



ANNUAL REPORT 2016

Liberating Human Potential

AFRICA | AMERICAS | ASIA | EUROPE

RMF
REAL MEDICINE FOUNDATION



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Real Medicine Foundation Annual Report 2016
realmedicinefoundation.org



History & Mission

Real Medicine Foundation was founded in May 2005, inspired by lessons we learned after working for months in the Indian Ocean tsunami relief efforts. Real Medicine Foundation provides humanitarian support and development 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 focuses on the person as a whole by providing medical/physical, emotional, economic, and social support.

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

The first years after RMF's 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 shaped the organization's driving force and gave birth to our flexible, sustainable in-country strategies.

Based on today's best practices in modern medicine, RMF utilizes a Comprehensive Integrative Health Care Model. Once survival and immediate healthcare needs are addressed, we establish mobile and stationary health clinics employing regional medical doctors, other healthcare professionals, and supporting staff, and tailoring our clinics 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 Health Care, Malnutrition Eradication, HIV/AIDS Care, Malaria Treatment and Prevention, mHealth, and Vocational Training and Livelihood projects are introduced to build on the existing infrastructure already in place. These programs, addressing some of the developing world's most important issues, are part of RMF's commitment to treating the whole person. By staying for the longer term and by working with local staff and resources, we ensure long-term sustainability, local ownership, and capacity building. Since 2009, responding to needs presented to us, RMF has developed and implemented strategies for access to secondary and tertiary care, i.e. the support and upgrade of hospitals and training of medical personnel, to build healthcare 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 ten years, Real Medicine Foundation has worked in 21 countries on 4 continents, with active projects in 17 countries, and has aligned with governments and international agencies, including the UN, to reach those most in need.

Real Medicine Foundation is a US-based, non-profit public charity headquartered in Los Angeles, California, with branches in the UK and Germany, and with offices and partners all over the world. RMF is in Special Consultative Status with the United Nations Economic and Social Council and in PVO Status with USAID, and is Implementing Partner with UNHCR in Uganda, with WFP in South Sudan, and with UNICEF in South Sudan and Pakistan.



Our Team

OUR MISSION: LIBERATING HUMAN POTENTIAL

Lasting Change

RMF is aligned with governments and international agencies in twenty-one countries on four continents around the world; we partner with and empower local populations, co-creating long-term solutions that are self-sustainable. RMF believes that real medicine focuses on the whole person, reaching beyond medical and physical care to include economic, social, and emotional support as well. From disaster relief to hospital support to vocational training, RMF's adaptive global initiatives are tuned to the country, culture, and needs of the region, and based on our ethics of 'friends helping friends', treating every person with dignity and respect.

Proven Methods

In eleven years of operation, RMF's services reach a target population of more than 15 million people worldwide. Adaptive, creative, and efficient, RMF makes the most of every dollar donated by employing local, passionate, dedicated teams that combine deep regional wisdom with cutting edge best practices. We are all united by the unique human ability to transform the world around us – the people in developing and disaster stricken areas are most capable of solving their unique challenges. We are at our best when we act as co-creators for a better world. Liberating Human Potential.

17
COUNTRIES

58
ACTIVE
INITIATIVES

15+
MILLION TARGET
POPULATION

Who We Are

Real Medicine Foundation provides humanitarian support to people living in disaster and poverty stricken areas, focusing on the person as a whole by providing medical/physical, emotional, social, and economic support.

We provide immediate disaster and crisis relief and stay in country long after the world's attention has faded, to repair, build, and co-create capacity.



DISASTER RELIEF

Always striving to be fast, lean, and effective, RMF works hand in hand with local populations to ensure aid goes where it is needed most.



HOSPITAL AND CLINIC PROJECTS & SUPPORT

Once we understand the main medical needs of a community by close management of select local clinics and hospitals, we bring in other health programs to supplement or expand the health facility's scope, and look into other areas where the community needs support.



HIV/AIDS PREVENTION & TREATMENT

From mobile testing/diagnosis and education workshops to treatment and referral networks, we continue to focus on creating a HIV/AIDS free generation.



MOBILE CLINICS

Our Mobile Clinic concept is a flexible model of health care provision for our organization, conceptualized to reach remote and rural communities with no prior access to health care.



EDUCATION & SCHOOL SUPPORT

In order to break the cycle of poverty, the importance of an education for younger generations is just as vital for the healing of the entire community as treating immediate healthcare needs.



REFUGEE SUPPORT

Refugees are some of the most vulnerable populations in the world and are usually in need of a myriad of services, in addition to food and healthcare. Our established programs provide healthcare, education, solar-powered water pumps, vocational training and small business support. We also support children's school fees.



ECONOMIC STABILITY

The economic component of RMF's overall humanitarian vision, the 'focus on the person as a whole', aims to help people escape the cycle of poverty and provide for themselves.



COMMUNITY SUPPORT

Community Support programs add a social component to the medical/physical, economic and emotional support we provide, initiating creative and fun activities for people in post-disaster areas.



MALNUTRITION ERADICATION

We aim to prove a holistic, decentralized, community-based approach to malnutrition eradication, empowering communities through health literacy and connecting rural communities with available government health and nutrition services, is ultimately more successful and cost-effective than centralized approaches.



mHEALTH

Using smart phones, tablets, and central databases we are able to access, track and follow-up on patient cases from virtually anywhere.



VOCATIONAL TRAINING

The longer-term vision of our vocational training programs is to have several models for income generating opportunities for the populations we are supporting around the world so they eventually can be self-sufficient again.



MEDICAL SUPPORT OF INDIVIDUAL CHILDREN

We provide long-term medical support and treatment to selected individual children suffering from congenital and other health conditions, coordinating and managing the system that delivers treatment to the children and ensuring patient compliance with the program.



CAPACITY BUILDING

From training Community Health Workers to do outreach and education in rural villages, to educating diploma level Nurses and Midwives, our capacity building programs are covering many levels of necessary training, aiming for long term solutions in addition to filling the immediate needs.



HEALTHCARE EDUCATION & OUTREACH

Long term health can be achieved through reaching out to the local populations and educating them with health and social programs tailor made for their local cultures and norms.



PSYCHOLOGICAL TRAUMA SUPPORT

From trained psychologists to support group facilitation, we work on supporting and healing people affected by disaster after the initial relief efforts move on.



HEALTH RESEARCH

Partnering with universities' schools of public health we are researching and identifying innovative, contextually specific solutions to the many problems the poor and marginalized, specifically women, experience.

MALNUTRITION PREVENTION & MANAGEMENT

Background

RMF's Childhood Malnutrition Eradication Initiative has the largest field presence of any NGO working in malnutrition in the region—a result of strong partnerships with government, NGOs, businesses, and most importantly, local communities. In its seventh year, our program continues to go strong and has had significant impact in these last few years. Our team of up to 75 Community Nutrition Educators (CNEs) and 6 District Coordinators has covered enormous ground across 5 districts and 600 villages in Madhya Pradesh. Currently, our team of CNEs and District Coordinators is covering 50 villages of Barwani district in Madhya Pradesh, and we are working to scale up the program once more. According to the National Family Health Survey of 2005–2006, 60.2% of children under three in Madhya Pradesh's rural areas were underweight and 47.8% were stunted, more than twice the rates the WHO would classify as critical in emergency settings. RMF focuses on rural communities and has been able to significantly reduce acute malnutrition in our target areas over the last six years. Our strategy continues to close the gap

between available resources 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.

2016 Update

During 2016, RMF India continued to work with communities and position its program for scale. A qualitative and quantitative study conducted in 2014 indicates that RMF's approach to community

outreach reduced Severe Acute Malnutrition (SAM) by 34% and Moderate Acute Malnutrition (MAM) by 14% in target communities: a 48% reduction in acute malnutrition in the region it served. RMF India stands recognized by several Indian and international agencies, including the World Bank, and the governments of Madhya Pradesh and Bihar. This year, RMF also signed an MOU with the government of Madhya Pradesh for the implementation of ABM (Atal Bal Mission, a government nutrition program) in 5 districts of Madhya Pradesh.

India

INITIATIVES: Malnutrition Eradication and Treatment | mHealth | Empowering Adolescent Girls Health

564,519 counseled on sanitation and hygiene, proper feeding practices and government services they are entitled to

1,966 in-school adolescent girls trained (far exceeding the project target of 1,500)

6,655 households counseled in 2016 at special family sessions of malnutrition prevention and treatment

MALNUTRITION PREVENTION & MANAGEMENT

In 2016, RMF also began preparations to pilot our social enterprise model. We first conducted a survey of 50 tribal villages that the project will target, and found that 85.6% of rural respondents are not using sanitary napkins, 87.6% of the population is not using mosquito nets, and 99.3% of the rural population is not regularly using soap for handwashing before eating and after defecation. To help communities improve healthcare practices by adopting hygienic behaviors, Community Nutrition Educators (CNEs) are to act as depot-holders for affordable products, starting with sanitary napkins and later incorporating underwear, soap, mosquito nets, nail clippers, first aid kits, pregnancy test strips, water purifiers, and condoms. The CNEs will act as “Swasthya Sahelis” (Catalysts of Change) in communities, distributing these products and leading a long-term campaign: “Swasthya Samudai, Swasthya Pradesh” (Healthy Community, Healthy State). In combination with our malnutrition eradication activities, which include health education and advocacy, the social enterprise model has the potential to greatly improve the health and wellbeing of rural communities in Madhya Pradesh.

Summary of accomplishments over the past year:

- 564,519 counseled on sanitation and hygiene, proper feeding practices, and government services they are entitled to since the program began
- 6,655 households counseled in 2016 at special family sessions on malnutrition prevention and treatment
- 863 meetings held with Anganwadi workers,

other stakeholders, and community members of self-help groups

- 90 children with SAM successfully referred for lifesaving treatment at Nutrition Rehabilitation Centers
- 179 MAM cases improved to normal
- Conducted a survey of 50 villages in Madhya Pradesh to assess the communities’ health and hygiene practices



BENEFICIARIES

Anmol

Bajjta is a small, tribal area with a population of 1,535, situated in the Barwani district of Madhya Pradesh. Locals participate in agriculture or daily labor to earn their livelihood. Some residents also travel from their village in search of employment and return home after an interval of three to six months.

This story is from Bhilat Baidi, a hamlet in the village of Bajjta Khurd. This is where an 8-month-old baby girl named Anmol lives with her family, including her grandfather, grandmother, mother (23-year-old Sulochna), and her father (25-year-old Mukesh). Anmol’s father works in agriculture, overseeing his agricultural produce.

On April 15, 2016, an RMF Community Nutrition Educator (CNE) visited the village hamlet of Bhilat Baidi. Our CNE stopped at Anmol’s house and found her to be extremely weak. She took the child’s MUAC measurement and found it to be at 11.7 cm. This indicated that Anmol needed to be treated for moderate acute malnutrition (MAM). Therefore, the CNE started inquiring about the child’s history.

Anmol’s parents informed the CNE that the child was delivered at home. After her birth, Anmol was neither breastfed on time, nor given regular and appropriate breastfeeding. This was because the elders of Anmol’s family believed that the initial milk of her mother was not good for her and breastfeeding should be started a day after the birth and supplemented with cow’s milk and other food that could be provided. As far as



routine immunization was concerned, Anmol received a BCG vaccination, but because she cried for the whole day, her parents did not pursue further vaccinations.

There were several other traditional myths and misconceptions that the family believed, which had made the small child suffer. Lack of proper education and awareness in the family had caused the baby’s moderate acute malnutrition. Our CNE began her counseling session with Anmol’s parents, which included:

- Referring the family to seek Anganwadi services and get registered there
- Initiation of complementary feeding with periodic intervals
- Continuation of breastfeeding up to the age of 24 months

BENEFICIARIES

- Explaining the importance and process of administering all doses of vaccination to the child

The CNE's counseling also emphasized that the utensils used for the child should be separate from other members of the family, which would help Anmol's mother to know quantity of food the child had been consuming. She also emphasized that the mother must sanitize her hands properly before cooking and at the time of feeding her child.

Our CNE's counseling changed how the family conducted itself with respect to the child. This change was able to eliminate crucial problems of malnutrition that Anmol was suffering from.

On May 12, 2016, when our CNE again approached the Anmol's parents and measured the young girl's arm with the MUAC tape, she found an improved MUAC measurement: 12.9 cm, as compared to the previous measurement of 11.7 cm. Anmol's parents and the entire family thanked our CNE for her commendable contribution towards educating and counseling them and improving the nutritional health of the baby. Anmol's mother was of the opinion that if she had received such knowledge and education before and on time, her child would never have had to face such a painful trail. She further promised, with great determination, that she will convey this message to every woman in her village and try to make them understand

this knowledge and help the community become healthy.

