

A close-up, high-resolution photograph of a young child's face, smiling warmly. The child has dark skin and large, expressive eyes. The background is softly blurred, showing other people, suggesting a community or group setting. The lighting is natural and bright, highlighting the texture of the child's skin.

# **Real Medicine Foundation**

## **Annual report 2009/2010**

**AMERICAS - AFRICA - ASIA - EUROPE**



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Cover photo credit: Angela Rose Hess Geddes

RMF Doctor treating child at Lwala Kenya clinic

# 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 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 Microfinance 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, such as Maternal and Infant Mortality, Malaria, HIV/AIDS and Malnutrition are part of Real Medicine'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 health care capacity building. At home in the US, Real Medicine Foundation conducts healthcare and education outreach programs, and has provided aid to Hurricane Katrina survivors.

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, focusing on development and capacity building. By empowering people and providing them with the necessary resources, we pave the way for communities to become strong and self-sufficient.

In just five years, Real Medicine Foundation has grown to operate in 15 countries in four continents and has aligned with governments, international agencies, including the UN, to reach those most in need. Real Medicine Foundation is a US based non-profit public charity 501(c)(3), headquartered in Los Angeles, California, with offices and partners all over the world.



Children at one of our Flood Relief Medical Camps in Charsadda District, Pakistan, 2010

# YEAR IN REVIEW

## Dr. Martina C. Fuchs, Founder and CEO

What started out as a promise to a small village in a devastated area on the Indian Ocean has grown into a global network of "Friends helping Friends helping Friends" that now reaches over 6 million people in 15 countries across 4 continents. In 2005, I would have never thought we would be where we are right now, 5 years later. We are reaching hundreds of thousands of people, children and families around the world.

Our work is innovative and creative. New solutions to old problems. Getting to the source to address issues quickly.

This past year we initiated the first ever accredited nursing and midwifery program in South Sudan. Post earthquake, we not only initiated a major relief effort in Haiti, but also developed a new model for public access to high quality healthcare based on a hospital consortium in Port-au-Prince that has already been approved by the Interim Haiti Recovery Commission. We have been peacefully holding the Taliban at bay in Khyber Pakhtunkhwa, Pakistan since October 2005 by providing access to healthcare for 150,000; and this year, we were able to respond swiftly to the devastating floods in Pakistan by initiating free medical camps that regularly treat more than 2,000 flood victims per day. We are developing a major model for malnutrition eradication in Madhya Pradesh, India, and, in just the first eight months of this project, we covered over 37,000 families and 57,000 children across 500 villages in a baseline malnutrition survey, we counseled the caregivers of 22,586 children and we treated 225 of the most serious cases at our local Nutrition Rehabilitation Centers.

No is not an option. So many things are possible.

I am proud of and grateful for our teams around the world. I am blessed to join with them in this network of friends helping friends helping friends, and my dream for this lifetime is to keep this network growing until we reach the most remote corners of this world. Without our team, this would not be possible. Everyone contributes fearlessly, courageously, with dedication and passion. So, my thank you here is to this extraordinary group of people that make this possible, and to everyone out there supporting us, trusting us, believing in our vision: our wonderful partners, our loyal and committed supporters, and all of our friends around the world.

In these challenging economic times we were able to more than double our annual budget and still able to commit 92% of our funding directly to our projects on the ground. We have no intention of stopping this momentum. Once you see what is possible, it is too exciting to stop.

Moving forward, we are concentrating on strengthening healthcare systems, being able to support and influence new models of healthcare in areas where the old solutions are not working.

I look forward to the next year and the one after with the sincere hope that we keep our momentum, expand our impact and keep growing our network of friends helping friends helping friends. Thank you to all of you for joining us on this journey.

Sincerely,



# INDIA

## INITIATIVES ■ Malnutrition Eradication & Treatment ■ Research Collaboration Study on Traditional Medicine

**Covered over 37,000 families and 57,000 children across 500 villages in baseline malnutrition survey**

**38,000 Counseling sessions held**

**Counseling given to the caregivers of 6,000 diagnosed cases of Severe Acute Malnutrition (SAM)**

**225 children with the most severe cases of SAM treated at Nutrition Rehabilitation Centers**



Child measured for Malnutrition using MUAC test

### Malnutrition Eradication & Treatment

RMF's Childhood Malnutrition Treatment and Prevention Initiative boasts 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. 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. RMF decided to attack the problem head on by focusing our efforts on 500 of the worst hit villages across 5 districts. Our strategy is to close 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.

**2009-2010 Update:** During the first 8 months of this program, over 3,000 village level nutrition training sessions have been conducted, with almost 30,000 local men and women in attendance. Our staff has individually counseled 37,141 families of malnourished children during one to one counseling sessions in their homes and has seen 6,070 SAM and MAM kids improve because of their interventions. Through our referrals to Nutrition Rehabilitation Centers, 225 children with the most severe cases have been successfully treated to date.

