out their needs assessment survey and our equipment donations will be counted in the assets category, thereby aiding the government infrastructure. The outcome of the PPHI intervention will eventually benefit the catchment population of Talhatta, hence fulfilling our desired intentions and outcomes. We have informed the community of the coming PPHI intervention, and they requested to be introduced to the PPHI officials to create a smooth transition of their project in this community.



Pediatric patient at our Talhatta Clinic



Lady Health Visitor treats female patient at RMF's Talhatta Clinic

Mother Neonatal and Child Health (MNCH) Research Project

In line with our mission to move beyond traditional humanitarian aid programs by creating long-term solutions to health care and poverty related issues, RMF Pakistan has partnered with the School of Public Health, University of Alberta, Canada to research and identify innovative, contextually specific solutions to the many problems the poor, marginalized, specifically women, in Pakistan face. Two qualitative studies on Gender, Class and Social Exclusion have been launched in three districts of Punjab. 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. Our research study in District Chakwal, funded by the Canadian Institutes 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.

PAKISTAN

INITIATIVES ■ Primary Health Care ■ Disaster Relief ■ Mobile Clinic Outreach ■ MNCH Research Studies

Flood Relief Medical Camps

Following the unprecedented floods of the summer of 2010, RMF used its existing network in Pakistan and conducted 12 medical camps in District Charsadda and District Nowshera, KPK over a period of 8 weeks with as many as 40 doctors and numerous other healthcare practitioners per camp in attendance, and treated almost 25,000 men, women and children, all victims of the floods, providing free high quality healthcare services. Funding for this outreach activity came from Google Inc. Charitable Giving Fund of Tides Foundation. The successful implementation, high impact, and efficient, transparent reporting of this activity resulted in another grant by the same funder for implementation of our Talhatta residual clinic.



Dr. Rubina Mumtaz and RMF Medical Staff inaugurating camp



Patients line up for medical treatment at Flood Relief Camp

Sindh Mobile Clinic Outreach

RMF's association with the Sindhi Diaspora in the US and partnership with LifeBridge resulted in a significant health intervention for the flood affected population of interior Sindh, addressing the health needs of the target populations in form of a Mobile Health Unit (MHU) traveling long distances to remote villages. The MHU was customized to host a complete OPD clinic and yet travel on the difficult desert terrain in the region, thus being able to provide critical and consistent care. This initiative began its operations in January 2011 in Dadu District. Tehsil Johi was specifically targeted as it was the hardest hit by the floods due to its location between two major water sources, the MNV Drain and the FP Bund. Within Tehsil Johi, UC Bahawalpur was selected to provide high quality primary healthcare and MNCH services.



Community children gather at arrival of Mobile Clinic



RMF Mobile Clinic Staff treating patients

Mapping of the villages of UC Bahawalpur identified the 16 most affected villages. These villages had been wrecked beyond recognition and residents had set up makeshift homes. The main water body was contaminated making available drinking water toxic. During the tenure of our MHU, RMF was the only organization providing healthcare for the entire Union Council Bahawalpur. A total of 73 affected villages were visited at least twice. The sizes of villages varied; an average village was composed of approximately 30 households averaging a population of 200 persons. Hence RMF's MHU made available high quality primary and MNCH care to an estimated population of 16,000 people which is about 80% of the

PAKISTAN

INITIATIVES ■ Primary Health Care ■ Disaster Relief ■ Mobile Clinic Outreach ■ MNCH Research Studies

Sindh Mobile Clinic Outreach

population of Union Council Bahawalpur (20,000 persons). 5,675 men, women and children were treated for target illnesses. MNCH services by our LHV reached 427 women, 174 of these women received an ante-natal visit for the first time. A total of 400 pregnant/lactating women and 420 children-under-five were identified as suffering from mild to moderate malnutrition and were given nutritional supplements. A total of 5,000 liters of ORS was distributed to treat diarrhea, the most commonly presented illness. House-to-house visits were conducted to raise awareness on basic health and hygiene during which water purification sachets were distributed. Hence, approximately 4,000 people received clean water for every month we were on ground. The health awareness sessions were also accompanied by distribution of donated items by AFYA Foundation. In total, 387 families received blankets while 800 adults and 800 children received 2 new outfits each.

Gulbella Clinic in Charsadda

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, the Jindi, Swat and the Kabul 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). Since its inception, the BHU has been providing free healthcare for the underserved population of the area. From December 2010 to November 2011, the Gulbella Clinic has treated 13,073 patients, and now treats an average of 50 patients per day.



Maternal Health consultation with RMF LHV



An elderly patient at RMF's Gulbella Clinic



Young patients at the Gulbella Clinic



Pediatric patient at the Gulbella Clinic

SRI LANKA

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

Healthcare for more than 4,000 Post-Tsunami

2,721 patients treated

Long term medical support for 6 Children

37 Preschool children and students supported

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 seven 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 fifth 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

2010-2011 Update:

Our Yayawatta Clinic celebrated its 5th anniversary in 2011 and its community outreach and health education programs continue to provide vital support to the Yayawatta Village and surrounding areas. The Clinic’s beneficiaries include the population of Seenimodara, Kadurupokuna, Moreketi-Ara and Palapothe. Having access to free healthcare is especially important for young mothers, children, and the elderly in the community. 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.

With our Clinic open 10 days a month, we see as many as 20 patients per day. 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, i.e. one of the Clinic’s Healthcare Outreach Camps was held in the remote village of Barawakumbuka, a community of farmers with no access to health care. 203 patients of all ages were treated over the course of the one day outreach.

Patients with more serious conditions are referred to the local District Hospital in Tangalle and then followed up with regularly by RMF’s physician. Most recently a large worm infestation treatment and outreach program was conducted after a major outbreak of worm related illnesses occurred.