Durga

Durga is a 9-month-old girl from the village of Sajwani, which is situated in the Barwani block of Barwani district, Madhya Pradesh. The population of Sajwani is 3,880 (per the 2011 census). Most people living in the village are of the Sirvi or Meghwal castes and the Bhil or Bhilala tribes.

Real Medicine Foundation is committed to eradicating malnutrition within the communities of Barwani block. Our local workers, called CNEs (Community Nutrition Educators), regularly visit villages, following a community need-based monthly route. While traveling her route, each CNE meets with community members to discuss health, hygiene practices, and nutrition, as well as participating in community meetings to raise awareness of health issues in the village. She also meets with an Anganwadi worker at the Anganwadi center, and together they visit village families who have a malnourished child, screening the child using MUAC (mid-upper arm circumference) tape. With an illustrated IYCF (infant and young child feeding) flip book, CNEs also counsel the families about malnutrition, immunization, how to prepare nutritious foods, how to access services at Nutrition Rehabilitation Centers and the Anganwadi center, and more.

During her visit to the village of Sajwani on September 19, 2016, RMF CNE Salita Dawar met 9-month-old Durga and found that she was weak, with a MUAC measurement of 11.02 cm. This showed that Durga had severe acute malnutrition (SAM). When CNE Salita asked Durga's family about

her medical history, Durga's mother explained:

I'm educated, but still I haven't taken care of my child Durga. She was born in hospital and her weight was 2.5 kg at the time of birth, but she was not given exclusive breast fed at the birth time. An ANM suggested to me I started to feed her my milk. We lived in joint family and we need to obey the orders of elders in joint family. They not allowed us to feed complementary food to Durga after 6 months. They told if we feed after 6 months, Durga would be sick. They suggested start feeding after 9 months and we started feed her after 9 months.

After hearing Durga's background, CNE Salita understood the reasons why the young girl was suffering from Severe Acute Malnutrition (SAM). CNE Salita was then able to counsel Durga's family about the causes, symptoms, and long-term effects of malnutrition, as well as the treatment of SAM. She recommended that Durga be taken to a Nutrition Rehabilitation Center, where she would be admitted for 15 to 21 days with her mother and receive a proper diet and treatment under the supervision of trained staff like doctors and feeding demonstrators. CNE Salita further explained that



staff at the Nutrition Rehabilitation Center ensure timely follow-ups of a child's health and feeding status, and if necessary, a doctor will refer the child to the hospital. Additionally, feeding demonstrators provide fresh food every 2 hours during the child's stay; the child is fed 8 to 10 times a day. The Nutrition Rehabilitation Center even provides food for the mother and reimburses her Rs. 120 per day after four follow-up appointments have been completed for the child.

Despite CNE Salita's detailed explanation, the family still refused to admit Durga to the Nutrition Rehabilitation Center. Thus, CNE Salita decided to treat Durga at home. She advised Durga's mother to feed the child nutritious foods four times a day and be sure to wash her hands and use clean utensils while feeding Durga. CNE Salita further explained,

BENEFICIARIES



“You can give her food and fruits in small pieces, pulse, rice, bread. You also feed her supplementary nutrition packets provided by Anganwadi center. The government is providing two packets in a week to SAM children.” After their discussion, CNE Salita asked the mother to bring food for Durga and showed her how to feed the young child. Now Durga started to eat. Salita asked Durga’s mother to follow her instructions to make her daughter healthier, and she agreed.

Salita continued her regular follow-ups with the family whenever she went to the village of Sajwani, and she counseled Durga’s mother about health, nutrition, and hygiene practices. On October 24, 2016, CNE Salita screened Durga again, and found that her MUAC had improved to 11.6 cm. Now Durga was in the category of MAM (moderate acute malnutrition); she had improved, but still had a long

way to go. Salita continued her regular follow-ups and counseling of Durga’s mother, and the mother continued to follow Salita’s advice.

After three months of identification and regular follow-ups, Durga regained a normal weight and nutritional status. On December 23, 2016, her MUAC was at 13 cm. Durga’s mother thanked CNE Salita and asked to meet regularly with her when she visits the village of Sajwani. Now Durga is healthy, and she and her mother are happy.

Rahul

Rahul is 12-month-old boy who lives with his family in the village of Khedi, a small, tribal area with a population of 1,368, situated 15 km from Barwani district in Madhya Pradesh, India. Locals participate in agriculture or daily labor to earn their livelihood. Some also travel to other states in search of employment and return home after an interval of three to six months. Like many villagers, Rahul’s father works in agriculture, overseeing his agricultural produce.

On May 12, 2016, RMF Community Nutrition Educator (CNE) Sangeeta Badole visited the village of Khedi. She went to Rahul’s home and found that the young boy was extremely weak. She measured his MUAC (mid-upper arm circumference) at 11 cm. This indicated that Rahul needed to be treated for severe acute malnutrition (SAM).

To fully understand Rahul’s situation, CNE Sangeeta inquired about his history. Rahul’s parents informed her that the child was born at home. His birth weight had been 2 kg, and he was weak since birth because his mother had not been able to eat or rest properly during her pregnancy. After his birth, Rahul was neither breastfed on time, nor given regular and appropriate breastfeeding. This was because the elders of Rahul’s family believed that the initial milk of his mother was not good for him and breastfeeding should be started the day after birth and supplemented with cow’s milk and other food that could be provided. There were several

other traditional myths and misconceptions that the family believed, which had also contributed to the young child becoming severely malnourished. Lack of proper education and awareness in the family had caused Rahul’s severe acute malnutrition (SAM).

RMF CNE Sangeeta began her counseling session with Rahul’s mother. She described the Nutrition Rehabilitation Center (NRC), where a child is admitted for 15 to 21 days with his or her mother and receives a proper diet and treatment under the supervision of trained staff like doctors and feeding demonstrators. CNE Sangeeta further explained that staff at the Nutrition Rehabilitation Center ensure timely follow-ups of a child’s health and feeding status, and if necessary, a doctor will refer the child to the hospital. Additionally, feeding demonstrators provide fresh food every 2 hours



during the child’s stay; the child is fed 8 to 10 times a day. The Nutrition Rehabilitation Center even provides food for the mother and reimburses her Rs. 120 per day after four follow-up appointments have been completed for the child.

Our CNE’s counseling also emphasized that the utensils used for Rahul should be separate from other members of the family, which would help Rahul’s mother know the quantity of food the child had been consuming. CNE Sangeeta also emphasized that the mother must sanitize her hands properly before cooking and at the time of feeding her child.

CNE Sangeeta’s counseling changed how the family conducted itself with respect to the young child. On May 18, 2016, Rahul was admitted to the Nutrition Rehabilitation Center (NRC). His MUAC was 11 cm

BENEFICIARIES

at the time of admission, but 14 days after, his MUAC had increased by .04 cm, to 11.04 cm. CNE Sangeeta counseled Rahul's parents to complete 4 follow-ups at the NRC to further improve his health.

On August 26, 2016, Rahul's MUAC measured 11.8 cm, and his health had begun improving. CNE Sangeeta continued to make regular visits to his home and counsel his family about complementary feeding and the preparation of nutritious foods. Rahul's mother always followed CNE Sangeeta's instructions and suggestions.

On December 12, 2016 CNE Sangeeta measured the young boy's arm with the MUAC tape again, and she found an improved measurement: 12 cm, as compared to the previous measurement of 11.8 cm. Rahul's parents and the entire family thanked our CNE for her commendable contribution towards educating and counseling them and improving the nutritional health of the baby. Rahul's mother believes that if she had received such education on time, her child would never have had to experience such a painful trail. She vowed to share this message with every woman in her village and try to help the community understand this knowledge and become healthy.



ADOLESCENT GIRLS OUTREACH PROGRAM

Background

Adolescents worldwide, particularly those in developing countries, are at greater risk of adverse health consequences due to lack of reproductive health education. According to the World Health Organization as of September 2014, about 16 million girls age 15–19 give birth each year, most in low- or middle-income countries. Complications in pregnancy and childbirth are the second leading cause of death worldwide for girls age 15–19, and in low- and middle-income countries, a baby whose mother is under 20 years of age is 50% more likely to be stillborn or to die during the first weeks after birth. The risk of adolescent pregnancy

and complications arising from it are aggravated by girls' lack of information about reproduction and sexuality, misconceptions, and little access to family planning and reproductive health services. What happens in their future depends, to a large extent, on the decisions made by adolescents as they enter their reproductive years.

Adolescent girls in India are given little information about the changes that are normal to experience physically, emotionally, and socially when transitioning from childhood to adolescence. Real Medicine Foundation India has been working in southwestern Madhya Pradesh for more than a decade, and our extensive health outreach programs extend up to household levels. RMF India's outreach model is entirely inclusive in the way that it converges closely with the frontline governmental service providers. In the process of our community interventions, RMF noticed a

gap with respect to specific outreach and health information for adolescent girls. In September 2012, our team conducted a workshop with 44 adolescent girls in the community hall of the village of Bhagyapur, Khargone district. With help of two books and a curriculum published by the National Level Government Organization for the Purpose of Adolescent Education, the content of the workshop was created. Giving adolescent girls the opportunity to ask questions, find their voice, and understand their feelings leads to self-confidence they need in order to become powerful women.

ADOLESCENT GIRLS OUTREACH PROGRAM

Having established a viable, needs-based connection between our Community Nutrition Educators (CNEs) and the school system, RMF uses the following steps to reach out to adolescent girls and provide them with health education. Our research and work with these girls reinforces the need for integrating health education as part of the regular teaching curriculum:

- Train a set of Community Nutrition Educators (CNEs) on life cycle approach
- Identify schools for coverage
- Conduct group-specific survey of adolescent girls in identified schools to ascertain actual numbers to be covered
- Seek formal concurrence of the education department of the government of Madhya Pradesh for conducting such school-based health education for adolescent girls
- Draw a project roll-out, including session plan as per the number of students per group per school
- Train RMF team on management information systems and reporting
- Roll out, monitor, and document the program
- With funding from Catapult, RMF India was able to achieve the following results:
- 19 CNEs trained on adolescence and other topics for school workshops on life cycle approach
- 497 in-school training sessions conducted at 67 schools across 3 districts
- 131 schoolteachers sensitized on issues of adolescent health to take up with this age group of students enrolled in their schools

- 1,966 in-school adolescent girls trained (far exceeding the project target of 1,500)

2016 Update

Project operations ended in October 2015, and analysis and reporting were completed in January 2016. The impact of this project, however, is still being felt. Young girls educated through the Adolescent Girls Outreach Program are better able to stay in school and make informed choices, and girls continue to share the knowledge they gained. Meanwhile, RMF India's team of Community Nutrition Educators (CNEs) continues to educate young girls and women on reproductive health and menstrual hygiene as they monitor nutrition

and visit communities and families in 50 villages of Barwani district.

Based on the knowledge that RMF India gained through the Adolescent Girls Outreach Program and a needs assessment survey conducted in 2016—which found that in RMF's target area, 85.6% of rural respondents were not using sanitary pads—RMF also began planning a social venture, whereby our CNEs will sell sanitary pads at low prices that village women can afford. The aim of the social venture will be to improve villagers' health by providing access to personal hygiene items, starting with sanitary pads, and also increase project sustainability. The availability of affordable sanitary pads will further contribute to improving girls' health and keeping them in school.

BENEFICIARIES

Sharda

Sharda is a 13-year-old girl who studies in 8th standard at the government middle school in the village of Borkheda, situated in the Pandhana block of Khandwa district, Madhya Pradesh. She walks around 1 km to reach school daily. Sharda belongs to a nuclear family, which includes her father, Asharam, age 35; her mother, Munni Bai, age 30; and her younger brother, Ritesh, age 9. Sharda's parents support the family through daily wages from farm work.

One day when Sharda was at school and seated in the classroom, she suddenly felt pain in her stomach. She did not tell her teacher, because the teacher was speaking to the children in class. Sharda kept silent, but some time later, she felt that her skirt was wet and saw that she had blood on her school dress. She was scared and silent. The school bell rang, and all the students started to leave the classroom, but Sharda stood up late from her place. All the girls around Sharda started looking at the back of her dress and laughing. Then they took her to the teacher.

Sharda was crying, and said, "This is happening for the first time and I don't know anything about it." The teacher did not explain anything to Sharda, but sent her home with friends. She reached her house, but it was locked because her parents were gone to work. They usually came home in the evening, so Sharda was sitting outside of the house for the whole day. Her mother arrived in the evening and looked at her, then took her inside of the house. By then, Sharda's clothes were completely ruined.