#### **Summary of our accomplishments this year:**

- Covered 37,141 families and 56,194 children across 500 villages during the baseline survey to provide numbers to track our success
- Identified 6,070 children suffering from Severe Acute Malnutrition (SAM) and gave counseling to the caregivers of each of these 6,070 children
- Identified 16,516 children with Moderate Acute Malnutrition (MAM) and provided one to one counseling to the caregivers of these 16,516 children
- Successfully ensured the 14 day treatment and follow up of 225 of the most serious cases at RMF's Nutrition Rehabilitation Center
- Provided employment to 56 women from tribal villages, helping open their first bank accounts and pursue higher education
- Saw a 25% improvement rate in SAM children counseled and a 24% rate in MAM children counseled

### Research Collaboration with Tata Institute of Social Sciences

Real Medicine Foundation launched collaboration with the Tata Institute of Social Sciences (TISS), School of Health Systems Studies, to study India's traditional medicines and their widespread usage in the country. TISS is India's premier social sciences institute established in 1936 and has been instrumental in shaping the direction of social research in India. RMF and TISS began a unique study this year focusing on the perceptions of patients who are using Ayurveda, Yoga, or Naturopathy therapy for chronic type II diabetes.

In June 2010, the qualitative study design and methodology were discussed and finalized. The patient cohort was selected in partnership with specialized institutions such as the Vivekananda Kendra Yoga Anusudhana Samsthana for yoga therapy patients. Patient interviews began in October 2010 and will be completed by end of November 2010. The structure and plan of the contextual analysis will be determined in a joint RMF-TISS workshop on November 30 - December 1, 2010. The study analysis will consist of coding recurring themes in the 40-odd patient interviews to gain a better insight into the motives behind the use traditional medicine over allopathic medicines.

# INDIA

## INITIATIVE ■ HIV/AIDS Treatment & Prevention ■ Education and Healthcare Support at the Bhil Academy

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

Care and support of 217 HIV patients, including 18 children

Support of 300 school children

Outreach to 629 female sex workers



Mother and children at our HIV/ART treatment center

### HIV/AIDS Treatment and Prevention Initiative

RMF's HIV/AIDS program was started 4 years ago and is now 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 (PPP) HIV/AIDS services set-up in the state with a PPP Integrated Testing and Counseling Center, PPP Link Antiretroviral Treatment Center, and a 'DOTS' treatment center for tuberculosis (often occurring in HIV+ patients). Our care and support program assists 217 HIV positive individuals with medical, psychosocial, and livelihood generation services. We specifically tailor our program to the needs of the tribal communities which we work with, addressing the needs of vulnerable populations such as children, migrants, truckers, and female sex workers. Together with the United Nations Population Fund (UNFPA) we have embarked on a comprehensive HIV/AIDS awareness, prevention and treatment program for female sex workers in our districts. We work closely with our partner on the ground, Jeevan Jyoti Health Service 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.

### **2009-2010 Update:**

Our care and support program currently assists 217 HIV positive individuals with medical, psychosocial, and livelihood generation services.

- Tested over 7,150 patients for HIV/AIDS since 2007
- Identified over 220 new cases of HIV/AIDS in Jhabua district
- RMF coordinates with all 217 HIV+ individuals who are in our care and support program and provides for their transportation to Indore to receive ART each month
- Obtained approval for the first NGO link-ART center and currently provides treatment in Meghnagar to approximately 50 patients
- Employing 21 staff members for both the Care and Support and UNFPA HIV/AIDS programs
- Achieved funding and support by UNFPA for targeted intervention for female sex workers (FSW) in Jhabua and Neemach districts
- Facilitated the birth of an HIV- child to an HIV+ woman

### Education and Healthcare support at the Bhil Academy

In 2006, one of RMF's partner NGOs in India 'BHILS' opened Bhil Academy, a residential school for poor tribal children in rural Madhya Pradesh. After studying at Bhil Academy, students from the most rural parts of MP are fluent in English, Hindi, and their native Bhili and are prepared with the skills and the confidence to break the cycle of poverty that has trapped their parents for so long.

### **2009-2010 Update:**

As of early 2010, the student body at Bhils has now grown to 300 of some of the poorest, most disadvantaged children in India.

The academic year started with a health camp and screening of prospective students by RMF Country Director, Dr. Fabian Toegel and two volunteers to RMF, Dr. Tyler Chernin and Dr. Matt Oertli. The health camp screened the general health of about 180 children and referred serious cases to local hospitals for follow up care. Some of the children were suffering from malnutrition, gastroenteritis, respiratory infections, and presented with heart murmurs.

# PAKISTAN

## INITIATIVES ■ Flood Disaster Relief ■ Primary Health Care

**The only access to healthcare for 150,000 at UC Talhatta Clinic**

**Over 16,000 Flood Victims treated at first eight free Medical Camps**

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.



Patients treated at RMF Pakistan Flood Relief Medical Camp

More recently, beginning 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, at one point, 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.

Due to inaccessibility to large number of flood-hit areas the exact picture of real disaster had been hard to ascertain in the first days of emergency relief. Based on the success of our 2009 Flood Relief Medical Camps in Pakistan, and with the generous support of a grant from Google and other donations from private individuals and others, Real Medicine Foundation and our partner in Pakistan, Relief Foundation (RF) set to work providing free medical care to address the emergency and primary health needs of flood affected populations.

Through our free medical camps held in different flood affected areas with as many as 40 doctors per camp in attendance, representing various specialties, we were able to treat over 16,000 flood victims in just the first eight of these camps. Many more are scheduled to be held.