RMF Clinic Staff at the Yayawatta Primary Health Clinic



RMF’s Dr. Chamal, treating patient



Community waits patiently in waiting room



Patient intake at Yayawatta Clinic

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 two 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.

2010-2011 Update:

We are continuing today to treat Madumekala with sex hormones to ensure her puberty and growth are maximized before she turns 18. Four of our other patients are all continuing to react successfully to growth hormone treatment; they are growing in height and maintaining healthy weight gains. Our oldest patient, Tharindu, who is being treated for familial hyperlipidemia is successfully maintained on long term lipid lowering medication. We also regularly provide the families of all these children with nutritious food packages every month.



Gayan, Madura and Tharindu



Monthly Nutritious Food Parcel



Gathering of all Long Term Child Patients

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, 2 km inland from Tangalle. 15 students are currently supported at this new location. One of the unique activities that the school conducts is its 'Kids Fairs'. With contributions from the teachers, parents and villagers from the surrounding community, the fair features a market where children can sell organic produce. The Preschool children are dressed as local market salesmen and run stalls selling fruits and vegetables from their gardens, and practice basic arithmetic (with a little help from their parents) by counting money and change. All produce is grown completely organically, integrating a valuable environmental lesson into the activity. These Kids Fairs are part of an ongoing effort to teach the students their place and role in an interconnected community. By engaging their neighbors in a fun and educational activity, the students are encouraged to further interact with other community members outside of their family, as well as earn a small income from gardening efforts.



Palathuduwa's class of 2012



Palathuduwa playground



Market Day at the Kids Fair

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, 22 children benefit 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. In 2008, in addition to the regular preschool programming, education courses for adults were added in the evenings. In 2010, Minhath Preschool started to offer career counseling programs for older students attending the afternoon group study classes. In 2011, the Minhath Preschool constructed an additional playground for the Preschool children.

KENYA

INITIATIVES ■ Drought Relief ■ Primary Health Care ■ Mobile Clinics

Reaching a target population of 55,300

Almost 20,000 treated at Health Clinic and Mobile Outreach Clinics in remote areas

96 Mobile Clinics/year



Mobile Clinic Medical Outreach Staff distributing medicine

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. A second clinical officer and a pharmacy technician were hired in addition to the existing clinical officer and nurse to respond to the healthcare needs of the population.

2010-2011 Update:

This area of Northwestern Kenya has seen its health issues continue to worsen this past year due to the continued challenges of surviving in this drought ravaged region. In addition to RMF's long term support of the Lodwar Clinic, we expanded our medical outreach programs and the frequency of our mobile clinics this past year, and are now reaching 16 villages and a target population of 55,300. An average of 1,300 patients is seen by the mobile clinic teams every month, and over 300 patients per month at the permanent clinic in Lodwar. As in many others of our clinics in Africa, malaria constitutes the biggest percentage of disease burden.

Eight mobile outreach clinics are conducted every month, often covering a significant amount of patients in very remote areas of Turkana. In addition to medical care and provision of high quality medication, services provided by the staff include home visits to the terminally ill and other vulnerable groups; education on public health topics such as malaria prevention, tuberculosis identification, HIV testing availability, and nutrition; nutrition programs including provision of food and water; referrals and transport of patients to tertiary care hospitals, and HIV and TB government clinics. We were also able to upgrade the clinic facilities with electrical work and new secure doors. A special outreach conducted by the visiting staff of MMI and RMF in September 2011 made it possible to provide food, water and medical care to about 5,000 people.



Medical Staff at Mobile Clinic Outreach



Nutrition Education Outreach in Turkana

KENYA

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

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

1,000 pediatric patients per quarter

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 (DH) is the only functional government regional referral hospital for all of Turkana region, spanning a population of almost 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 DH has 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 Update:

Since upgrades, renovations and resupplying began in February of 2011 we have achieved the following:

- Continuous medicine supply at the pediatric ward, complementing and not replacing irregular supplies coming from the Govt. of Kenya
- Medical equipment/supplies such as suction machines, nebulizers, ambu bags; medicine, dressing, food and laundry trolleys; examination lamps, pulse oximeters, dressing equipments, lab reagents and digital weighing scales were purchased. Due to the purchase of an oxygen concentrator, pediatric pneumonia cases can be treated adequately reflecting in a reduced number of pneumonia related deaths from a total number of 32 patients/quarter to 1 patient/quarter.
- A remarkable improvement in inpatient care hence increase in patients admitted from less than 460 patients to 1,000 patients admitted in a quarter and reduction in hospital stays from 6 days to an average of 3 days. This is due to the availability of drugs and non-pharmaceuticals.
- Reduction in diarrheal diseases from improvement in sanitation/hygiene after drainage system and water supplies were renovated.
- Floors, Latrines, Washing areas all rebuilt and rehabilitated. New paint throughout and new beds/mattresses supplied.
- With all the renovations done, the Pediatric Ward at the Lodwar District Hospital has currently been rated by the Government of Kenya as the best facility in Turkana County.
- RMF trained 25 healthcare workers on routine use, care and maintenance of equipment. During training it became clear that most equipment breakdown is due to lack of knowledge, know-how on its use as well as minor servicing which contribute up to 75% of the breakdown.
- With the additional establishment of the children play area, the pediatric ward is now children friendly, and that has enabled children admitted being able to involve themselves with positive activities hence significantly improving their recovery process



Newly renovated Pediatric Ward at the Lodwar Hospital



Dr. Martina Fuchs visiting Lodwar Hospital



One of our patients at Lodwar Hospital



Entrance to Lodwar Hospital

KENYA

INITIATIVES ■ Community Hospital ■ Emergency Ambulance ■ Safe Motherhood Programs

Over 18,000 patients treated annually at
Community Hospital

1,000 HIV patients under care

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. almost 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.