Sharda shared with her mother about the bleeding and asked, "What is happening to me?" Then her mother told her about menstruation cycles, which come to females only and start at adolescence. She explained that at such times, women and girls should use cloths, should not touch any utensils in the house, and should not go to play with friends. Sharda had to follow all these traditional values

BENEFICIARIES

of society. She started using cloths during her periods, but she felt uncomfortable: the cloths were not absorbent enough, and she was afraid that they would not stay in place. She could not attend school during those days.

Real Medicine Foundation, with support from Catapult, started our Adolescent Girls Outreach Program with the goal of bringing adolescent health awareness to 1,500 schoolgoing girls. Through this program, RMF successfully reached 1,966 schoolgoing adolescent girls with activity-based learning about their health, addressing topics such as safe drinking water, diarrhea management, menstrual cycles, reproductive health, hygiene practices, anemia, and a balanced diet. These sessions were organized at various schools in Madhya Pradesh during every school day for six months. Sharda actively participated in all sessions that RMF's Community Nutrition Educator (CNE) organized in her school.

One day, RMF's CNE went to Sharda's school and led a session on adolescent health. The CNE taught the students that the ages from 10 to 19 years are called the adolescent stage. There are 3 major changes (physical, mental, and emotional changes) that adolescents have to go through during this stage. The menstrual cycle is a major

physical change that takes place in females during the adolescent stage. RMF's CNE suggested that the girls use sanitary pads during their periods and maintain hygiene.

After attending all the sessions with RMF's CNE, Sharda and her friends were happy, because they were well informed about their personal health and had started maintaining hygiene during their menstrual cycles. Sharda started using sanitary pads during her periods, and now she can play with her friends. She also stopped missing school during her periods. RMF has high hopes for Sharda and other girls reached by our Adolescent Girls Outreach Program.



Japan

INITIATIVES: Emergency Response to Kumamoto Earthquake

North Korea

South Korea

Japan

China

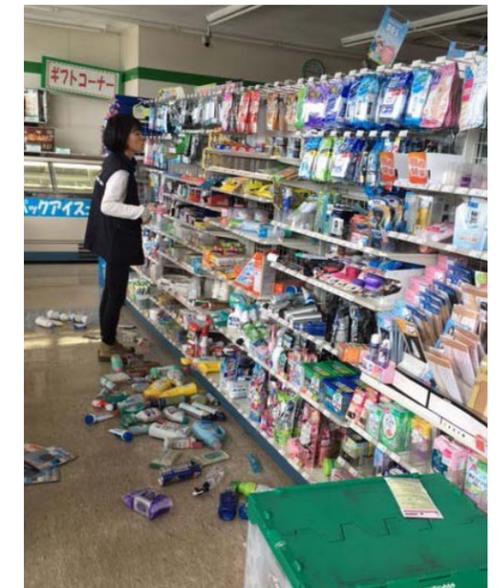
Non-food items distributed in Minamiaso and Kumamoto, including blankets, household supplies, and 9,000 pairs of underwear to promote hygiene and cleanliness during water shortage

Malaysia

BACKGROUND

Real Medicine Foundation (RMF) first partnered with Japanese Emergency NGO (JEN) to provide disaster relief after the devastating earthquake, resulting tsunami, and nuclear accident of March 2011. A like-minded organization that seeks to reach underserved populations and fulfill needs unmet by government and other aid, RMF-supported JEN's relief efforts included funding several new Community Gathering Centers in the heavily affected area of Ishinomaki, providing psychosocial care, entertainment, economic and legal counseling, and many other services free of

charge. In partnership with JEN, RMF also started a Fishery Assistance Program that helped rebuild four villages' capacity to fish locally after their boats, nets, and ports had been heavily damaged or destroyed by the tsunami. These support projects were successfully completed as of October of 2012, and RMF committed to work with JEN on longer-term rebuilding of communities affected by the earthquake and tsunami. After two earthquakes hit southern Japan in April 2016, RMF joined with JEN once more to provide relief to earthquake affected communities.



2016 UPDATE

On April 14, 2016 southern Japan was hit by a 6.5 magnitude earthquake, and the next day, a 7.3 magnitude earthquake shook the region, causing landslides and further damaging or destroying buildings and infrastructure. Aftershocks continued for some time, and over 1,000 people were injured and at least 42 killed, while 150,000 were forced to evacuate their homes and 270,000 were left without water or gas.

RMF-supported JEN's initial needs assessment team was sent to the area on April 15, 2016 to assess earthquake damage in Kumamoto, the area most heavily affected. The team experienced the larger earthquake alongside Kumamoto residents, but they were able to safely complete the mission. While visiting local government offices, evacuation centers, and victims' houses, JEN's needs assessment team also fulfilled requests from local government offices to help distribute NFIs (non-food items) to evacuation centers and coordinate soup kitchens for the victims staying in and around government office buildings. The team also sent several volunteer nurses to visit elderly citizens' homes and accommodate evacuated residents.

RMF supported JEN's initial earthquake relief efforts through April and May 2016, in two heavily affected areas: Higashi Ward in the city of Kumamoto, Kumamoto Prefecture and the village of Minamiaso, Kumamoto Prefecture. True to RMF and JEN's shared values, our efforts were concentrated on these areas, which had not yet received sufficient aid due to severe road conditions, small populations,

elderly populations, etc. This was especially true of the mountain village Minamiaso, which became isolated when the earthquake destroyed the bridge and tunnel connecting the community to Kumamoto and surrounding cities.

Services provided through RMF-supported JEN's earthquake relief project:

- During the needs assessment phase, JEN's initial team visited local government

offices, evacuation centers, and victims' houses, assessing needs and helping local government offices distribute NFIs (non-food items) to evacuation centers and coordinate soup kitchens for the victims staying in and around government office buildings. The team also sent several volunteer nurses to visit elderly citizens' homes and accommodate evacuated residents.

- Based on the team's assessment of the area's water shortage (which compromises communities' hygiene and cleanliness), JEN distributed 9,000 pairs of underwear in the village of Minamiaso on April 25, 2016. JEN has distributed various NFI (Non-Food Items) to evacuated residents, and this time the kind donation from UNIQLO was distributed.
- In early May, nearly 300 evacuation shelters were consolidated into 22 base shelters in the city of Kumamoto. One of the shelters was located in a building that previously housed the offices of health food company Egao. JEN provided an on-site bath service for residents of this shelter, as well as aid supplies to help alleviate the inconvenience of evacuees' everyday lives. These included two electric hot-water pots, which supplemented the one previously shared by all fifty evacuees living in the shelter. This had been a great inconvenience to residents of the shelter, who needed hot water to prepare tea and instant noodles, for example.
- As temperatures rose, winter blankets (provided for cold nights when area residents had just been evacuated) became unsuitable. Thus, RMF-supported JEN offered a towel blanket for each evacuee in the center. As a social entrepreneur, Egao committed to improving the evacuees' living conditions, and JEN committed to assisting these efforts.



BACKGROUND

RMF Pakistan was founded in 2005 in response to the devastating October earthquake that killed more than 80,000 and left millions homeless in the remote Himalayan valley of northern Pakistan. Launching the country office with a primary health clinic in Union Council (UC) Talhatta, District Balakot, RMF Pakistan is now formally registered with the government of Pakistan as a local, nonprofit charity. Thus began the decade-long journey of providing humanitarian aid to the weak and vulnerable across the width and breadth of Pakistan.

When Pakistan was hit with massive floods in 2010, which inundated nearly one-fifth of Pakistan's total land area and directly affected 20 million people (mainly through the destruction of property, infrastructure, and livelihood), RMF's response included a rapid setup of several static dispensaries, free medical camps, and mobile clinics, all providing high quality primary health care and maternal and child health care (MCH) in the provinces of KPK and Sindh. The Outreach Mobile Health Unit, funded by the Sindhi Diaspora in the US, reached nearly 6,000 men, women, and children in remote parts of Tehsil Dadu, Sindh with primary health care, clean drinking water, clothing, and blankets. The intervention for flood victims in KPK, funded by Google Inc. and APPNA, included twelve relief emergency medical camps that treated over 20,000 people, as well as two stationary primary health care clinics in UC Gulbella and UC Agra of District Charsadda, which treated more than 200,000 people over the course of 2 years.

Following these disaster relief projects, RMF's health wing moved to Nowshera under the umbrella of the WHO cluster to provide needed health facilities to internally displaced people (IDPs). Our female-only MCH health clinic still serves women of the region. In October 2015, when a magnitude 7.7 earthquake hit the northern border of Pakistan, RMF was on the front line, providing relief and healthcare services along with the reconstruction of damaged and destroyed houses for the earthquake affected victims in District Swat of Province KPK.

In 2012, RMF, in line with the organizational mission "to move beyond traditional humanitarian aid programs by creating long-term solutions to health care and poverty related issues," added a new wing of operations dedicated to research. In collaboration with academic partners such as the University of Alberta, Canada and Columbia University, New York, several qualitative research studies focused on gender, poverty, and social exclusion were conducted with the collective aim to identify innovative, contextually specific solutions to the many problems that poor and marginalized Pakistani women face under the umbrella of sexual reproductive health. Our research findings provide empirical evidence for the formulation of maternal health policies and healthcare system practices in Pakistan.

Pakistan

INITIATIVES: Primary & Maternal Child Health Care | MNCH/MHM Research Studies | Earthquake Relief

9,436 Patients treated at Nowshera MCH Center

8,525 Patients treated at the Swat Health Clinic

100 earthquake-affected families provided with relief and rehabilitation services in Swat, KPK

2 MNCH Studies conducted in Balochistan and Sindh, respectively

PAKISTAN

HEALTH SERVICE DELIVERY PROJECTS

MCH HEALTH CENTER IN DISTRICT NOWSHERA, PROVINCE KPK

Background

An estimated 5 million people have been displaced due to conflict, sectarian violence, and human rights abuse within Pakistan since 2004, a problem that has been further aggravated by natural calamities and disasters. The large majority of IDPs are from the northern province of KPK. District Nowshera has the largest IDP camp in Pakistan, called the Jalojai Camp, and thus is host to one of the largest populations of IDPs. With the sudden influx of people, the district's infrastructure of housing, water supply, sanitation, and health care, which was designed to serve a population of 1.4 million, became overwhelmed with the added burden. Since the key focus of the government was safe and voluntary repatriation of IDPs, the recommended intervention by aid organizations was mainly provision of emergency relief such as food, health care, sanitation, and clean water, rather than long-term solutions. The healthcare burden has been eased by a cluster of NGOs and CSOs under the umbrella of the WHO,

of which RMF is a member. We chose to address the gap in maternal child health care (MCH) and primary health care (PHC) for the IDP women and children in Union Council Taru Jabba, District Nowshera.

The program began in October 2013, with a health clinic setup consisting of an OPD, minor OT, ultrasound room, pathology lab, pharmacy, and an admin room with a large, comfortable waiting area. We chose a centrally located site within the vicinity of public transportation. The goal of this women-only MCH clinic is to improve the health of IDP women and children living in Union Council Taru Jabba, as well as the surrounding areas. It is the only primary health care facility in the area to provide free, routine pathological investigations and ultrasound services.



PAKISTAN

HEALTH SERVICE DELIVERY PROJECTS

MCH HEALTH CENTER IN DISTRICT NOWSHERA, PROVINCE KPK

2016 Project Update

During the year 2016, a total of 9,436 women and children were diagnosed and treated at RMF's Nowshera Health Centre for a variety of medical conditions. Of this total, 1,996 women sought MCH services and 6,299 women and children sought primary health care services. 1,033 and 176 women came for antenatal and postnatal visits, respectively, while 2,384 women were treated for general gynecological/obstetric problems. Family planning services were sought by only 64 women, indicative of the cultural practices of this region, and 61 women who reported primary and secondary infertility were referred to the nearest tertiary care hospital in Peshawar. The pathology lab carried out 1,801 routine investigations, such as urine tests, pregnancy tests, blood complete picture, blood grouping, Widal tests, and malaria parasite tests. The ultrasound services were offered to 1,416 women.