Patients waiting to be seen at RMF Flood Relief Medical Camp



Girls see an RMF Doctor at Flood Relief Camp

# SRI LANKA

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

## Healthcare for 4,000 Post-Tsunami

6 Children supported with long term medical support

59 Preschool children and students supported



Children under RMF's Long Term Medical Care Program

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. Five 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 fourth 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

Our clinic, 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 Palapotha. Having this convenient access to free healthcare is especially important for young mothers, children, and the elderly. The diseases we see most frequently are upper and lower respiratory tract infections, viral fevers, gastrointestinal tract infections, heart disease, hypertensive disorders, skin diseases and different forms of arthritis. As in all of our healthcare projects worldwide, a significant focus is placed on education and prevention. 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.

### Long Term Care of Children

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 similar conditions, it was impossible to predict that this one act of compassion would initiate a country wide program to identify and treat over 100 more children suffering from this disorder.

### Preschool and Student Support

**Tangalle Children's Relay Preschool**, situated just outside of Tangalle's city center continues to serve tsunami affected families and the rural poor. Originally established to support 12 children orphaned by the tsunami, TCR has grown to provide education and meals to on average 23 children each year and has served as a resident youth hostel for 16 young women traveling to the area to study at the local college. RMF started to support Tangalle Children's Relay Preschool in the summer of 2005. In February of 2010, TCR moved to a new location, in the village of Palathuduwa, just 2km inland from the Tangalle School. As the Tangalle Preschool was able to take over more of its own management and financial support, our staff was approached to support this small preschool in a much poorer village close by. We are currently supporting 15 students at this new location.

The **Minhath Preschool Dickwella** is the first ever preschool for the children of the Tamil/Muslim minority community in Dickwella, Sri Lanka, a region hit hard by the tsunami. The new building constructed by Real Medicine Foundation opened on November 25, 2006; operations have been supported by us since then. Based on the Montessori Education Model, 20 young 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.



# INDONESIA

## INITIATIVES ■ Microfinance/Neighborhood Endowment Fund

**193 neighborhoods achieved self sustainability**

**7,000 members reached**

**Leveraged seed money to attract large government funding participation**



Tracking microloan payments in Java

RMF in partnership with KOMPIP (Cooperative for the Power of Marginalized People of Central Java ) and the local government of Central Java, have successfully created livelihoods for thousands of people through a community owned and driven fund (National Endowment Fund or NEF) that finances microcredit activities. Initially funded by seed money from RMF, this fund has been highly successful through a “multiplier” effect in that the revolving funds in at least 193 neighborhood communities around Central Java continue to rotate from borrower to borrower, creating microenterprises and employment.

KOMPIP, a legally independent microfinance institution has transitioned the existing portfolio of community owned and driven revolving fund microcredit activities to a sustainable market-based financial system. Savings have become a major component of the financial services offered and will act as a key source of funding. Meanwhile, market-based and cost-covering interest rates will be calculated, regulation and oversight will be strengthened and financial and institutional sustainability will be achieved.

Through field visits to a selection of these neighborhood communities, RMF and KOMPIP have documented substantial changes in the standards of living of NEF communities. Borrowers have improved their neighborhood communities’ access to healthcare and education and have increased their incomes, quality of housing, and levels of empowerment. The amount received by each neighborhood is generally sufficient for two simultaneous borrowers of up to US\$100 each and at a monthly interest rate of 1% to 1.5%. In addition to designing and field testing this system, KOMPIP and RMF have provided basic microcredit bookkeeping training, micro business management training, micro business marketing training and solidarity building to the neighborhoods receiving these funds so that communities can maximize their own results.

Out of 198 original neighborhoods in Yogyakarta and Klaten, Central Java, 193 neighborhoods (with a membership of 7,000 people) successfully became self-sustainable. Loan repayment rates have been close to 100% and NEF communities have responded well to KOMPIP and RMF’s hands-on approach at facilitating these loans. Due to the extraordinary success achieved, measured by increasing incomes and standards of living, KOMPIP, RMF and the local government of Solo entered into a partnership to replicate the NEF model to the entire Surakarta area, encompassing 2,668 neighborhoods and 100,000 people. RMF and KOMPIP were able to put in modest organizational funds in order to leverage a US\$250,000 pledge by the local government of Surakarta.

RMF’s impact is best summarized by KOMPIP’s Director, Pak Akbar below:

*"I think that the impact that can already been seen from the US\$10,000 provided by RMF is that it stimulated the local government of Solo to allocate the seed grant of Rp. 2.3 billion (US\$250,000). In other words, the funds of US\$10,000 created the allocation of 2,500% of additional funds from the local government relative to the amount paid by RMF. From this figure, we can see how big the influence of RMF-KOMPIP to the local government of Surakarta has been."*

# UGANDA

## INITIATIVES ■ Primary Health Care ■ School Support ■ Refugee Support

Over 4,000 patients/month treated

Almost 1,000 Refugee School Children supported

The Kiryandongo Refugee Settlement in Bweyale, Uganda, is a UNHCR managed refugee settlement that provides shelter, land and support for more than 25,000 refugees, comprised of Ugandan IDP's and Kenyan, Congolese and Sudanese refugees. 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 other support since 2008.