Children's Club at Lwala Community Hospital

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 is part of a larger effort to achieve holistic health and development in Lwala, including educational and economic development. Other programs include Emergency Ambulance Services and a Safe Motherhood (Umama Salama) Community Education Program. 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 over 20,000 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.

2010-2011 Update:

As of April 30, 2011, the new clinical care and maternal health wing in Lwala opened for patient care. The expansion tripled the infrastructure in Lwala, transforming the facility from a health center to a community hospital. With dedicated space for labor, delivery, and postnatal care, 12 inpatient beds, and 5 private consultation rooms, many more people can now be cared for. Since opening, patient numbers have surged dramatically by nearly 50%, from about 1,200 total patients per month to about 1,700 total patients per month.

The average number of monthly deliveries has tripled and is expected to continue to grow. More importantly, the variety and complexity of cases has increased, meaning inpatient needs are at times outpacing capacity. The three dozen staff in Lwala is providing outpatient care every weekday and emergency care 24 hours a day, 7 days a week. This growth in programs marks the fruition of a 3 year dream and makes the support of Real Medicine and WCF more critical than ever.



Father and child in Lwala

Through September of 2011, outpatient numbers at the clinic averaged about 1,700 per month, in addition to visits for HIV services (over 450/month) and Maternal and Child Health visits (about 300/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. The main diseases encountered include malaria, HIV/AIDS, tuberculosis, respiratory tract infections, gastroenteritis, and skin infections.

MOZAMBIQUE

INITIATIVES ■ Mobile Clinic Project

The only Mobile Clinic in
Mozambique

10,506 patients treated

52,000 people reached by
education and outreach efforts

Monthly Health Fair participation



Patients line up to be seen at RMF Mobile Clinic outreach in Zambézia Province, Mozambique

Mobile Health Clinic Outreach

Background

RMF's Mobile Clinic in Mozambique is a new 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 remains the only mobile clinic in all 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 mid-sized truck frame, operates as a "mini-health clinic on wheels" and provides an extremely versatile and flexible platform to provide 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.

A new type of activity was also initiated: a theater opera on HIV prevention and testing performed by community activists. The direct target population for the Mobile Clinic activities include the community populations in Macuse (40,000 people) and Mexixine (20,000 people) in Namacurra District, as well as the broad population of Mocuba District Capital and Quelimane City.

2010-2011 Update:

The Mobile Clinic has provided 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 regular clinic services provided include general maternal child healthcare services, breast and cervical cancer screening, blood pressure monitoring, and regular blood drives. Often, up to 100 patients are seen per hour at our clinic days with a total of 10,506 patients treated in the past year.

MOZAMBIQUE

INITIATIVES ■ Mobile Clinic Project



First Lady H. E. Mrs. Maria da Luz Dai Guebuza visits Mobile Clinic



Blood Drive Volunteers giving blood inside Mobile Clinic

In addition to the direct treatment of patients in the Mobile Clinic, the communities also benefit from education and outreach efforts focusing on Vaccination, Maternal and Child Healthcare, HIV Counseling, and ART and TB medicine adherence. More than 52,000 people have benefitted from these education and outreach efforts over the past year through magazines, pamphlets and seminars. Examples of special events we took part in this year were our participation in the Provincial Campaign for Vaccination against Polio, from September 12 - 26, working alongside 15 health staff from the Provincial Directorate of Health, and the National Campaign for Vaccination Against Measles, De-worming and Vitamin A supplementation, from May 23 -27, working with 15 health staff and reaching more than 3,000 children with vaccinations and de-worming treatment.

The Mobile Clinic was also honored to be visited twice this year by H. E. Mrs. Maria da Luz Dai Guebuza, the First Lady of Mozambique.



Mobile Clinic in Mexixine, Namacurra District



Nurse at Mobile Clinic monitors Blood Pressure

NIGERIA

INITIATIVES ■ Primary Health Care

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

2,000 patients treated per month

Dental services added to Clinic

Gure Model Health Center, Baruteen LGA

Background

Nigeria has the 4th lowest survival rate of children under five out of 191 countries, a child mortality rate of 140 per 1,000, and a maternal mortality rate accounting for 10% of the global burden of maternal deaths. 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 154,376 in the Baruteen Local Government Area and its surrounding towns. Patients even 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.

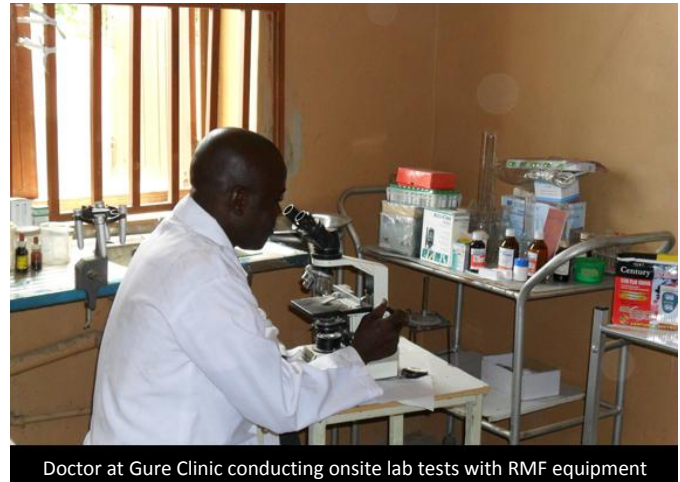
2010-2011 Update:

Because of the presence of RMF and the provision of more comprehensive, high quality medical services, the previously abandoned Gure Model Health Center continued to experience improved activities and a continuous rise of patient numbers in 2010/2011. The improved activities at the Gure Clinic also catalyzed a continued improvement of the relationships between the community and all involved parties, including Government stakeholders. This will ensure higher quality patient care far into the future.

RMF completed the facility upgrades in late 2010, repainting and raising the hygiene standard of the entire Clinic, and purchasing much needed medical equipment. Medicines and medical supplies are provided consistently. The community has responded very gratefully and the patient treatment numbers jumped from a low of 200 a month in early 2010 to as high as 2,000 a month in late 2011.