In 2016, the Pakistan military launched its largest offensive against the Taliban, named "Operation Zarb-e-Azb," along the Pakistan-Afghanistan border. The operation successfully improved the overall security situation, dropping the number of terrorist attacks to a six-year low since 2008. This was followed by a government approved, phased repatriation of the IDPs. Each repatriated family was given cash assistance, transportation expenses, 6-month food rations, and other miscellaneous non-food items for resettling. By December 2016, more than 227,843 families were successfully repatriated back to their

homes, which is estimated to be 75% of the total families that were displaced. With the reducing IDP population, the pressure on the healthcare system has lessened, and WHO announced a reduced urgency of additional healthcare services by cluster NGOs. In the face of the changing situation, the strategy adopted has been to keep up operations for as long as we feel is needed, since our RMF Health Centre is the only facility offering an in-house pathology lab and ultrasound services in the Union Council of Taru Jabba.



IDP Ramadan Food Initiative

This is our annual food initiative that is conducted every Ramadan. In 2016, the month of Ramadan was in June, the peak season of a hot and humid summer. The month of Ramadan places an additional burden on the poor and needy, who live with constant food and shelter insecurity. The food initiative was carried out in the compound of RMF's Nowshera Health Centre, funded by Zakat donations by fellow philanthropists in both Pakistan and the UK.

Following our routine protocol, to ensure cost-effective, high quality and hygienic food, a cook was hired who placed his cooking utensils in the compound for the full month and came on a daily basis to cook the food right in front of us. Fresh ingredients were purchased by our staff on a daily basis and cooked food was put into hygienic food bags and distributed to families that had been registered at the beginning of the month. The number of bags per family varied according to family size, and we were very particular that excess food should not be given, since in the hot months of summer where temperatures exceed 40 degrees centigrade, food spoils within hours of storage. A total of 2,511 food packages reached 103 families for their Iftar meal throughout the month of Ramadan 2016.



PAKISTAN

HEALTH SERVICE DELIVERY PROJECTS

SWAT EARTHQUAKE RELIEF AND REHABILITATION PROJECT IN DISTRICT SWAT, KPK

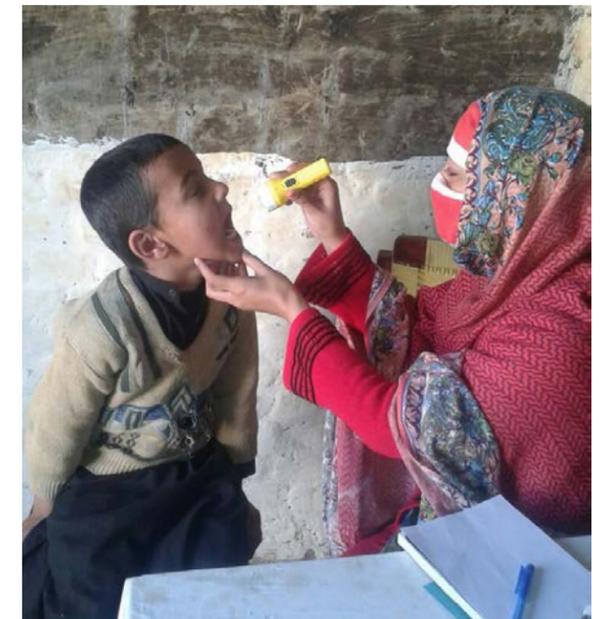
Background

On October 26, 2015, an earthquake of magnitude 7.7 hit the Hindu Kush region at the border of Afghanistan and Pakistan, causing weakly structured houses built on hill slopes to collapse and rendering nearly 600,000 people homeless or living in makeshift shelters. With our extensive experience in earthquake relief, RMF was on the front line of the emergency response. With feet on the ground within 3 days of the disaster, RMF conducted a quick needs assessment of victims in District Swat. Short-term needs identified were immediate relief, such as shelter (tents), warm clothing/blankets, food, and health care. Long-term needs were reconstruction and repair of damaged and destroyed houses.

In collaboration with Latter-day Saint Charities, Inc. (LDS), a nonprofit organization registered under the laws of Utah, the Swat Earthquake Relief and Rehabilitation Project was launched in District Swat. The goal of the project was to rehabilitate the October 2015 earthquake victims of District Swat.

Relief Phase

The relief phase of the project was implemented for 4 months: December 2015 to March 2016. During this time, 100 families, totaling up to 1,106 family members, were provided with immediate needs such as winterized tents, mats, and blankets in the two project sites of Mohalla Bhakharawan, Union Council (UC) Kabal, Tehsil Matta and Mohalla Akhonbaba, UC Shagai, Tehsil Saidu Sharif, District Swat. Monthly supplies of uncooked food rations were also distributed to area families based on need. By the end of March 2016, we had distributed 252 monthly food packages, and decided to distribute the remaining 48 packages to 8 particularly vulnerable families for an additional 6 months. The healthcare component was launched in December 2015 along with the other relief objectives, but it continued beyond the relief phase and was operative for the whole year. The health clinic is envisioned to remain functional for as long as the people need us.



SWAT EARTHQUAKE RELIEF AND REHABILITATION PROJECT IN DISTRICT SWAT, KPK

Swat Health Clinic

During the year 2016, a total of 9,436 women The objective of providing quality primary healthcare services to earthquake affected people in District Swat was initiated on December 21, 2015 in Mohalla Laloo Bandee, UC Kabal, Tehsil Matta. The operative protocol of the clinic is semi-mobile, whereby we set up base in one community for some 2-4 months and then move on to another community that needs health services. This protocol has been adopted because Swat is a mountainous region and villages are scattered over the hill slopes, which means people have to walk long distances to reach their destinations. We chose to move to their places of need instead. Over the year of 2016, we have served four locations:

- Laloo Bandee, Union Council Bandai
- Takhta Banda, Union Council Odigram
- Odigram, Union Council Odigram
- Balogram, Union Council Odigram

Change of location means that we have been serving different communities, but since all belong the same cultural, socioeconomic, and geographic background, the morbidity patterns and statistics have remained quite consistent, with the expected seasonal variation.

Over the year, we have provided a total of 8,525 patients with primary health care and maternal and child health care. The majority of our patients were children, at 48% (4,099), followed by women at 40.7% (3,473). Men constituted the smallest group of patients, at 11.3% (953). Out of these 8,525 patients, 5,812 sought primary healthcare services, and 3,204 women and children benefitted from maternal and child health care (some sought both primary and maternal or child health care). The most common PHC complaints were respiratory related illnesses, diarrhea and vomiting, urinary tract infections (UTIs), hypertension, anemia, and general body weakness. The annual trends follow a seasonal variation. Winter months saw respiratory related illnesses constituting the majority of patients' complaints, while during the summer months, diarrhea and vomiting dominated the charts.

A total of 3,204 women sought maternal health services. Pregnancy-related visits, such as antenatal care, were sought by 439 women (21%), while 304 lactating women (9.4%) received postnatal care. Family planning services were sought by only 149 women (4.6%), indicating the cultural preference given to large families. Sexual and reproductive health concerns were dominated by complaints of irregular periods by 520 women (16.2%), leucorrhea 470 women (14.6%), dysmenorrhea 427 women (13.3%), and PV discharge by 323 women (10%).

Swat Housing Project

Before the housing project began, a comprehensive analysis of housing needs was conducted in February 2016 (after the winter snow melted), using Oxfam GB's Guidelines for Post-Disaster Housing Reconstruction. Based on our findings, a set of criteria was developed for the selection of families whose houses were destroyed or damaged by the earthquake. The selection criteria included fulfilling any four of the following six criteria, with a focus on the first two:

- Women-headed households
- Households with children under age 12
- Households that have a single-family earner with many dependents
- Households with geriatric adults
- Number of family members (preferably 6 or more)
- Houses that are partially or completely damaged

To avoid lumping of the project, where some members of affected populations receive a substantially large improvement to their assets, while others in the same communities may not, 41 houses of extremely poor and vulnerable families were selected from 15 union councils spread wide and far across District Swat. Of these, 19 houses were selected for full reconstruction from scratch, and 22 were repaired according to the damage they sustained due to the earthquake. With special

permission from RMF headquarters, an orphanage housing 70 young boys was also selected for repair, as the earthquake had rendered an entire dormitory uninhabitable and the dining hall unusable. Repairs carried out at the orphanage were nearly equivalent to the budget of 3 repair case houses. Hence, our proposed target, the reconstruction and repair of 44 houses, was successfully accomplished.

The reconstruction phase was officially launched in mid-June 2016. Based on our survey, and with pro bono technical assistance from an architectural firm, a model house plan was designed based on the vernacular architecture of the area, using locally manufactured construction materials. Tenders from construction contractors were invited through appropriate market channels, and legal contracts were chalked out on a turn-key basis of 6–8 milestones, requiring the physical verification of each milestone before release of the next installment. Project staff on the ground carried out review of each case, the contract process, and supervision of all stages of construction. Monitoring and evaluation was carried out by real-time monitoring strategies, as well as regular informed and impromptu visits by the RMF staff based in Islamabad.

By December 2016, 13 model houses were completed and handed over to the families. In the repair category, 15 houses were reconstructed based on their individual damage status, and families had taken up residence.

PAKISTAN

RESEARCH PROJECTS

RESEARCH PROJECTS

Background

With a maternal mortality rate of 260 deaths per 100,000 live births in 2010, Pakistan contributed significantly to maternal deaths worldwide. In 2011, RMF Pakistan set up a new wing of operations focused exclusively on research. Our academic partners are the University of Alberta, Canada and Columbia University, New York, USA. With our role as the implementing partner, several qualitative research studies on gender, class, and social exclusion have been conducted over the past six years.

These include a two-year study (2011–2014) titled “Are Community Midwives Addressing the Inequities in Access to Skilled Birth Attendance in Punjab, Pakistan? Gender, Class and Social Exclusion” that was carried out in districts Jhelum and Layyah, Punjab and funded by the Research Advocacy Fund (RAF). A four-year study (2011–2015) titled “Addressing Disparities in Maternal Health Care services in Punjab: Poverty, Gender and Social Exclusion” was conducted in District Chakwal, Punjab and funded by the Canadian Institute of Health Research (CIHR). This study aimed to

explore the role of class and gender inequities on the design and delivery of maternal health services in Pakistan. In 2014, a project operations research project titled “Evaluating the Improving Mother and Newborn Health Initiative: Are Community Midwives Increasing Quality Essential Newborn and Maternal Care in Quetta, Gwadar, and Kech Districts in Balochistan and are they doing so in a Financially Self-Sustaining Manner?” was launched in Quetta, Gwadar, and Kech, Balochistan. The research, incorporated within a USAID-funded project implemented by Mercy Corps, sought to evaluate the impact of the program’s goal, which was to increase the use of high quality, essential maternal and newborn care through financially self-sustainable practices of private sector community midwives. All these studies have been successfully completed and their findings shared with key local stakeholders, at international conferences, and published in academic journals.



PAKISTAN

RESEARCH PROJECTS

MENSTRUAL HEALTH MANAGEMENT (MHM) STUDY

Background

In 2015, in collaboration with Columbia University, New York and the University of Alberta, Canada, with funding from Grow N Know Inc. USA (G&K), RMF Pakistan launched a nationwide research study to explore the knowledge gap of how the onset of menstruation and puberty influences Pakistani girls' school-going experiences, including school retention. This project is an adaptation to Pakistan of similar research studies conducted in Tanzania, Ghana, Ethiopia, and Cambodia, which also developed context-specific, culturally sensitive country girls' puberty books. All the above studies were conducted by the same principal investigator (PI) of Columbia University.

Based on a comparative case design, this study aimed at exploring the relationship between the onset of menses and young women's schooling experience, with specific objectives to understand girls' experiences of menarche, including cultural values, beliefs, and practices surrounding menstruation and how the lack of water, sanitation, and disposal infrastructure may be negatively impacting girls' management of menstruation in schools and their ability to participate in the classroom. Data collection methods adopted were ethnographic observation, key informant interviews with adults, and participatory group activities with young adolescent girls aged 10–19, both school-going and out-of-school.

The first half of this national study was completed in the provinces of Punjab and Khyber Pakhtunkhwa. In 2016, the provinces of Sindh and Balochistan were the target sites. Each provincial study was funded separately by different donors as an independent project.

2016 Project Update

Launched toward the end of 2015 and spilling into 2016, the MHM study was carried out in rural and urban Balochistan, funded by UNICEF Pakistan. Urban data was collected from Kuchlak, a neighborhood in Quetta City, District Quetta, and rural data from the village of Sakuran Goth, Tehsil Hub, in Lasbela District. Both sites were selected by UNICEF Pakistan. In-school girls were recruited from one high school in each site, after obtaining permission from the Provincial Educational Directorate, as well as the respective district education officers and school administrations. Out-of-school girls were identified with the help of a local social worker in Kuchlak and a Lady Health Worker in Sakuran Goth, who gathered them in their homes. A total of 177 girls were included in the study. All data were collected in the local languages, mostly Urdu, but also Pashto and Lassi. The data in Pashto and Lassi were first translated into Urdu. All data were then transcribed in Urdu and then translated into and transcribed in English.