Refugee Women waiting at the Panyandoli Maternity Center

### Panyandoli Health Center

The Panyandoli Health Center, located in the middle of the Kiryandongo Refugee Settlement, has been renovated and consistently supplied 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 has cleaned, painted and upgraded the wards of all clinic buildings, i.e. provided new mosquito nets, beds and mattresses, medical supplies, and kept critical medical inventories supplied and in stock. In addition to the medical support RMF has also upgraded the clinic's kitchen compound and installed a solar powered water supply for all the clinic buildings. The clinic now treats over 4,000 patients a month, some months up to 4,400, for a wide variety of issues including malaria, malnutrition, maternal and child care, general infections; cases requiring tertiary care are referred to the closest county hospital.

### Kiryandongo Refugee Children Education Support

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, Sudanese and Congolese students have been accepted into our program as well.

#### **School Support:**

Currently, 797 students are supported with funding at the Nursery, Primary and Secondary schools located within the Kiryandongo Refugee Settlement. This is roughly half of the students at the settlement schools. We pay the tuition fees, school uniforms, school supplies, and exam fees for the students of those parents unable to afford the fees, thus enabling the refugee schools to reach a variety of students from different backgrounds. The students RMF supports are a mix of Kenyan, Sudanese and Congolese Refugee children. The number of students we supported reached almost 1,000 in the course of 2009.



RMF supported Secondary School Students at Kiryandongo Settlement

# UGANDA

**INITIATIVES** ■ Primary Health Care ■ School Support ■ Refugee Support

Over 15,000 patients treated with Acupuncture

280 Orphans supported at Orphanage/ Boarding School

## Kiryandongo Refugee Camp Acupuncture Support

Acupuncture training and treatments had been initiated in Kiryandongo by RMF in 2008. RMF and UNHCR in partnership with WCF equip Panyandoli Health Center with pharmaceuticals, so the patients have the option either to utilize treatment with pharmaceuticals or with acupuncture. The majority of the Kenyan refugees still prefer acupuncture treatment; the other groups use both acupuncture and pharmaceuticals. Body point acupuncture and the NADA protocol remain vital and helpful options for the community for treating patients' various illnesses, pain, and psychological trauma. Acupuncture continues to be an essential part of the lives of people in Kiryandongo.

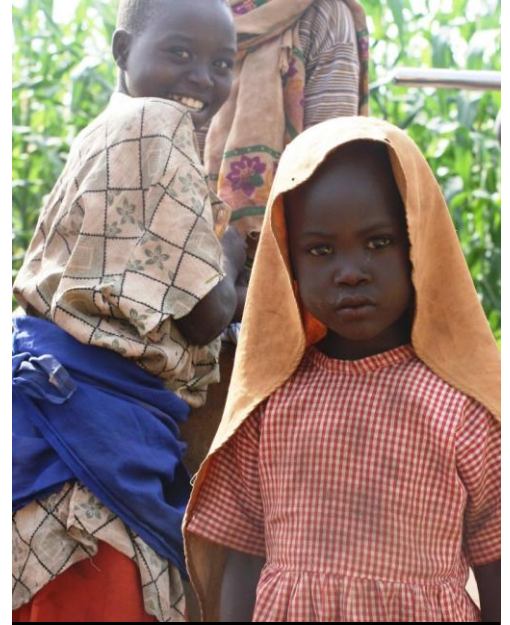
## Mama Kevina Boarding School, Tororo

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. Sister Margaret Awor opened the Mama Kevina Comprehensive Secondary School 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; two of the boys in the first class had been forced to be child soldiers.

The vocational component offers training in baking (full bakery and equipment on campus), computers and agriculture, with the hope to open further programs to train students in tailoring and carpentry. Enrolled at the school are students ranging in age from 11 to 24, who attend secondary grades 1 to secondary 4.

Over the past years, RMF has worked with the staff and students of Mama Kevina School and its surrounding community in need of on-going support for post-traumatic stress related complaints through acupuncture outreach and yoga programs. The Mama Kevina staff, trained by Real Medicine, has provided over 5,000 treatments a year, including basic acupuncture treatments, treatments according to NADA protocol, body point acupuncture and beading treatments. Treatments are also made available at no cost to the general populations of Tororo and Malaba at the Uganda/Kenya border, and at Lira Nursing School in northern Uganda.

Due to the recent loss of financial support by one of the school's other NGO partners, the Mama Kevina's funding is now well short of its needs. RMF has recently stepped up support through funding of food supplies; we continue to look for further funding to support the student fee and staff cost shortages.



Refugee children at Kiryandongo Settlement



Orphans gardening at the Mama Kevina Boarding School

# KENYA

## INITIATIVES ■ Drought Relief ■ Primary Health Care ■ Mobile Clinics

Clinic serving a population of 30,000 in  
Lodwar, Turkana

8 Mobile Outreach Clinics per month  
providing care to thousands in remote areas

### Turkana Drought Relief, Primary Healthcare Clinic and Mobile Clinic Outreach

The September 7<sup>th</sup>, 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. 2 weeks later, 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 - documented in RMF's Turkana documentary, refer to [www.YouTube.com/RealMedFoundation](http://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 on medical outreach programs and mobile clinics, and food and water aid where needed. Funding from Medical Mission International made it possible to significantly enlarge this program by the beginning of 2010. A clinical officer and a pharmacy technician could be hired in addition to the existing nurse and nurse aide to respond to the healthcare needs of the population. Now, in average 1,600 patients are seen per month, many of them walking hours to reach our clinic. During rainy season, this number is even higher. As in many others of our clinics in Africa, malaria constitutes the biggest percentage of disease burden.