RMF also added basic dental services to the Clinic, with a dentist visiting the Clinic several times a month. The clean and bright interior of the Clinic provides a hygienic setting for health care and has set an example to the community to maintain better hygiene at home. Hygiene education and Maternal/Child Health education programs are also being conducted periodically with high attendance.

The most common health problems treated at our Clinic include malaria, malnutrition, gastrointestinal tract and respiratory tract infections. Addressed is also the management of chronic systemic diseases such as diabetes, hypertension and HIV/AIDS. A major focus of our patient care is on maternal and child healthcare, antenatal care and safe deliveries. Weekly immunizations are also maintained.



Doctor at Gure Clinic conducting onsite lab tests with RMF equipment



Young mothers attend Maternal/Neonatal Health seminar at RMF Clinic

SOUTH SUDAN

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

First ever accredited College of Nursing and Midwifery in South Sudan

120 Nurses and Midwives in 3 years

40 Nursing & Midwifery Students enrolled

Juba College of Nursing and Midwifery (JCONAM)

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, 4 in total, exist in all of South Sudan, a population of 9.6 million.

Real Medicine Foundation, in collaboration with the Government of South Sudan, UNFPA, UNICEF, UNDP, WHO, St. Mary's Hospital Juba Link, Isle of Wight, 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 (JCONAM). 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.

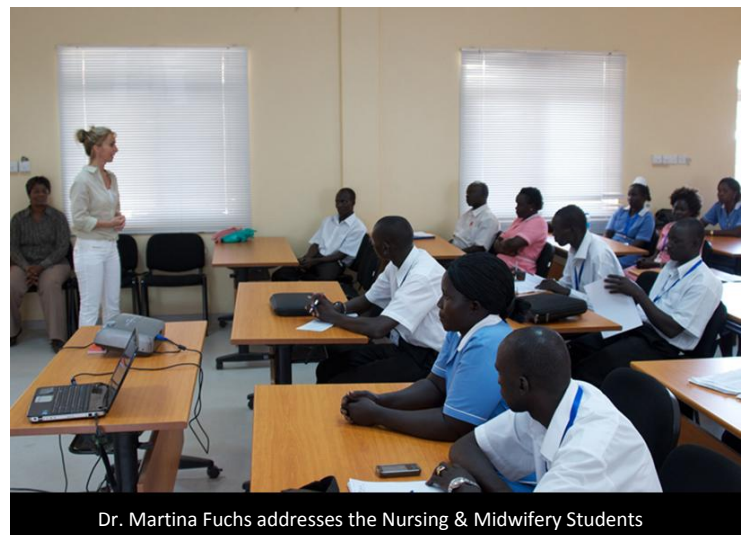
During their training, students serve as staff in the outlying primary health care clinics and primary health care units in Munuki, Nyakuron, and Kator as well as the Juba Teaching Hospital. The immediate population in Juba and surrounding areas, estimated at 500,000 are direct and immediate beneficiaries 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. For the first three years the school accepts applicants from all 10 states to optimize the distribution of newly qualified health care personnel.

2010-2011 Achievements:

- JCONAM students have completed the second semester of their first year. The nursing students completed their clinical rounds mid-September 2011 and are now undertaking theoretical learning. Both programs will commence in their second year in January 2012.
- The midwifery students are in the hospital wards, rotated in the Midwifery Unit: ANC Ward, ANC Unit and Gynecology Ward. The nursing students were rotated among: Medical Ward, Surgical Ward and Pediatric Ward.
- The nursing and midwifery students of JCONAM were able to complete their first phase of Pharmacology and Epidemiology lectures during the months of July and August.
- The Ministry of Health led the College in the establishment of its first Management and Advisory Board.
- Through the support of UNFPA, the college recruited 3 International United Nations Volunteer (IUNV) tutors to replace the initial contracted tutors for the College under a separate contract.
- RMF, with the help of a generous donation from The Dillon Henry Foundation, provided 87 nursing and midwifery books to be used as classroom reference books by the students.



First Class of Nursing & Midwifery Students in Juba, South Sudan



Dr. Martina Fuchs addresses the Nursing & Midwifery Students

SOUTH SUDAN

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

- A three day non-residential training workshop sponsored by UNFPA was organized for selected nurses and midwives acting as clinical mentors in the hospitals – Juba Teaching Hospital and Al Saba Children’s Hospital.
- JICA has begun the procurement process for the construction of two additional classrooms and the renovation of the existing classrooms in the older part of the College building.
- Construction of the students’ hostel, kitchen and mess hall by UNDP has been completed in November 2011.
- The College received a donation of 15 different textbooks, 80 copies each, for both nursing and midwifery from UNICEF.
- The College in collaboration with the Ministry of Health, Republic of South Sudan is in its advanced stages of recruiting nursing and midwifery students who will be admitted in January 2012 as the second intake.



Nursing Student at JCONAM



Entrance to Juba Teaching Hospital, part of the College campus



College staff displaying donated text books



Dr. Martina Fuchs and Bilha Achieng at newly built College campus

UGANDA

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

More than 27,000 Patients treated

Solar Powered Water Pump system installed

636 Refugee School Children supported

New Vocational Training Institute with 40 Tailoring and Hairdressing Students

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 Kiryandongo and the greater surrounding community of Bweyale (an additional 30,000 residents) with health care, education and vocational training since 2008.