Having completed the Balochistan portion of our project, the study was then replicated in the province of Sindh, again funded by UNICEF Pakistan. As per normal procedure, with a no-objection certificate (NOC) from the Sindh Ministry of Education, the rural district identified by UNICEF was Khairpur, and a government girls' high school was randomly selected. The urban component was a government girls' high school in District Hyderabad. A total of 62 and 65 participants from rural and urban sites, respectively, were interviewed individually, in focus group discussions, and in participatory observation activities as per the study methodology.



The outcome of the study is the development of the Pakistan Girls' Puberty Book, which will be endorsed by the Ministry of Education and brought into the school curriculum as adjunct reading material. This outcome is envisioned to be accomplished in 2017.

Preliminary Results

Overall, analysis of our data identified five key themes that can broadly be understood in these terms:

- Menarche was often a traumatic event due to lack of preparedness.
- Knowledge and normalization of pubertal changes was lacking, and girls were left to learn from elder sisters/mothers/friends.
- Skeptical acceptance of cultural taboos and restrictions surrounding menstruation was common.
- Information needs and concerns

regarding menstruation physiology was a common demand.

- Quality of WASH facilities does not meet girls' menstrual hygiene needs, as toilets were often dirty and non-functional, with no running water. Often in rural schools, pit latrines were the norm and at a distance from the classrooms. These girls had permission to go home to use toilets, and those who lived farther tended to go to their friends' homes. We observed girls freely walking out of the school at all times and not returning for up to an hour at a time. Such behaviors have implications for girls' absences from school during school hours and potential impact on their education.
- Characteristics of girl-friendly school facilities inclusive of availability of sanitary napkins and restrooms was another common demand.

BACKGROUND

Sri Lanka marks the birthplace of Real Medicine Foundation, the place where our first promise was made and the concept of "Friends Helping Friends Helping Friends" was born. More than twelve years after the Indian Ocean Tsunami of December 2004, rural villages in southern Sri Lanka still face challenges of coping with poverty, infectious disease outbreaks, and psychological trauma.

After completing our immediate tsunami relief efforts at the Mawella Camp Clinic, RMF opened a second clinic in Yayawatta in October 2006. Now in its tenth year of operation, this clinic remains fully active and continues to grow. Initially established to serve one fishing community of 400 that had been displaced by the tsunami, the Real Medicine Yayawatta Primary Health Care Clinic now continues to provide free health care access to over 4,000 people in 5 impoverished villages in the Hambantota District of southern Sri Lanka.

Sri Lanka

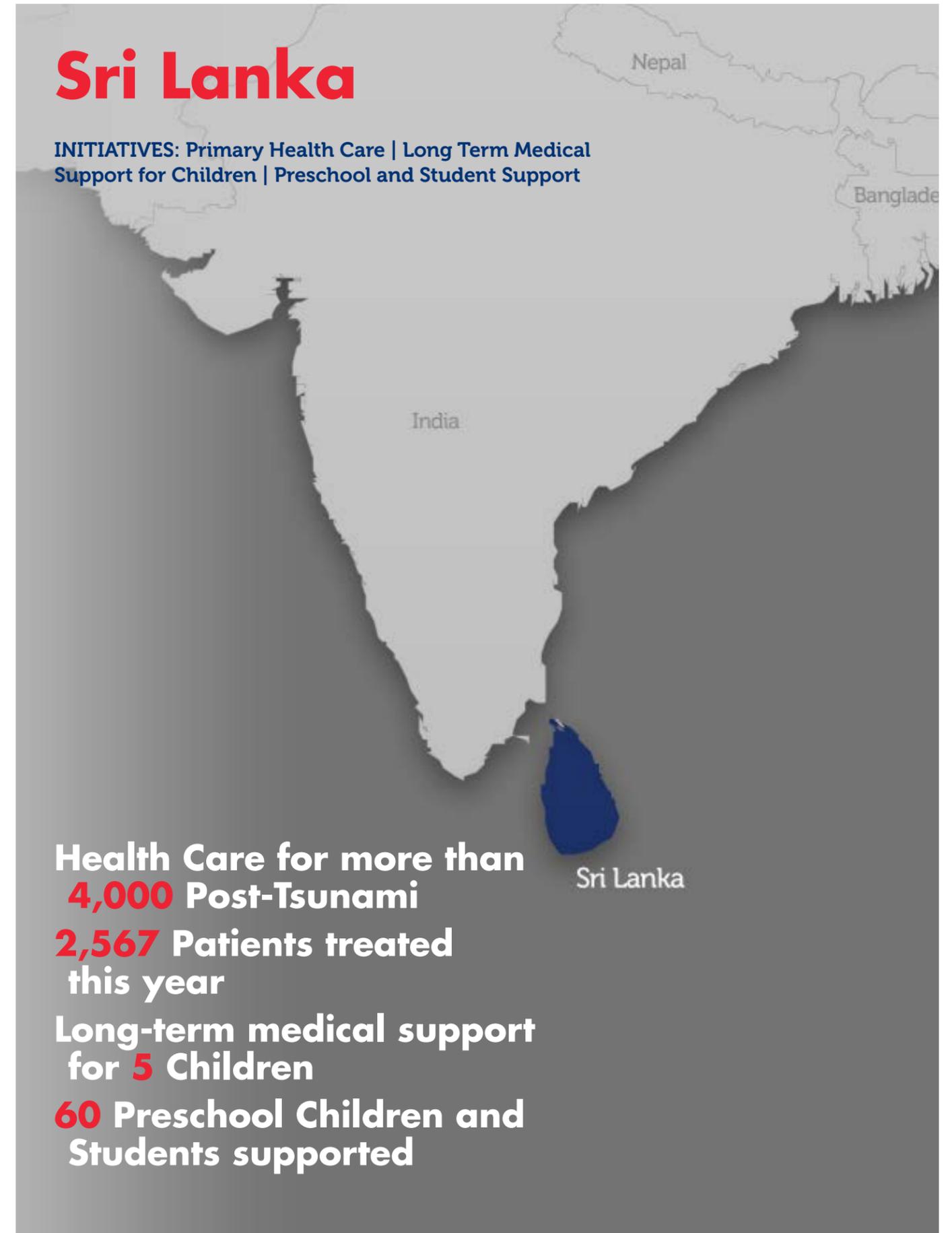
INITIATIVES: Primary Health Care | Long Term Medical Support for Children | Preschool and Student Support

Health Care for more than
4,000 Post-Tsunami

2,567 Patients treated
this year

Long-term medical support
for **5** Children

60 Preschool Children and
Students supported



SRI LANKA

YAYAWATTA PRIMARY HEALTH CARE CLINIC

Background

The beneficiaries of RMF's clinic in Yayawatta include the populations of Seenimodera, Kadurupokuna, Moreketi-Ara, and Palapotha. Having access to free health care is especially important for young mothers, children, and elderly community members. Using our clinic activities as a hub, RMF provides regular medical camps and healthcare outreach programs to preschools, schools, and the surrounding communities. Patients with more serious conditions are referred to the local District Hospital in Tangalle and then seen regularly for follow-up treatment by RMF's physician and clinic team.

2016 Update

In 2016, our Yayawatta clinic was open for 10 days every month, seeing about 21 patients per day and an average 642 patients per quarter. The first Thursday of each month is set aside for health education programs for mothers and expectant mothers, administered by government nursing officers and hosted by RMF's clinic staff. Another of our woman-centered programs, family planning for women, continues to be very effective, with provision of oral contraceptives to an average of 6 women per month. The diseases seen most frequently at the Real Medicine Yayawatta Primary Health Care Clinic include respiratory tract infections, viral fevers, gastrointestinal tract infections, heart disease, hypertensive disorders, skin diseases, and different forms of arthritis.



LONG-TERM MEDICAL SUPPORT FOR CHILDREN

Background

In early 2005, shortly after the Indian Ocean Tsunami devastated large parts of Sri Lanka, Dr. Martina Fuchs met Madumekala, a young girl suffering from panhypopituitarism. At age 11, Madumekala was the height of a three-year-old child. 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. Over the next three years, RMF expanded this program to care for 6 more children suffering from long-term health conditions, and, to our unexpected joy, we were able to build on this one act of compassion by initiating a country-wide program to identify and treat several hundred more children suffering from human growth hormone deficiencies.

2016 Update

In 2016, RMF supported 5 children through this program. 4 of these children have continued with growth hormone treatment, and are growing in height and maintaining healthy weight gains. These children and their caregivers also regularly consult with Professor Sujeewa Amarasena, the Head of Pediatrics at Karapitiya Teaching Hospital, to discuss their progress and add supporting treatment, such as sex hormones. Tharindu, our fifth long-term patient, who lost his mother in the tsunami, is being treated for familial hyperlipidemia with lipid lowering medication. We also provide nutritious food for these children and their families every month.



SRI LANKA

MINHATH PRESCHOOL

Background

The Minhath Preschool was constructed by RMF in 2006 as the first-ever preschool for children in the Tamil/Muslim minority community of Dickwella, Sri Lanka, a region hit hard by the Indian Ocean Tsunami. The school is based on the Montessori Education Model, and in 2016, 48 children benefited from preschool classes, including academics, art classes, performance events, and sports activities. Minhath Preschool allows Tamil/Muslim children the chance of an advanced education that they were excluded from before. Lessons are taught in three languages: Tamil, English, and Sinhala. RMF continued to support the teachers' salaries and some of the school's operational costs throughout 2016. Some of the field trips taken with the children include trips to the capital of Sri Lanka, Colombo, as well as the zoo, Galle harbor, and swimming pools.



PALATHUDUWA PRESCHOOL

Background

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. In 2016, we continued to support the school's staff salaries and supported some of the expenses of 12 children from 15 families, primarily lower income farmers and laborers, including bus fares to and from school. The objectives of this program are to educate children on basic English knowledge, modern communication technologies, health awareness, proper sanitation, environmental awareness, outdoor activities, natural disaster awareness, and cultural and ethnic diversity. The school also provides children with at least one nutritious meal a day.

2016 Update

In 2016, Palathuduwa teachers organized a concert, an art competition, and an annual children's fair for the children, parents, and community to participate in. The school celebrated national holidays and the Sri Lankan New Year's festival as well. Sports and physical activities remain a key part of the Palathuduwa Preschool's program, with many games played using the equipment in the schoolyard. The children also gained valuable learning when an international student came from Germany to teach at the school for a month. This was possible because she came to Sri Lanka to complete a training period for her studies.



BACKGROUND

Nepal is a landlocked, developing country bordered by China to the north and India to the east, west, and south. Although small, the country boasts magnificent geographical locations and is home to 26,494,504 people. Education, gender equality, and health remain issues of grave concern in Nepal. The population's overall literacy rate was measured at 65.9% in 2011, with a much higher male literacy rate of 75.1% compared to the female literacy rate of 57.4% (NHPC, 2011). The country's maternal mortality rate has not seen significant improvement within the last five years, going from 281 deaths per 100,000 live births in 2011 to 258 deaths per 100,000 live births in 2016 (NDHS, 2016). The infant mortality rate has reduced, however, from 46 deaths per 1,000 live births to 32 deaths per 1,000 live births. While these rates remain high, the lower number of mortalities indicates an improvement in health facilities, health awareness, and overall status of the country (NDHS, 2016).

On April 25, 2015, a 7.8 magnitude earthquake struck central Nepal, killing more than 8,500 people, injuring more than 15,000, and demolishing or damaging the vast majority of structures in the region. Real Medicine Foundation (RMF) sent a team that month to provide immediate relief, assess the population's needs, form local partnerships, and strategize longer-term solutions. Our team

was present during several aftershocks and the 7.3 magnitude earthquake that struck the region on May 12, 2015. The second earthquake further traumatized area residents, damaging more structures, killing an additional 200 people, and injuring another 2,500.

RMF is now well established in the country, with 8 unique projects that offer long-term support to earthquake victims and contribute to solving Nepal's education, gender equality, and health concerns. RMF Nepal's main office is located in the capital city of Kathmandu, and projects are managed by RMF's team of Nepali health and business professionals.