Eight mobile outreach clinics are now conducted per month, often covering a significant amount of patients in very remote areas of Turkana; just one outreach clinic in Nakabaran Village on May 24 providing food and water as well as medical care served more than 1,000 persons from the villages of Nakabaran, Kaikir, Napetao, Nakweei, Loturerei, Kangkukus and Locheredome.

In addition to medical care and provision of high quality medication, services provided 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. Through our healthcare education programs, we are able to significantly expand our reach since many patients are accompanied by family members and friends who benefit from hearing our public health teachings on various topics.



Boy being treated at Mobile Clinic Outreach in Turkana, Kenya



Medical Outreach Clinic



Mothers and Children at RMF Relief Camp

# KENYA

## INITIATIVES ■ Primary Health Care ■ Mobile Clinics

Over 18,000 patients treated annually at  
Community Health Clinic

600 HIV patients under care

### Lwala Community Health Clinic

Lwala is a village of approximately 1,500 people near Lake Victoria in western Kenya. Within an hour's walk, approximately 3,000 additional people live in nearby villages accessible by dirt roads. 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. of the 408 children in the Lwala primary school, 121 (29%), have lost one or both parents. The official 15% prevalence of HIV in the region is the *highest in Kenya*.

**Ochieng Memorial Lwala Community Health Center:** The Ochieng' Memorial Lwala Community Health Center was founded by the Ochieng' siblings in memory of their parents who died of AIDS; its mission is to meet the holistic health needs of all members of the Lwala community, including its poorest. Prior to the establishment of the clinic, there was no immediate access to primary health care or HIV/AIDS testing and care. For this reason, the Lwala health initiative, led by the Lwala Community Alliance and supported by Dartmouth College, has focused on primary care for children, access to medicines (particularly vaccines and antimalarials), HIV testing and care, public health outreach and safe maternity. Primary beneficiaries are children, pregnant women, HIV infected persons and the elderly. The health center is part of a larger effort to achieve holistic health and development in Lwala, including educational and economic development. Positioned in North Kamagambo, Rongo District, Nyanza Province, the Lwala Clinic now provides care for a target population of 30,000; many patients walk hours, sometimes days to access safe healthcare at the clinic.

Real Medicine Foundation started to support the Lwala Community Health Center in 2007, purchasing an emergency ambulance and providing continuous funding for its maintenance; providing funding for medicines and medical supplies; salaries for medical personnel, including a maternity nurse and clinical officer; funding for maternal and child health costs including a Safe Motherhood (Umama Salama) Community Education Program, and for obstetric emergency referrals. Since 2008 upgrading became possible with support from World Children's Fund.

**2009-2010 Update:** Through June of 2010, outpatient numbers at the clinic averaged about 1,200 per month, in addition to visits for HIV services (145/month) and Maternal and Child Health visits (about 150/ month). As part of the HIV program, 130 adult males have been tested, counseled and circumcised during a two week campaign and the clinic began sending regular formal invitations to partners of HIV positive clients to invite them for testing. The emergency ambulance serves about 10 patients per month in emergency situations. 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 by foot or short motorcycle transport because of the Lwala Community Health Center. An average of 235 people per month participated in the Lwala Clinic's health education activities, which included Home Based Life Saving Skills, Water and Sanitation Training, Family Planning, Childhood Nutrition, Immunizations, and Breastfeeding.

The main diseases encountered include: malaria, HIV/AIDS, tuberculosis, respiratory tract infections, gastroenteritis, and skin infections. Provided are basic primary care services; maternal and child health services, including antenatal and postnatal care, vaccinations, growth monitoring, PMTCT of HIV, and family planning; treatment of TB; comprehensive care for HIV including preventative services (including PMTCT and male circumcision), counseling and testing (voluntary, diagnostic, and provider-initiated), and care and treatment for people living with HIV (including ARVs and nutritional support). The size of the facility is in the process of being tripled with a new maternity wing and more patient care space.



Woman and Child at Lwala Clinic, Kenya



Doctor treats child at Lwala Clinic

# MOZAMBIQUE

## INITIATIVES ■ Mobile Clinic Project

### The only Mobile Clinic in Mozambique



Children gather at our Mobile Clinic Outreach in Mexixine, Mozambique

### Mobile Health Clinic Outreach

Real Medicine'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 the most populous province of Mozambique, Zambézia Province, located in the central coastal region with a population of almost 4 million. Our Mobile Clinic vehicle, custom built in South Africa on a mid-sized truck frame, operates as a "mini-health clinic on wheels" and provides an extremely versatile and flexible platform to provide primary 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 maternal child healthcare, vaccination of women and children, distribution of vitamin A and Mebendazole, blood pressure control, prevention of cervical and breast cancer; HIV prevention, care and treatment, TB prevention and care, 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.