Panyadoli Health Center

2010-2011 Update:

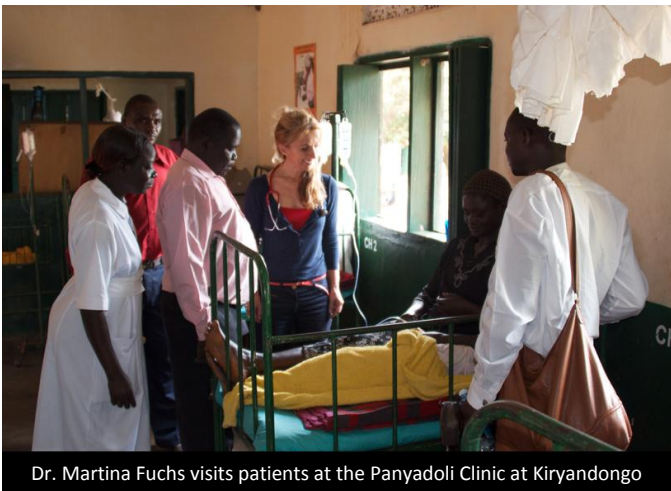
The 75-bed Panyadoli Health Center, located in the middle of the Kiryandongo Refugee Settlement, has been consistently supplied with medicine, medical supplies and operational support by RMF since early 2009. In collaboration with the UNHCR and the Ugandan Office of the Prime Minister and with the support 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.

In addition to the continuous medical support, RMF has also maintained the solar powered water pumps, pipes, and taps that supply all the clinic buildings and that we had installed the previous year. In the past, RMF had upgraded the clinic's kitchen compound. This year, we also installed a medical waste incinerator at the clinic to ensure high hygienic standards. RMF cleaning staff regularly cleans the patient wards and grounds of the clinic compound to ensure hygiene and low mosquito and other infestations near the buildings.

The Panyadoli Health Center treated 27,200 patients this past year with some months seeing as many as 4,000 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. Our consistent supply of medicine and supplies to the Health Center has enabled the government to supply a smaller second clinic at a further away location in the settlement and enable the Panyadoli Health Center to handle more complicated cases. In 2012, RMF hopes to expand and upgrade the Health Center's capacity and services so it can function as a Level 4 Hospital.



Refugee children gather for a community meeting at Kiryandongo



Dr. Martina Fuchs visits patients at the Panyadoli Clinic at Kiryandongo



Parents and children outside of the Malnutrition Ward

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 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.



Children and staff gather outside of School Buildings



Secondary School classroom at Kiryandongo

2010-2011 Update:

Over the past year, RMF has sponsored 636 students at the Nursery, Primary and Secondary Schools located within the Kiryandongo Refugee Settlement. The refugee children we currently support are from Kenya, Congo, Burundi, Sudan and Rwanda and have parents who do not have the means to pay for their children's school fees. The schools and students we support are as follows: Beth Cole Nursery School, 93 students; Day Star Nursery School, 61 students; Arnold Primary School, 174 students; Can Rom Primary School, 184 students; Panyadoli Secondary School, 124 students. This past year we have:

- Paid for registration, school fees, and basic scholastic supplies for 636 students at the beginning of each school term;
- Provided funding for the annual registration of candidates in Senior Level Four and Senior Level Six that are in our sponsorship program;
- Provided funding to facilitate candidates taking their national exams in the city of Masindi. This facilitation includes transport to and from, food, accommodation, and the allowance for the teacher chaperones.



Secondary School Students at Kiryandongo



Primary School Students gathering

UGANDA

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

Kiryandongo: Panyadoli Vocational Training Institute

Background

RMF initiated a new 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.

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.

2010-2011 Update:

RMF opened the doors to the Panyadoli Vocational Training Institute in the Kiryandongo Refugee Settlement in April 2011, with the inauguration of two vocational programs. 40 students had been selected for the Hairdressing/Beauty and Tailoring Training programs, after completing interviews with staff, and testing on basic math, reading and writing skills. Professional Hairdressers and Tailors were recruited as tutors to create the curriculum and teach the courses, and everyone contributed to renovate and ready the buildings used. The first session of classes lasted 8 months and covered both the theory and hands on techniques for hairdressing and tailoring. The Vocational Centers are also preparing to start generating income that returns to 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.

This is enabling this first class of 40 students and their families to gain valuable technical skills to use both inside and outside the camp and will also enable more refugees to give back to the community or eventually become able to return home and seek employment elsewhere.



Demonstrating the results of our Tailoring Vocational Training Program



Hairdressing Vocational Training Student



The first Vocational Hairdressing Class – some students with their children

UGANDA

INITIATIVES ■ Boarding School and Orphanage Support

220 Students supported at Mama Kevina Orphanage and Boarding School

Mama Kevina Boarding School, Tororo

Background

The Mama Kevina 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 Comprehensive Secondary 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.

2010-2011 Update:

Over the past year, RMF has worked with the staff and students of Mama Kevina School mainly by supporting through funding of food supplies delivered to the school every semester. This has enabled the management of the school to continue receiving students that pay and being able to subsidize the orphans that are unable to cover school fees.

We are continuing to look for further funding to renovate and expand the school so that it can become a fee charging self sufficient boarding school to both orphans and regular boarding students. We are also looking into setting up a vocational training institute for the students that graduate, so that they can transition into skills that are trade and job related.



Students gather outside of the Mama Kevina School classrooms



Young student at Secondary School



Students receive food support through RMF donations



Entrance gate to Mama Kevina School campus

HAITI

INITIATIVES ■ Disaster Relief ■ Free Clinic at Surgical Hospital ■ Long Term Health Care Capacity Building

More than 1,800 patients treated and 450 surgeries sponsored through clinic support

Hospital Consortium Project

Background

In the aftermath of the January 12, 2010 earthquake, RMF has 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. Working in close partnership with other relief organizations, we:

- Organized deployments of medical specialists to meet the needs of partner hospitals and clinics at the Haiti/Dominican Republic border and in Port-au-Prince.
- Provided direct funding, medical supplies and pharmaceuticals to local health facilities and partner hospitals.
- Provided advisory services and coordination to local health facilities, including physical therapy support.
- Coordinated mobile health outreaches, field clinics and food supplies to outlying villages overlooked in the relief effort.
- Established two primary health care clinics and handed them over into local management.