RMF Nepal's current projects:

- Model Village Project
- Orphanage Support
- The B Project Support
- Kanti Children's Hospital Support
- Partnership with MOHP, UNFPA, WHO, and GIZ to Foster Midwifery Education
- Karuna Girls' School Support
- Kavre Community Outreach Program
- Palpa Community Health Department Support

Nepal

INITIATIVES: Earthquake Relief | Orphanage Support | Model Village | The B Project | Kanti Children's Hospital | Kavre Community Outreach Program | Partnership with MOHP, UNFPA, WHO and GIZ to foster Midwifery Education | Lumbini Girls School | Palpa Community Health Department



6,109 patients served in the Gorkha District of central Nepal
RMF nurses provided **continuous assessment** of children and **treated** minor ailments at NCO's main orphanage

Continued to provide more than **2,000 children** in 8 schools with regular, nourishing meals

Provided **free medicines and medical supplies** for patients at the Kanti Children's Hospital

REBUILDING COMMUNITY MODEL VILLAGE ARUPOKHARI, GORKHA

Background

The epicenter of the April 25, 2015 earthquake was located in the Gorkha District of central Nepal. In this region, over 91% of houses were irrevocably damaged, along with 95% of schools and 90% of health facilities. RMF's team traveled the area distributing aid to unreached villages and assessing damage. Among many sites of devastation, we found that in Arupokhari, a remote village in northern Gorkha, 1,226 houses (out of 1,350) were completely destroyed. We also found great medical need in the village. Since the nearest health facility was at Gorkha Bazar, a full day's walk on dangerous roads, residents of Arupokhari and surrounding villages suffered from a lack of health services, health education, and sanitation, even before the earthquake.

Inspired by the commitment and attitude of the Nepalese people—especially younger generations—to “build back better,” and in accordance with the government of Nepal's vision for building earthquake-resistant communities, RMF developed a pilot initiative: Model Village Project. The Model Village Project aims to build a high functioning, safe community to be used as a model for other reconstruction projects. The Model Village Project is based in Arupokhari, Gorkha, and takes a holistic approach, partnering with community members, local government, and local organizations to effectively assess needs and rebuild homes, schools, and a health clinic and birthing center.

RMF began our support to the community of Arupokhari by providing emergency food and shelter to villagers; meeting with community leaders and local government officials to strategize and ensure community and government ownership of the project; supporting the construction of a prefab house for teachers at Saraswati Peace School; supporting the repair of Saraswati Peace School's computers and a reliable backup source of electricity; providing school supplies; developing a sustainable plan to rebuild and operate the demolished health clinic in Arupokhari; renovating a temporary structure to house the RMF Health Clinic until the permanent structure is completed; hiring two experienced health officers to run the RMF Health Clinic; developing a plan to incorporate a fully functional birthing center in the RMF Health Clinic; visiting patients in their homes to provide care and conduct health education sessions; stocking the RMF Health Clinic with medicines, medical supplies, and medical equipment as needed; and forming a local Clinic Management Committee.

2016 Update

During 2016, the main focus of our Model Village Project has been health systems strengthening and outreach. In January 2016, RMF opened our health clinic in Arupokhari, and during its first year of operation, the clinic has experienced immense growth and support from the community.

RMF Health Clinic accomplishments in 2016:

- Provided 24/7 access to free, high-quality health care to the community, including OPD services, first aid and emergency services, antenatal and postnatal services, and family planning and counseling services
- Provided essential medicines at a highly subsidized rate
- Increased capacity of the RMF Health Clinic by adding a third clinic staff member, a registered nurse with midwifery experience, to support the work of the Clinical Officer and his assistant in charge of the clinic
- Served a total of 6,109 patients
- Maintained a 13-member, local Clinic Management Committee to ensure community ownership and eventual independence
- By November 2016, the RMF Health Clinic began to purchase its own medicines (rather than depending on RMF to supply them), thanks to the funds accumulated by distributing medicine on a cost to cost basis.
- The RMF Health Clinic's services were praised by villagers and by an article in the local newspaper, which explained the popularity of the clinic and how it has helped promote good health in the community.
- Local authorities provided land for the construction of a clinic and birthing center.

RMF's future plans in Arupokhari, Gorkha:

- The local authorities have provided 1,526 square meters of land for the construction of a clinic building and a fully equipped birthing center. A large portion of the population would benefit from the birthing center, and its presence will contribute to reducing maternal and neonatal mortality and morbidity in this remote, mountainous area.
- With the growing needs of the population, there is a need to expand health services. The clinic is planning to introduce laboratory services and immunization services.
- The RMF Health Clinic provides health services not only for the residents of Arupokhari, but also for the residents of 4 neighboring villages. Since it is farther for some residents of neighboring villages, only those who are sick and injured utilize the services. RMF's clinic staff plan to run mobile health camps in nearby villages in order to provide health services to those who cannot travel to the clinic or who are unaware of their illnesses.
- Apart from delivering and expanding health services, we plan to provide additional health education, awareness, and other community-focused programs in the future.
- RMF plans to hand the clinic over to the community once it can sustain services by itself.



ORPHANAGE SUPPORT

Background

Soon after RMF's team arrived in Nepal, we began supporting Nepal Children's Organization (NCO), an autonomous nonprofit established in 1964, which works for Nepali children by protecting and promoting their rights as well as providing residential care to at-risk children from all ethnicities and backgrounds.

The earthquake severely damaged NCO's main orphanage in Naxal, Kathmandu, rendering the building uninhabitable. The children—who had been used to having plenty of space and knew this center as their only home—were compelled to relocate to two of NCO's centers in Kathmandu. This created great difficulties not only for the children, but also for the house-mothers and other staff who have relocated to these temporary, overcrowded shelters. This hardship added to the trauma of children who had already lost their parents and families. Since Nepal Children's Organization is the biggest children's organization in Nepal, the government had also placed many of the children newly orphaned by the earthquake at these centers. NCO welcomed these children, but faced challenges in finding space, integrating new orphans, and addressing psychological issues. RMF's orphanage support included initially procuring and providing emergency food supplies, then hiring two staff nurses; training house-mothers, other staff, and children on

hygiene, nutrition, and basic health through sessions with staff nurses; funding specialized medical treatment for NCO's children when needed; supporting psychological health and awareness through a two-day workshop with American psychologist, Dr. Ron Palomares; looking into ways to provide continued psychosocial support to the children; supporting the construction of toilets, development of a sick room, and purchase of medicines; and planning and support for construction of a badly needed additional building for NCO's children.



ORPHANAGE SUPPORT

2016 Update

The epicenter of the April 25, 2015 earthquake was in 2016, RMF continues to support the NCO Naxal and Sifal children's homes in Kathmandu. Our main support includes case-by-case funding for tertiary care that would otherwise be too expensive for the children to access, medicines and medical supplies, and around-the-clock care provided by our two registered nurses residing at NCO's Naxal and Sifal children's homes. Our nurses serve a total of 172 children: 74 in Sifal and 98 in Naxal. Among these children, RMF nurses are especially dedicated to caring for infants, physically and mentally disabled children, and those who are sick.



Services provided by the RMF nurses:

- Continuous assessment of the children and treatment of minor ailments
- Providing education related to environmental sanitation, personal hygiene, and waste management, as well as menstrual hygiene education for adolescent girls at NCO homes
- Providing health and nutrition education for the children and staff, especially house mothers of the NCO homes
- Providing simple counseling and emotional support to the children
- Taking seriously ill children to different hospitals and caring for them during their hospital stay
- Referring children to RMF for funding when their diagnosis and treatment are too expensive for NCO to provide
- Participating in other activities as needed by NCO

SCHOOL SUPPORT THE B PROJECT

Background

With the highest death toll, Sindhupalchok was the district most heavily affected by the April 2015 earthquake. For at least two decades, this district has also been the country's hub for human trafficking, and most victims are women and girls. Other problems in the area include high crime rates and very little economic opportunity. Even before the earthquake, this was a neglected region of Nepal, despite its proximity to the nation's capital.

RMF's main partner organization for The B Project is Seven Summits Women, which has been working for women's education and empowerment in Sindhupalchok and neighboring districts for years. Their activities are in line with RMF's core value of "Liberating Human Potential," and include empowering female survivors of trafficking, providing them with training in the outdoors and English language lessons. Following the earthquake, RMF and Seven Summits Women have been active in relief and recovery work, and the team is now focused on providing vocational training to women and rebuilding schools and public buildings in the village of Bhotenamlang, Sindhupalchok. By empowering women through vocational and language training, rebuilding a community center, supporting schoolchildren, and rebuilding, equipping, and staffing schools in Bhotenamlang, we aim to foster lasting socioeconomic change in the region.

2016 Update

RMF's main activities include:

- Continuing to provide more than 2,000 children in 8 schools with regular, nourishing, midday meals
- Continuing to provide stationery, school bags, water bottles, and tiffin boxes to area schoolchildren
- Improving school attendance by providing nutritious food and essential supplies
- Working to recruit teachers from Kathmandu to work at least one or two years in Bhotenamlang schools
- Experimenting with an interactive learning tool called E-Paath at Shree Ganesh School
- Providing a tailoring vocational training program for women
- Providing English classes for a local mothers' group, supporting teachers
- Working to rebuild Bhotenamlang Community Center, Balsudhar Primary School, and Shree Ganesh Lower Secondary School
- Improving WASH conditions in Bhotenamlang VDC (village development committee)

KANTI CHILDREN'S HOSPITAL

Background

Kanti Children's Hospital is the only government referral level children's hospital in Nepal. The hospital was established in 1963 as a general hospital with 50 beds, and today has a capacity of 320 beds. The hospital treats children up to the age of 14 from all over the country, a total target population of about 14 million children. Following the earthquake, where large parts of the hospital buildings were damaged, there is a great need for equipment and capacity building for better health service delivery. In addition to donating \$408,000 worth of medicines and medical supplies to Kanti Children's Hospital, RMF began supporting Social Action Volunteers (SAV), an NGO established in 1988 to serve the neediest patients of Kanti Children's Hospital and their families. SAV provides various support programs to long-term care (two weeks or longer) patients and their caregivers in the non-paying ward of Kanti Children's Hospital. Services include provision of medicines and medical supplies, lab and other medical tests, blood donations, transportation and food supplements for patients and their companions, shelter for family members, cooking facilities for families, or complete coverage of both patient and family members.

2016 Update

The 40-foot container of RMF-donated medicines and medical supplies, made possible by several generous supporters, including Convoy of Hope, LDS Charities, International Relief and Development, and Help International Hong Kong Limited, was received with great joy at Kanti Children's Hospital in January 2016.

Kanti Children's Hospital depends heavily on the government for financial support and human resources; thus, although it provides free health services to underprivileged patients, there are always constraints with regard to the availability of funds, which makes it challenging to provide medical support to every child that is referred to the hospital. RMF-donated medicines and medical supplies were used to provide treatment and increased support to patients at the hospital.

In March 2016, RMF-donated medicines were used for a SAV health camp in Chhatar Deurali VDC, Dhading District.

RMF continued partnering with Social Action Volunteers (SAV):

- Providing free medicines, medical supplies, lab and other medical tests, lodging, food and other hospital requirements for selected poor and needy patients and their families
- Providing guidance to the parents of sick children regarding proper use of hospital facilities, health education, sanitation, and pharmacy
- Funding and helping patients access available services such as x-rays and lab tests
- Providing financial support and other arrangements such as transportation for patients who require services outside the hospital such as MRI and CT scans
- Organizing a blood donation program and maintaining a blood bank, withdrawing units of blood as required for patients

- Managing a kitchen at Kanti Children's Hospital, which patients and families from paying and nonpaying wards can use
- Managing a playroom and library at the hospital for patients and their siblings
- Managing a clothes bank for needy patients and their families
- Providing nutrition support to children admitted to the Oncology and Malnutrition Ward
- Conducting health-oriented programs such as workshops and seminars, and organizing fundraisers
- Conducting multiple health camps, with the use of donated medicines in nearby districts, to provide health check-ups to people who do not have access or cannot afford proper health care.

In late 2016, RMF decided to expand our support to Kanti Children's Hospital. After several discussions with the hospital's director, the hospital board informed RMF that they were short on human resources and equipment. In March 2017, RMF will begin supporting Kanti Children's Hospital with 3 Medical Officers for the CICU (Central Intensive Care Unit), and 2 Registered Nurses for the emergency triage area.

RMF plans to support Kanti Children Hospital for years to come. In addition to human resources support, RMF plans to provide the hospital with sophisticated equipment necessary for the better diagnosis and treatment of the children. The hospital administration has requested support for ICU equipment, as the ICU department has just been expanded from 8 beds to 52 beds, and

resources are lacking. The hospital has requested ICU beds, a cardiac catheterization laboratory, and financial support to implement "First Free Dose" as per government plans.