A direct target population for our mobile clinic activities included 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. Often, up to 100 patients are seen per hour. We estimate the indirect beneficiaries benefitting from relevant outreach and clinical activities to be five times as high. A total of approximately 2,000 people visited a recent Health Fair in Quelimane in a period of 8 hours. About 2,500 persons per month benefit from our healthcare outreach programs in addition to the patients we are treating, through magazines and educational materials.

# 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 accepted**

**Foundation Course completed –  
Tutors/Professors selected**



The first class of Nursing and Midwifery students in Juba, Sudan

## Juba College of Nursing and Midwifery

South Sudan's maternal mortality remains the fifth highest in the world, at 1,700 deaths per 100,000; 200,000 women die in childbirth every year. High levels of maternal mortality are linked to poor access to quality reproductive health services, including family planning. Fewer than 20 certified midwives and even fewer registered nurses exist in all of South Sudan, a population of 9.6 million.

Real Medicine Foundation, in collaboration with the Government of South Sudan, UNFPA, 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, is establishing South Sudan's first ever accredited College of Nursing and Midwifery. The consortium aims to provide a scalable working model for this college that will offer a 3 year diploma for Registered Nursing and Midwifery and may be extended to other strategic locations within the country.

During the course, students will also serve as staff at the outlying primary health care clinics in Munuki, Nyakuron, and Kator as well as the Juba Teaching Hospital. The immediate population in Juba and surrounding areas, estimated at 500,000 will be 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 will accept applicants from all 10 states to optimize the distribution of newly qualified health care personnel.

After completing their foundation courses in Mathematics, English and Biology, the students began their nursing and midwifery courses in August 2010. This was following the recruitment of 3 international tutors and 2 national tutors for the program. They are several months into the course and are following clearly outlined curricula in both nursing and midwifery. The tutors have also developed a college calendar and master plan for both courses in line with Ministry of Health requirements for all its Health Training Institutions.

The project has so far received notable attention, recommendation and courtesy visits from several organizations/donor countries and government representatives, namely Government of Southern Sudan Minister for Health, Ministry of Health Undersecretary, Australian Aid Delegation, Canadian Aid Delegation and JICA Headquarters Delegation. All these visits have been made to acknowledge the importance of such an institute in South Sudan as a long term solution to the shortage of human resources for health. Construction and renovation work began at the Juba Teaching Hospital in July and this work is meant to run till mid/end of November 2010.

### **2009-2010 Achievements**

1. Selection and training of 20 Midwifery and 20 Nursing students for foundation courses in Mathematics, English and Biology
2. Certification of midwifery curriculum by the International Confederation of Midwives (ICM)
3. Recruitment of additional teachers/tutors in both nursing and midwifery
4. Training of students in technical nursing and midwifery courses
5. Construction and renovation of the identified college site at the Juba Teaching Hospital
6. Recruitment of the Project Manager
7. First class scheduled to graduate in 2013

# NIGERIA

## INITIATIVES ■ Primary Health Care

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

### Gure Model Health Center, Baruteen LGA

Nigeria has the 4<sup>th</sup> 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 Nigerian/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; Gure Gwassoro is one of the four wards of the Baruteen Local Government.

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. Faced with these almost intractable problems, which were further compounded by the burden of reconstruction after the civil war, the government and people of Nigeria set for the country fresh goals, and objectives. 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 Real Medicine Foundation to leverage their network of emerging medical staff and their connectivity to other remote health care clinics within Kwara State in need of support.

Because of the presence of RMF and the return of hope for more comprehensive medical services, the long abandoned Gure Model Health Care Clinic has experienced improved activities in 2009/2010. Patients even cross the border from the Benin Republic to seek treatment at the clinic. The new 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.

#### 2009-2010 Update:

RMF has been funding facility upgrades, providing medicines, medical equipment, and local staff to increase and strengthen its capacity to deliver best practice western medicine and critical maternal child health care services. The new interior of the clinic provides a more hygienic setting for health care and has set an example to the community to maintain better hygiene at home. Hygiene education outreach is being conducted. Patient numbers have been fluctuating in the course of this past year, apparently depending on the attending physician, with peaks as high as 100 patients/day.

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.



Staff at the RMF supported Health Clinic in Gure, Nigeria



Youth Service Corps Doctors at the Gure Clinic



# ARMENIA

## INITIATIVES ■ Primary Health Care ■ Mobile Clinic/Ambulance Outreach

Clinic servicing a population of 6,500

Up to 600 patients treated per month

Vehicle for mobile clinic/ambulance outreach purchased

### Primary Healthcare Clinic in Shinuhayr, Syunik Marz

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 six 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 347 families fall under the “socially vulnerable” category and benefit from the services of the project. In addition, 226 disabled persons, 680 children ages 0-7 years and 1,104 schoolchildren ages 8-17 years, and 47 single mothers benefit from improved healthcare services.

Working closely with our program partner, the Armenia Relief Society (ARS), Real Medicine Foundation has initiated support of the Shinuhayr Primary Healthcare Clinic to provide the clinic with critical medicine inventories and medical supplies. Up to 30 patients are seen by clinic staff per day, 60% of those are children. Two days per week are children vaccination days. RMF also purchased an ambulance 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 12-15 calls per day.

Investigating health problems within the population, it was found that the following health issues are the most widespread: high blood-pressure, cardio-vascular disease, anemia in children, mental retardation in children (especially in Shinuhayr), and osteochondrosis, especially in women.