Since those initial days, Real Medicine has focused on sustainable health services development projects to meet the mid- and long-term healthcare needs of the local population.

In addition, RMF entered into a partnership with Hôpital Lambert Santé in Pétiion-Ville supporting their operations through a Free Clinic by funding additional physicians, nurses and medical supplies, and to help support public access to 24-hour emergency and general practice healthcare in the community. Pétiion-Ville and the surrounding communes are home to more than 100,000 displaced persons, still living in tent communities.

2010-2011 Update:

For all of 2010 and much of 2011 RMF continued funding that allowed free clinic services at Hôpital Lambert Santé Surgical Clinic, a facility which since the January 2010 earthquake has never stopped providing much needed care to public patients. Through utilization of funds provided by RMF, this free clinic found ways to continue offering quality healthcare to patients in need of primary, secondary and even tertiary care. Through RMF's support, this facility was able to provide for more than 1,800 consultations and 450 surgeries in the past year.

Our long term strategy is a Hospital Consortium Project which is based on a Public/Private Partnership 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 hospitals' respective core competencies, providing access to quality secondary and tertiary healthcare, including trauma and critical care for the public, that before the earthquake was only readily available for private, paying patients. It creates and proposes a completely new and integrated model for healthcare in Haiti, networking three already established institutions and incorporating standardized referral systems, protocols and procedures. It will also include modern imaging and laboratory capacities, blood banks as well as an ambulance service to permit safe patient transport to and from the Network as well as between the partner hospitals. Also included is a vital educational component, optimizing existing competencies as well as developing resources, mainly in biomedical and imaging techniques. A mid to longer



Children navigating the rubble in Port-au-Prince



Medical Staff at Hôpital Lambert Santé Surgical Clinic

HAITI

INITIATIVES ■ Disaster Relief ■ Free Clinic at Surgical Hospital ■ Long Term Health Care Capacity Building

term goal is achieving teaching hospital status for the three hospitals in accordance with Ministries of Health and Education regulations in order to receive medical and nursing students as well as medical residents from all relevant universities in Haiti.

While continuing to be thoroughly defined and shaped according to one of the many available models of Public/Private Partnerships, our Consortium Project remains a viable option and has been well received by both scholars and specialists in healthcare administration. Its innovative concept is viewed as a very promising new model for healthcare access in Haiti. The Consortium Project aims to utilize local private facilities through a Public/Private Partnership, leveraging economies of scale, existing facilities' core competencies and expertise, which include now:

- Plan development and execution while securing funding for operational, program and staffing costs
- Management support, coordination and oversight of target activities
- Coordination and partnership development with other healthcare providers
- Development of partnerships with medical and nursing schools
- Development of supplier relationships to support Consortium with quality products and services at reduced cost.



RMF Nursing Staff at Hôpital Lambert Santé Surgical Clinic



Tent camp in Port-au-Prince

The project is currently moving forward with funding and support provided by Medical Mission International and Global Assistance, which are in the process of providing a major equipment shipment and a core ambulance fleet to improve care and services of the Network's hospitals.



Tent camp in Port-au-Prince



Mother and child in Port-au-Prince

PERU

INITIATIVES ■ Disaster Relief ■ Primary Health Care ■ Medical and Dental Outreach

Serving a population of 30,000

New clinic location and partnership with city

Almost 20,000 patients treated annually

Ultrasound and advanced lab services

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 was proud to open 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 clinic 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. The presence of RMF's Policlínico Peruano Americano helps to relieve the strain on the existing health infrastructure where patients didn't have sufficient access to healthcare even before the earthquake. In addition, the philosophies adopted at the 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. Medical and dental campaigns are performed at least once a month to specifically reach seriously underserved patients.

2010-2011 Update:

- After weeks of discussions with the Mayor of the City of San Clemente, our clinic and the City of San Clemente signed an agreement in January 2011, under which RMF Peru continues to provide medical services to those in and around the district of San Clemente and the city provides RMF Peru with resources such as electricity, water, security guards and cleaning without charge. Following this agreement, our clinic moved to a new building with the sponsorship of the local authorities in San Clemente. This new location costs less for us to rent and manage, and brings us in closer partnership with the local health and political representatives. On February 28th, we began providing care at our new location. Our re-opening was attended by the mayor, aldermen of the city, San Clemente officials, and residents of the district.
- In this new location, 451 men and women have come to have ultrasounds taken, more than double the amount from the previous location.
- An average of 64 patients per day are treated at our clinic, representing all ages from newborn to 60+, an average of 1,286 patients were treated per month. In addition, an average of 185 patients is being treated regularly at our dental outreach camps. We hold one dental outreach camp every 3 months delivered with the voluntary services of a local Dentist.
- A medical mission outreach was held in August of 2010 through our partnership with the Peruvian American Medical Society (PAMS); a group of doctors, dentists, nurses and other staff volunteered their time and expertise to hold a 4 day medical mission attending to 350 low income patients at outreach clinics held at our clinic and the Hospital San Juan de Dios-General Hospital in Pisco.
- A second medical mission was conducted with PAMS on June 22-24, 2011 with the participation of one nephrologist, three internists, one psychologist, and three orthodontists. A total of 432 patients were treated at this medical outreach with free medicine, about 200 patients received extensive lab tests, including urine, glucose, cholesterol, and creatinine tests. 28 patients were transferred to the Chincha Medical Center for specialized diagnostics and treatment in gastroenterology, neurology, and pediatrics.