PARTNERSHIP WITH MOHP, UNFPA, WHO, AND GIZ TO FOSTER MIDWIFERY EDUCATION

Background

The April 2015 earthquake damaged or destroyed up to 90% of health facilities in many rural areas, affecting 2 million women of reproductive age and over 126,000 pregnant women. According to WHO, over 85% of urban pregnancies are over medicalized in Nepal. However, only 16% to 18.6% of Nepal's population lives in its cities, and many rural areas are deprived of professional midwifery services, modern medicines, and access to surgery. When pregnancy complications arise, this lack of proper care leads to the death of the mother and child in most cases. The country's maternal mortality rate has not seen significant improvement within the last five years, going from 281 deaths per 100,000 live births in 2011 to 258 deaths per 100,000 live births in 2016 (NDHS, 2016). The infant mortality rate has reduced, however, from 46 deaths per 1,000 live births to 32 deaths per 1,000 live births. The lower number of mortalities indicates an improvement in health facilities, health awareness, and overall status of the country (NDHS, 2016), but maternal mortality remains high and does not meet the goal of Nepal's Second Long-Term Health Plan (1997-2017) to reduce maternal mortality to 250 per 100,000 live births.

In June 2015, UNFPA Nepal invited RMF to join a consortium to support professional midwifery education in Nepal, wherein RMF will be part of the "Collaborative Partnership Agreement for Supporting Midwifery Education and Cadre in Nepal"

between the Ministry of Health and Population, UNFPA, GIZ, and WHO. The consortium's goal is to build midwifery education programs in Nepal, creating strong cadres of qualified midwives to reduce mortality and morbidity rates among mothers and newborns. RMF is contributing in the following areas, which are being finalized following discussions with the government, partner organizations, concerned universities and other stakeholders:

- Develop a database for the Nepal Nursing Council (NNC) to track active nurses and midwives in Nepal
- Provide faculty training in collaboration with GIZ and UNFPA
- Strengthen training sites and the skills lab at NAMS in coordination with the MOHP, UNFPA, and other partners by providing relevant teaching and training materials
- Provide one full-time international mentor
- Fund one student scholarship (covering all tuition fees at NAMS) every year for the first 3 years of the program
- Provide selected essential teaching and learning materials to NAMS, such as books, computers, LED, and overhead projectors, to ensure that student midwives are provided with an education that is both up-to-date and evidence-based

2016 Update

RMF is one of the project's external development partners (EDPs) and brings unique expertise to the project, having initiated, co-founded, and continuously supported South Sudan's first accredited college of nursing and midwifery: Juba College of Nursing and Midwifery (JCONAM). During 2016, the consortium worked to define the roles of each partner organization, gain government approval, and prepare to launch the Bachelor of Midwifery education programs.

- The project was proposed to the Ministry of Health and Population (MOHP), which asked for a detailed list of support that would be provided by each of the external development partners (EDPs). UNFPA representatives of the midwifery program have been in constant communication with the ministry and have submitted the details of support of each EDP, which were mutually agreed upon during the meeting held on July 8th, 2016.
- Real Medicine Foundation and other EDPs extended their support to the program, and a consolidated document was prepared by the UNFPA midwifery team along with a Collaborative Partnership Arrangement, which were presented to the MOHP for review. A meeting with the EDPs was initiated by MOHP for August 12th, 2016 to sign the midwifery program partnership agreement. The meeting was later postponed by the MOHP, citing the



need for more time to study the proposal in detail.

- During August and September 2016, the Nepal Nursing Council (NNC) carried out preliminary visits to assess 3 universities: BP Koirala Institute of Health Sciences (BPKIHS), Kathmandu University (KU), and National Academy of Medical Sciences (NAMS). These universities met the minimum benchmarks set by the program to provide quality Bachelor of Midwifery, though they required additional midwifery faculty members or amended curriculum.

PARTNERSHIP WITH MOHP, UNFPA, WHO, AND GIZ TO FOSTER MIDWIFERY EDUCATION

- From September 24th, 2016 to October 2nd, 2016 a team of 8 delegates studied the midwifery education and midwife-led centers in Bangladesh that meet the standards set by the ICM/WHO. Bangladesh was chosen for the visit, because it implements the ICM standard midwifery education program and has a similar country context to Nepal.

RMF-specific Activities:

- Participated in all consortium meetings, as well as regular external development partner (EDP) meetings held every six weeks
- Continued to adapt our role and support as programs, needs, and partnerships became more clearly defined
- During the second week of December 2016, RMF Nepal's team visited the National Academy of Medical Sciences (NAMS) and met with its faculty, who gave us a tour of the existing facilities. RMF's team closely examined the existing skills lab and assessed the institution's need for equipment and books to have a fully equipped and functional skills lab.

KARUNA GIRLS' SCHOOL, LUMBINI

Background

RMF has been working globally to improve the education and health of girls and women, especially those from marginalized and underserved communities. Following RMF's immediate earthquake relief efforts, we continued our close collaboration with Global Karuna, a grassroots level organization focused on providing education for rural, underprivileged children in Lumbini (the birthplace of Lord Buddha). The goal of our collaboration is to improve the education, health, and livelihoods of women and girls from remote and socio-culturally disadvantaged communities in Nepal.

Karuna Girls' School provides education beyond elementary school for teenage girls from Lumbini and surrounding areas, where girls are married as young as 10 years of age and face a life of poverty and discrimination. In this region, the average female literacy rate is one of the lowest in the world. Karuna Girls' School also provides vocational training for disadvantaged women. Training includes programs such as midwifery, tailoring, crafts, and tourism. RMF's project includes constructing an additional school building to meet the projected demand for

500 girls in need of a safe environment to attend secondary school (grades 6–12). Through this project, the school seeks to offer vocational training to both the students and local women, including tailoring, typing, and computer skills that will help them to find jobs, become financially independent, and contribute economically in the future. Karuna Girls' School aims to keep engaging parents and reach out to community members, teaching them about the importance of girls' education.



KARUNA GIRLS' SCHOOL, LUMBINI

2016 Update

- Girls from all religions, castes, and backgrounds are welcome at Karuna Girl's School. As of July 2016, the student body included 176 Hindu (including 7 Dalit) students, 6 Muslim students, and 4 Buddhist students.
- Student numbers at Karuna Girls' School increased from 150 to 186 over the course of 2016. Since it is an all-girls school, parents are more willing to allow their daughters to attend, and Karuna Girls' School has gained some popularity in the region.
- The curriculum continues to emphasize reading, writing, computer literacy, health, hygiene, nutrition, and family planning.
- The school continues providing vocational training to women and girls in subjects like computer literacy and tailoring.
- Grades eleven and twelve are taught in English. Students are slowly developing command of this language, which will be an important skill in the labor market.
- RMF sent a group of engineers and surveyors to Lumbini in June 2016 to take necessary measurements and collect relevant data for construction of an additional school building.
- The team came up with a design that is ideally suited to a Nepali school and will have a total area of 1,200 square feet. The building will have 4 classrooms and a restroom for the girls.
- RMF continually pursued government permission and negotiated with the school to provide a piece of land suitable for this use.
- On December 15, 2016, RMF Monitoring and Evaluation Manager Gaurav Pradhan traveled to Lumbini and met with the founder of Karuna Girls' School, Venerable Metteyya Sakyaputta, and local school official, Dr. Shankar Prasad Gautam, to reiterate RMF's commitment to the project and to speed the permission and land grant process. Dr. Shankar was very positive with regards to gaining legal approval for the building, and we emphasized again that we will hand the building over to Karuna Girls' School; the school and its students are the beneficiaries of this project.

KAVRE COMMUNITY OUTREACH PROGRAM

Background

Kavrepalanchowk (Kavre), one of the most underdeveloped districts of Nepal, is 45 km away from the capital city, Kathmandu. It is difficult to believe that a place as remote as Kavre exists, just ninety minutes' drive from a city as thriving as Kathmandu. RMF's project location includes 8 villages on the other side of the Bote Koshi River and is about a 5-hour drive from Kavre District headquarters in Dhulikhel. Every VDC (village development committee) has a village health post with health practitioners who are appointed on merit by the government through its own selection process.

It is rare to find a doctor or nurse in communities as remote as RMF's target VDCs. The government has created positions such as auxiliary health workers (AHWs), auxiliary nurse midwives (ANMs), and community health workers (CHWs) who are trained medical practitioners, fully qualified to treat minor health issues. However, the small health posts in many VDCs (village development committees) do without AHWs, ANMs, and CHWs. Additionally, the vast majority of health posts are understocked and do not have essential medicines and equipment. The small health posts in the VDCs are completely reliant upon the District Health Office, which in turn is reliant on the Ministry of Health for funds and supplies to run the health centers smoothly. The lack of essential supplies and equipment can directly be attributed to the government's inability

to keep the supply consistent as a result of lack of proper planning and funds. Thus, people seeking emergency health assistance have to travel long distances to district headquarters or Kathmandu, or end up dying because of lack of treatment. Many people still believe in witch doctors and voodoo and don't always seek medicine or go to the hospital for treatment.

A preliminary assessment of Kavre District and its need for health services was performed by RMF's Nepal team immediately after the April 25, 2015 mega earthquake, which caused 318 deaths, injured thousands of people (disabling many), and destroyed 548 out of 594 government schools in the district. We found that the health centers were in immediate need of health equipment and supplies, which would enable them to provide quality health services to area residents. RMF's headquarters in the USA immediately responded to these needs by dispatching a 40-foot container filled with necessary health equipment and supplies. However, the container could not reach Nepal at that time due to an unofficial economic blockade created by the Indian government. Nepal is a landlocked country, and the only way for the container to enter Nepal was through an Indian customs port. With the Indian government blocking any container from entering Nepal, the supplies had to stay in the Port of Kolkata for almost 6 months.

KAVRE COMMUNITY OUTREACH PROGRAM

2016 Update

In January 2016, RMF's Nepal team was finally able to receive the container. The equipment and medical supplies were stored in Dhulikhel (the headquarters of Kavre District). After having obtained necessary approvals from appropriate authorities to distribute the consignment to the village health posts of Kavre, our team conducted a small ceremony and handed over the consignment to the District Health Office. Under RMF's supervision, another small distribution ceremony was held in Birta Deurali Health Post, where the medical supplies and equipment were directly handed over to health post supervisors in February 2016.

All in all, the consignment was distributed among 17 village health posts and Dhulikhel Hospital. The initial decision was to distribute among 8 VDCs in Kavre, but because of the overwhelming quantity of supplies, the consignment was adequately distributed among 17 VDCs and Dhulikhel Hospital.

RMF's continued activities:

- Conducting two follow-up visits:
- In June 2016, we returned to Kavre and inspected the RMF consignment, instructing health post supervisors to transport any supplies remaining in storage and to use consumables and other supplies (not to save them for future use).
- In November 2016, our team returned and found that the remaining supplies had been distributed and equipment and supplies were being used. Sophisticated equipment requiring more highly trained technicians would be given

to Dhulikhel Hospital with the permission of the District Health Office. However, wheelchairs and crutches were still not being used.

- Collecting the unused wheelchairs, planning a wheelchair distribution event with health post supervisors, and presenting wheelchairs to 9 disabled beneficiaries on December 2nd, 2016 at Madan Kundari Health Post. The event was well received by the community, covered by the local media, and published in a national weekly newspaper.
- Establishing relationships with local leaders, health post supervisors, and FCHVs (Female Community Health Volunteers).
- Committing to have medical equipment examined to keep it functional at all times, consistently provide medicines needed to use the machines, and build the capacity of health post employees through training enabling them to use the machines effectively.
- Preparing and proposing a 5-year health care strengthening and outreach program to the government of Nepal to strengthen the health care system in Kavre District and help develop a system that will be sustainable, affordable, and reliable for the community. RMF's goal is to strengthen existing health posts in 8 VDCs of Kavre by providing them with training, capacity building, and equipment and medicinal supplies, improving the overall health and wellbeing of communities and eliminating the need for villagers to travel to Kavre District headquarters or even Kathmandu for medical treatment



PALPA COMMUNITY HEALTH DEPARTMENT SUPPORT

On August 23, 2016, RMF team member Gaurav Pradhan traveled 260 km west of Kathmandu to visit the United Mission Hospital in Tansen, Palpa District, to see the Community Health and Development Project in action and determine whether RMF would begin supporting the project.

The Community Health and Development Project has been in operation since 1983, and all activities related to the project are currently managed by the Community Health Department (CHD), headed by Community Health Chief, Sister Parbati Gautam, who has been part of the Community Health and Development Project since its inception. The Community Health Department (CHD) is a separate department of the United Mission Hospital, which is working towards building community awareness and empowerment, strengthening local health facilities and facilitators in the community, and strengthening those involved in the provision of health services.