Patient at the Shinuhayr Clinic, Armenia



Doctor vaccinating baby



Doctor vaccinating girl at clinic

# PERU

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

Serving a population of 30,000

Almost 20,000 patients treated annually

15 Community Outreach Clinics held

Ultrasound and advanced lab services



Inauguration of the Policlínico Peruano Americano in San Clemente

### Policlínico Peruano Americano in San Clemente, Pisco

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 and helping other NGOs with aid and food distribution during the first days after the earthquake, Real Medicine Foundation opened 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 and continues to operate the clinic successfully today. The clinic's target population is San Clemente (population of 30,000) but receives patients from other areas of the province of Pisco (population of 125,000) as well.

Our clinic is located in an earthquake safe house with several examination rooms, a large waiting area, lab, and ultrasound equipment purchased through a generous grant from Direct Relief International. We have also treated over 3,000 children through a school nurse program, and hold 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, i.e. on February 6, 2010, the RMF clinic team participated in a health campaign in San Clemente, in the Unidos por Dios settlement, 60 patients were seen in under 5 hours; on March 12, 2010, our clinic team organized a dental campaign. The team of dentists performed 25 extractions, 35 fluoride treatments, and toothbrushes/toothpaste were donated. In August of 2010, through our partnership with the Peruvian American Medical Society, a group of doctors, dentists, nurses and other staff volunteered their time and expertise to hold a 5 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. The clinics were performed under the direction of physicians of various specialties; minor surgeries and dental procedures were also carried out.

#### 2009/2010 Update:

An average of 67 patients per day were treated at our clinic, representing all age ranges from newborn to 60+, an average of 1,338 patients were treated per month. In addition, several hundreds of patients are being treated regularly at our medical and dental outreach camps. Over 5,350 advanced services, such as ultrasounds, nebulizer and oxygen treatments, and short-term in-patient observations, were provided. In alignment with RMF's global efforts to provide self-sustainability for our operations in the longer term and move toward capacity building, we initiated a pilot program at our Policlínico Peruano Americano to encourage patients' co-responsibility for their healthcare and started to explore successfully small fees for family consultations (S/1 = US\$0.35) and for ultrasound diagnostics (S/10). Families, who are unable to pay these fees, are exonerated. In June of 2010, we received 5 pallets, including an EKG, centrifuge, nebulizers, exam tables and boxes of medicine from Direct Relief International. Thank you to DRI! This will go a long way to helping the sustainability of our clinic.

# HAITI

## INITIATIVES ■ Disaster Relief ■ Long Term Health Care Capacity Building

**Treated 200 patients per day during post earthquake emergency**

**Delivered over \$600,000 in medicine and supplies**

**Partnership with local hospitals**

In the aftermath of the January 12<sup>th</sup> earthquake, Real Medicine is moving forward with a comprehensive long-term strategy for sustainable health services development in Haiti to help rebuild its shattered public health system.



Haitian children at tent camp in Port-au-Prince

Our work during the initial weeks was focused on the provision of volunteer medical staffing, in-kind 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 volunteer 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.

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

In this effort, we have coordinated the setup of a primary healthcare clinic in the Pernier neighborhood, east of the center of Port-au-Prince that is currently running under Haitian management and staffing, bringing healthcare access to more than 15,000 local Haitians. Our focus on the development of basic healthcare will continue, as we work to establish additional clinics in critically underserved regions.

In addition, RMF entered into a partnership with Hôpital Lambert Santé in Pétion-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. Pétion-Ville and the surrounding communes are home to more than 100,000 displaced persons, living in tent communities.

RMF presented a comprehensive health strategy for Haiti to the White House and other government agencies, multi-national organizations and NGOs in an effort to raise funding and awareness. Our Hospital Consortium Project proposal includes three public/private partner hospitals in Port-au-Prince, Hôpital Lambert Santé, Hôpital de la Communauté Haïtienne, and Hôpital du Canapé-Vert. The strategy calls for designating core health services responsibilities (i.e. reconstructive surgery) for each facility and building a comprehensive platform for subsidized public healthcare coverage in the local community, which includes the Canapé Vert, Pétion-Ville and Freres neighborhoods. The consortium strategy will specifically support new medical professional hiring, medical supplies and consumables, equipment upgrades, structural repairs and the completion of a 175-bed extension to the Hôpital de la Communauté Haïtienne, improving overall capacity and quality for local public healthcare extension to the Hôpital de la Communauté Haïtienne, improving overall capacity and quality for local public healthcare.



RMF supported Nurse treats patient

# UNITED STATES: LOS ANGELES

## INITIATIVES ■ Primary Health Care ■ Medical Outreach and Healthcare Education

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 physical and emotional support to children and adults.

### Florence Western Medical Center, South Los Angeles

Real Medicine Foundation's Community Outreach Programs located at Florence Western Medical Center 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, gastroenterology, pediatrics, podiatry, and physical therapy, as well as on-site pharmacy and lab. RMF's outreach programs include physical therapy and healthcare education services as well as non-medical services such as physical fitness and yoga for adults and children, programs for new mothers, assistance to families with children without insurance, arts & crafts and reading programs for children, and much more. Most of the children who participate in our programs are being raised by family members other than their parents, and are at high risk for future physical and psychological problems. Due to this fact, our most recent Children's Programs have been 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 Stores in Venice, CA, has been successfully in place since December of 2008.