Nurse performing an Ultrasound at the RMF Clinic in San Clemente

PERU

INITIATIVES ■ Disaster Relief ■ Primary Health Care ■ Medical and Dental Outreach

- In October of 2010, Direct Relief International (DRI) donated a container load of medical equipment and supplies including an EKG, a centrifuge, three nebulizers, an oxygen concentrator, four examination tables, a microscope and dozens of boxes of medicine.
- With the addition of a new microscope and centrifuge we have conducted 1,170 lab procedures, a great addendum to the low cost services available to our patients.
- 2,475 shots (Antibiotics, Anti-inflammatories, and Antihistamines) were administered, 592 small surgical stitching procedures (Minor surgeries and wound treatments) and 825 nebulizer treatments were given.
- A new partnership with Magalac Laboratory was initiated in January 2011 performing Pap tests for our patients, 325 tests have been conducted thus far.
- A medical equipment donation by PAMS in August of 2011 included: Adult Height and Weight Scale, Children’s Height and Weight Scale, Dentist Chair, Dental Sink and Lamp.
- Two psychology workshops were conducted on August 23rd and 24th, the first dealing with mental health and psychological support for patients with chronic physical ailments, and the second on mental health and strategies to solve conflicts in families and schools. These workshops were held in a public auditorium in the district of San Clemente.
- A Children’s Nutritional Evaluation Program was launched in August 2011, using the Anthropometric Method in a pilot program at the Villa Esperanza School in San Clemente - 65 children, between 4 and 8 years old, will be tracked.



San Clemente Mayor inaugurating new RMF Clinic location



RMF Clinic Doctor treating patient at Clinic



RMF Clinic Doctor consulting with patients



RMF Clinic Nurse and new mothers after Maternal Health seminar

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.

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



RMF LA Team gathers at Florence Western for "Back to School" event in South LA

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 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 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.

2010-2011 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 each child with a backpack filled with supplies to prepare them for the new school year. On August 20th, 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. 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 the event much to the crowd's delight. His office provided tables and chairs as well as backpacks to assist with the estimated 70+ children and families in attendance. LAPD cadets along with RMF volunteers and FWMC staff and friends, all pitched in to oversee a variety of activities for the children.

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

Downey Regional Medical Center (DRMC), AD+ World Health Corporation and JWCH Institute have partnered to create the JWCH/DRMC Family Care Center which will be a Federally Qualified Health Center. The center will be a primary, preventative and urgent care family clinic in Downey, CA, to serve the underserved and underinsured in Southeastern Los Angeles County. Real Medicine Foundation has partnered with DRMC to attract funding support and to provide outreach programs. The clinic will serve the local community in this area who are 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. The closure of local ERs as well as the economic downturn has made this new service more needed than ever. Clinic services include comprehensive primary care for children and adults; prenatal care and education; preventive education on asthma, diabetes, heart disease, HIV, STDs, teen pregnancy, obesity; women, infants & children (WIC) enrollment; urgent care services; 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, medical and nursing students, Family Nurse Practitioners/Physician Assistants in training, and Optometry/Podiatry/Dental students from Western University of Health Sciences.

ARMENIA

INITIATIVES ■ Primary Health Care ■ Mobile Clinic/Ambulance Outreach

Clinic servicing a population of over 6,500
Emergency Ambulance for remote villages

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 42.9% of the country still live below the poverty line, which has led to a drop in immunization by 42% in 2006. The Shinuhayr Primary Healthcare Clinic is the only comprehensive clinic available in the region servicing its surrounding seven villages with a population of over 6,500. There is a great need for perinatal, pediatric, cardiovascular, infectious disease, orthopedic, and geriatric services in this region. Approximately 352 families fall under the 'socially vulnerable' category and benefit from the services of RMF's project. In addition, 256 disabled persons, 524 children ages 0-7 years and 1,382 school children ages 8-17 years, and 52 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.

2010-2011 Update:

In this past year, 4,262 patients visited the clinic, 30% of which were children. The clinic outreach staff also made 989 house calls, of which 150 were for children. Approximately 85 chronically ill patients receive free monthly medications. Two days per week are children vaccination days with a total of 515 vaccinations administered in the past year. RMF had purchased an ambulance in late 2010 to aid in community outreach and to respond to life threatening emergency calls. Within a given day, the facility assists 2-4 emergency calls; now, with access to an ambulance, the clinic is able to increase their outreach and services to as many as 15 calls in a day.

Each 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 the ambulance makes care more accessible for non-ambulatory patients, as it transports our family medicine physician from Shinuhayr to surrounding communities to provide home visits as needed. RMF's vision is to rehabilitate and upgrade the building out of which the clinic is being operated to reestablish a hospital and include additional facilities, such as a community center.



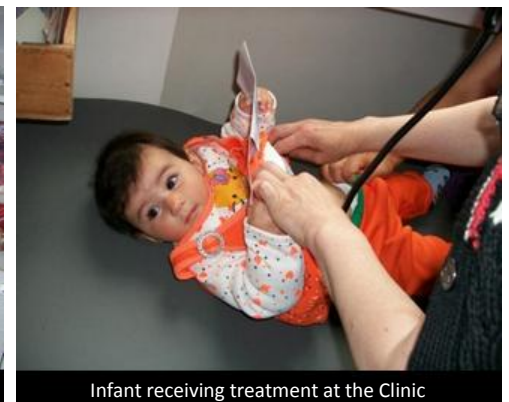
Dr. Martina Fuchs and the Clinic Staff in Shinuhayr