### Downey Family Health Care Center (DFHCC), Downey, South Central Los Angeles

Downey Regional Medical Center (DRMC) and Amrit Davaa World Health Corporation have partnered to create the Downey Family Health Care Center (DFHCC), 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, adults and elderly 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 are expected to include comprehensive primary care for children, adults and seniors; 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 team training site for DRMC's Family Practice residents, medical students, nursing students, Family Nurse Practitioners/Physician Assistants in training, Optometry/Podiatry/Dental students in training from Western University of Health Sciences.

### Nuestra Clinica, Boyle Heights, East Los Angeles

From its inception, Nuestra Clinica has been built on the principal of providing patient oriented healthcare with a focus on bridging the gap left by many health plans that are often limited in coverage and scope of care. Patients without coverage are not turned away even if they are unable to pay the low treatment fees. Medical care at the clinic includes physicals, vaccinations, gynecological and obstetric care, STD testing and treatments. From April of 2009 through May of 2010, Real Medicine Foundation has partnered with Nuestra Clinica to expand the services offered. RMF has provided health and nutrition classes, prenatal courses to pregnant women; dance, fitness and exercise classes including yoga, and numerous creative courses for children such as arts & crafts. Through our outreach programs a safe place was created where children could learn new skills, interact with others, and have fun.



Patient at Florence Western Medical Center

# WHO WE ARE

## GLOBAL MANAGEMENT TEAM

Martina C. Fuchs, MD, PhD	Chief Executive Officer
Jonathan M. White, MBA	Director, International Relations
Sarah King Stern	Director, Administrative Operations
Carly Panchura, MPH	Director, Special Projects and Events
Dheepa Rajan, MD	Coordinator, Global Projects
Fabian Toegel, MD, MPH	Country Director, India
Caitlin McQuilling	Director of Programs, India
Michael Matheke-Fischer	Regional Programs Coordinator, South Asia
Jaimie Shaff, MPA	Program Manager, Health and Nutrition, India
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Rubina Mumtaz, DDS, MPH	Country Director, Pakistan
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Minerva Fernando	Project Coordinator, Sri Lanka
Naku Charles Lwanga	Project Coordinator, Uganda
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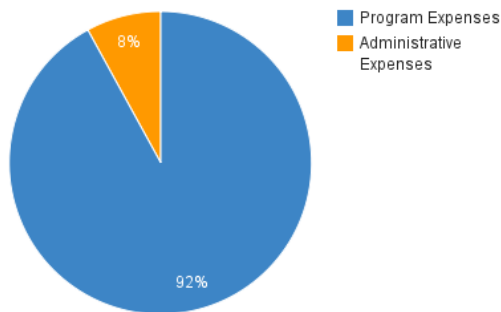
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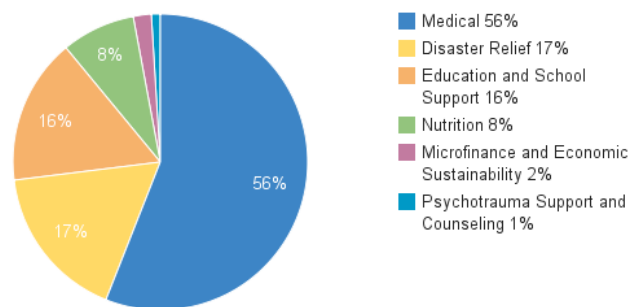
## FISCAL YEAR 2009 (June 2009 - May 2010)

In US \$	Fiscal Year 2008	Fiscal Year 2009
<b>Contributions and Grants to RMF USA*</b>	<b>650,640</b>	<b>1,034,742</b>
<b>Expenses*:</b>		
Program Expenses	536,827	927,138
Administrative Expenses	<u>42,260</u>	<u>90,160</u>
<b>Total Expenses</b>	<b>579,087</b>	<b>1,017,298</b>
<b>International Contributions**</b>		
Contributions to RMF Germany (100% used for program expenses)		221,759
Contributions to RMF India (100% used for program expenses)		<u>68,863</u>
<b>Total Combined US &amp; International Contributions</b>		<b>1,325,364</b>
<b>Total Combined Global Program Expenses**</b>		<b>1,217,760</b>

**Total Expense Breakdown**



**Global Program Expenses by Category**



\*2009 IRS Form 990 US Contributions and Grants, and Expenses. Copies of 2009 990 may be requested from head office in Los Angeles.

\*\*The figures presented here describe RMF’s finances on a combined international level. The 2009 combined international figures are set up in accordance with international accounting standards.

# PARTNERS & SUPPORTERS 2009/2010

A&I Photographic & Digital Services  
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Ayesha Omar Khadbai Foundation  
Big Sunday  
Children of the Nations International  
Community Foundation of Greater Memphis  
Community Foundation of New Jersey  
Conrad N. Hilton Foundation  
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Dionicess  
Direct Relief International  
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Tides Foundation  
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UNHCR - The United Nations Refugee Agency  
Urban Zen Foundation  
Wellness Matters, Inc.  
Whole Foods Market, Venice, California  
World Children's Fund  
World Vision

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