RMF Ambulance in front of the Clinic



Mother and Child at the Shinuhayr Clinic



Infant receiving treatment at the Clinic

WHO WE ARE

GLOBAL MANAGEMENT TEAM

Martina C. Fuchs, MD, PhD	Chief Executive Officer
Jonathan M. White, MBA	Chief Operating Officer
Dheepa Rajan, MD	Coordinator, Global Projects
Caitlin McQuilling	Coordinator, Global Development
Sarah King Stern	Director, Administrative Operations
Miriam Mamann-Mayhall	Global Bookkeeping/Accounting
Fabian Toegel, MD, MPH	Chief Medical Officer, India
Michael Matheke-Fischer	Director of Programs, 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, MPH, MD(c)	Project Coordinator, Mozambique
Salau Rotimi, BA	Project Coordinator, Nigeria
Bilha Achieng, BA	Project Coordinator, South Sudan
Naku Charles Lwanga, BSocSci	Project Coordinator, Uganda
Patrick Dupont, MD, MGSS, MHA	Project Coordinator, Haiti
Magali Mancini de Pujalt	Director Ejecutivo, Perú
Rene Gustavo Castillo, BA	Country Director, Perú
Nairy Ghazourian, MPH, CHES	Country Director, Armenia
Stella Arzumanyan	Project Coordinator, Armenia

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Eris and Larry Field Family Foundation
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Florence Western Medical Clinic, Los Angeles
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GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
Global Assistance
Global Basecamps
Global Development Foundation, Pakistan
Google Inc. Charitable Giving Fund
Green Bean Coffeehouse | Greenwood Neighborhood Advancement
Green Gables Elementary School, Lakewood, CO
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Gure Gwassoro Ward Development Committee, Nigeria
Hans Zimmer, Varèse Sarabande Records, Inc
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Hashoo Foundation, Pakistan
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Healthcare of Today, Inc
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Hirani Wellness Medical Center, Inc
Houston Neurocare, P.A.
Hulu
Intermix
IT Problem Solver
Jeevan Jyoti Health Services Society, India
JEN | Japanese Emergency NGO
Jewish Community Endowment Fund
JICA | Japan International Cooperation Agency
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Junior Blind of America
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Kitson Beachwear
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LA Marathon
LAPD | Los Angeles Police Department
LÄRABAR

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The Office of Assemblyman Mike Davis, Los Angeles
The Office of Councilman Bernard Parks, Los Angeles
The Rosenthal Family Foundation
The Sacherman Fund
The Salvation Army
Tides Foundation
TISS | Tata Institute of Social Sciences, India
TOMS Shoes
UBS AG | Employee Giving Program
UN ECOSOC - United Nations Economic and Social Council
UNDP - United Nations Development Programme
UNFPA - United Nations Population Fund
UNHCR - The United Nations Refugee Agency
UNICEF - United Nations Children's Fund
Union Bank of California, Los Angeles
University of Alberta, Canada - School of Public Health
University of Pittsburgh at Bradford
Urban Zen Foundation
Walmart Foundation
Wellness Matters, Inc
WHO | World Health Organization
Whole Foods Market, Venice, CA
World Children's Fund

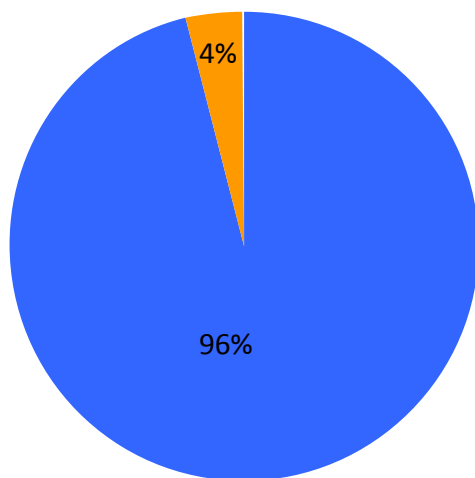
FINANCIALS

FISCAL YEAR 2010 (June 2010 - May 2011)

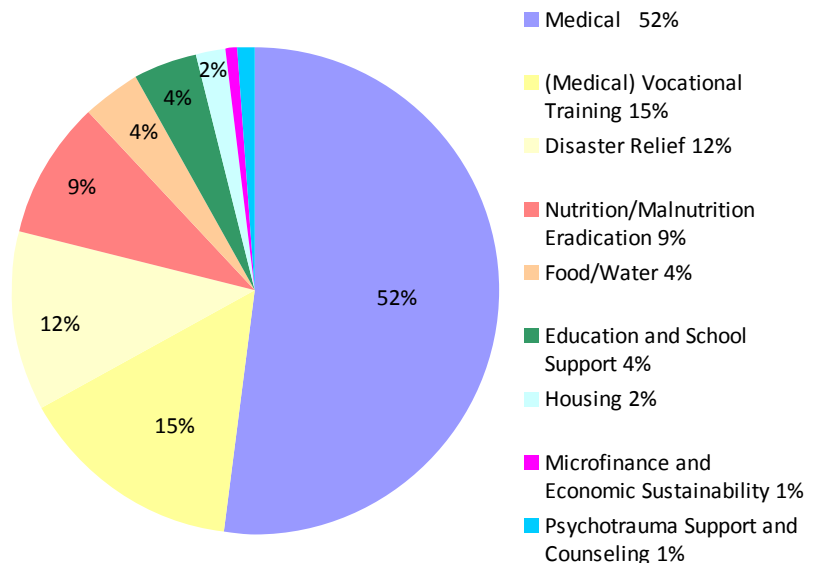
In US \$	Fiscal Year 2009	Fiscal Year 2010
Contributions and Grants to RMF USA*	1,034,742	1,067,287
Expenses**:		
Program Expenses	927,138	1,016,919
Administrative Expenses	<u>90,160</u>	<u>49,705</u>
Total Expenses	1,017,298	1,066,624
International Contributions**		
Contributions to RMF Germany (100% used for program expenses)		299,718
Contributions to RMF India (100% used for program expenses)		<u>18,985</u>
Total International Contributions		318,703
Total Combined US & International Contributions		1,385,990
Total Combined Global Program Expenses**		1,335,662

Total Expense Breakdown

- Program Expenses
- Administrative Expenses



Global Program Expenses by Category



*2010 IRS Form 990 US Contributions and Grants, and Expenses. Copies of 2010 and 2009 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 2010 combined international figures are set up in accordance with international accounting standards.

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