Currently, the CHD is running 9 different programs in Palpa District, which include the Town Clinic Program, Satellite Mother & Child Health Clinic Program, Child Nutrition Rehabilitation Center, Health Post Strengthening Program, Healthy Schools Program, HIV Awareness Program, Safer Motherhood Program, Gender/Disability/ Disaster Rehabilitation Program, and the Swastiya Jiwan (Healthy Life) Radio Program. The Community Health Department (CHD) is currently funded by FELM (Finnish Evangelical Lutheran Mission). However, their funding has been decreasing over the past 3 years, and as a result CHD had to

discontinue or reduce their coverage in most of their community programs.

The United Mission Hospital Director Dr. Rachel Karrach approached RMF to request funding for 3 of the CHD's programs:

Mother & Child Health Clinic (town clinic)

- Providing free medical services, including antenatal care, postnatal care, health education and awareness, family planning counseling, immunization, and HIV testing for pregnant women and children under the age of 5. The clinic sees an average of 20-30 patients each day.

Satellite Mother & Child Health Clinic Program

- Empowering and strengthening local government health posts by providing orientation and training to health posts' staff and much needed medical equipment so that women and children in outlying areas can access health services that would usually be available only in cities.

Child Nutrition and Rehabilitation Center

- Caring for up to 6 malnourished children at a time in a friendly, homelike environment and providing food and training to the mothers and children. Training includes preparing nutritious food, family health, and hygiene.

After our visit to the hospital and to the project sites, RMF committed to support the Community Health Department's maternal and child health (MCH) programs in Palpa District.



BACKGROUND

Despite improvements, in 2015, Nigeria's maternal mortality rate was estimated at 814 per 100,000 and its under-5 child mortality rate was estimated at 109 per 1,000. Both of these are still among the world's highest. The number of people in Nigeria living with HIV/AIDS is also very high, estimated in 2014 at 3,391,600, the second highest in the world.

More than two decades ago, Nigeria identified primary health care (PHC) as the key to attaining health for all of its citizenry and adopted PHC as the cornerstone of its National Health Policy. Yet many of Nigeria's citizens still do not have access to basic healthcare services that meet the requisite preventive, curative, and educational health standards. Achieving health for all remains a continuous challenge for the country. A number of factors have been suggested to be responsible for the perennial failure in addressing this issue. Notably, there are concerns with funding for primary health care, community ownership, and, inter alia, poor counterpart funding from the Nigerian government through its ministries, departments, and agencies (MDAs). There are also reports of inequity and inefficiency in the allocation of available funds, indicating that monies are not invested where they are likely to have the most effect, and they often do not reach those most in need. Data from the national health account reveal that 70% of Nigeria's healthcare funding goes to curative care, rather than primary health care, which could provide adequate preventive services. This pattern of funding contrasts with the fact that a large proportion of the disease burden in Nigeria is preventable and demonstrates a highly inefficient approach to tackling the country's healthcare challenges.

Since 2006, Real Medicine Foundation, supported by World Children's Fund (WCF) and in partnership with the Kwara State Ministry of Health, the Nigerian Youth Service Corps (NYSC), and the Gure Gwassoro Ward Development Committee, has been working to improve access to primary health care in one of the most remote areas of Nigeria: the community of Gure in Kwara State. Gure is located near Nigeria's border with the Republic of Benin, and before RMF's arrival in 2006, its only health center, Gure Model Health Centre, had been abandoned. RMF helped reopen, improve, and support the Gure Model Health Centre, providing the only source of accessible health care for a population of over 154,000 in the Baruteen Local Government Area and its surrounding towns. The health center also receives patients who travel to Gure from the Republic of Benin to seek medical treatment.

To staff the Gure Model Health Centre, RMF reached out to one of our partners, the Nigerian Youth Service Corps (NYSC), which was created to help reconstruct, reconcile, and rebuild the country after the Nigerian Civil War. As part of its strategy to improve the country's health and infrastructure, the NYSC deploys graduating professionals, including physicians, to Nigeria's remote regions for their final year of service to their country. Having staffed the Gure Model Health Centre, improved its infrastructure, and fully stocked the center with medical supplies and medication, RMF opened the Gure Model Health Centre and began providing consistent, high quality health care to this previously underserved population.

Nigeria

INITIATIVES: Healthcare Project, Gure

Providing free healthcare services, with a view to improving access to basic health care in Gure and its environs

Improving coverage of basic health services in Gure and its environs

Raising awareness of services offered at Gure Model Health Care

Maintaining a cordial relationship with the community of Gure and Chief of Gure, Alhaji Abdullahi Kilishi

685 patients treated during 5-day medical outreach

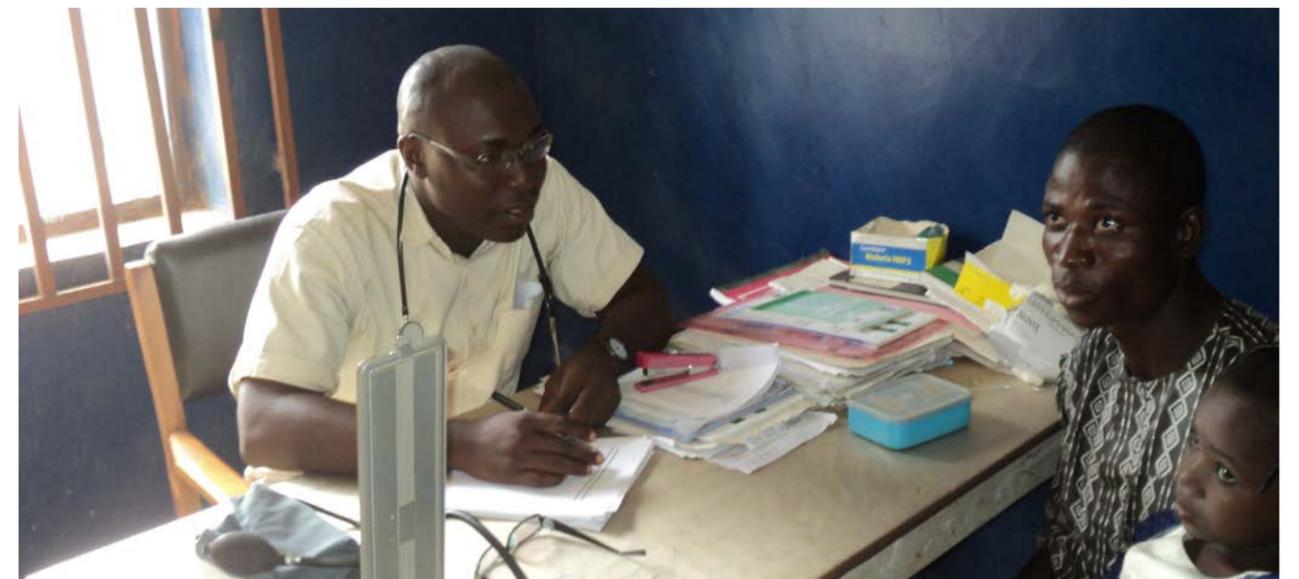
2016 UPDATE

Until mid-2015, RMF supported the improvement and operation of Gure Model Health Centre, and in October 2016, we shifted our focus to health outreach. We provide free clinics and education sessions primarily for women, children, and the elderly. Through these outreach clinics, RMF aims to reach underserved, vulnerable community members with education, primary health care, maternal, and child health care.

From October 3–7, 2016, RMF hosted a free health week at Gure Model Health Centre, after mobilization/sensitization activities were conducted from September 23–25, 2016. The advocacy and awareness campaign for RMF's free health week was carried out in several communities, including Sanre, Sinaguru, Yorudaku, Tubiguru, Kpegobi, Gaa-Suru, Sabon-Gari, Gaa Kpaanu, Abaku, Yisi-Guru, and the host community of Gure. During the 5-day outreach, a total of 685 patients were treated, and the most common diagnoses were malaria (414), ulcers (51), hypertension (34), and skin diseases (31). Immunizations were also provided, as well as health talks on safe motherhood and baby-friendly activities.

The health outreach successfully accomplished its objectives:

- Providing free healthcare services, with a view to improving access to basic health care in Gure and its environs
- Improving coverage of basic health services in Gure and its environs
- Improving the quality of healthcare services for clients utilizing the PHC facility within the outreach period
- Raising awareness of services offered at Gure Model Health Centre
- Providing health education
- Maintaining a cordial relationship with the community of Gure and Chief of Gure Alhaji Abdullahi Kilishi



BACKGROUND

In December 2014, RMF South Sudan entered into a new partnership with UNICEF and the South Sudan Ministry of Health to bring our expertise in malnutrition treatment, education, and outreach to one of the hardest hit areas of South Sudan: Jonglei State. This initiative is designed to ensure that all children under 5 with severe acute malnutrition (SAM) are reached with a package of integrated nutrition services in the counties of Jonglei State assigned to RMF by UNICEF: Ayod, Fangak, Nyirol, and Pibor. In January 2015, RMF launched the malnutrition program, and implementation started in March. During the course of implementation, RMF amended the partnership agreement with UNICEF, dropping Fangak and Nyirol counties and continuing to scale up our work in Ayod and Boma counties of Greater Pibor.

The ongoing nutrition intervention is coordinated through the Nutrition Cluster (with other relevant clusters including Health and WASH) and implemented with financial and supply/logistics support from UNICEF, WFP, and WHO. The proposed strategy in Jonglei State takes a holistic approach and is designed to ensure the provision of lifesaving nutrition services for acutely malnourished children and pregnant and lactating women. Our strategy includes education and nutrition for pregnant and lactating women to promote optimal infant feeding practices, proper hygiene/sanitation, and improved maternal nutrition. We also empower mothers and children through micronutrient supplementation and nutrition education on locally available foods. To ensure efficiency, our strategy also calls for the establishment of a robust reporting and information system and monitoring mechanism, and a surveillance system, with an emphasis on capacity development of health care providers for all target

areas. The total estimated populations of Ayod and Boma are 340,661 and 4,283, respectively. Within these populations, our program targets severely acute malnourished children ages 6–59 months, and in 2016 expanded to include moderately acute malnourished children and pregnant and lactating women (PLW). RMF's intervention is especially designed to ensure program sustainability. As with all our initiatives, RMF South Sudan actively involves local authorities' input, community strengthening, capacity building of the local nutrition staff, and supporting mother-to-mother support groups in each county.

The program now has four main components: 1. Community Outreach - Community Outreach Workers are trained and sent out to identify acutely malnourished children and pregnant and lactating women (PLW) using MUAC. These workers are responsible for referring clients to nutrition centers. 2. Outpatient Therapeutic Program (OTP) - Children with severe acute malnutrition (SAM) and no complications are treated with ready-to-use therapeutic foods (RUTF) and symptomatic outpatient medications in the nutrition centers by RMF doctors, nurses, and nutritional experts. 3. Stabilization Center - Children with complications and no appetite are treated as inpatients at RMF-managed Stabilization Centers until they are stable and ready to be discharged. 4. Targeted Supplementary Feeding Program (TSFP) - The TSFP targets children with moderate acute malnutrition (MAM), children discharged from the OTP, and moderately acute malnourished PLW. These clients are treated with ready-to-use supplementary foods (RUSF), and the program also provides dry rations (grains, vegetable oil, and salt) for the caretakers of SAM children admitted to the Stabilization Centers.

South Sudan

INITIATIVES: RMF—UNICEF Malnutrition Treatment, Prevention and Outreach Program, Jonglei State | Juba College of Nursing and Midwifery (JCONAM) | Juba Teaching Hospital Support | Health eVillages Technology in Healthcare Program | RMF-UNICEF Integrated MNCH and PMTCT in Ayod and Pibor Counties

340,661 population of Ayod and Boma counties targeted in Jonglei State

52,337 children under 5 screened for signs of acute malnutrition

3,101 SAM Children identified and treated

SOUTH SUDAN

RMF-UNICEF MALNUTRITION TREATMENT, PREVENTION, AND OUTREACH PROGRAM

2016 Update

In March 2016, RMF integrated a Targeted Supplementary Feeding Program (TSFP) through the United Nations World Food Programme (WFP) into the existing nutrition programs to ensure provision of comprehensive nutrition services. The TSFP is bridging the gap experienced by RMF in the first year of implementation. Rather than targeting only SAM children, the addition of TSFP to our programs ensures that children under 5 with moderate acute malnutrition (MAM) and pregnant and lactating women (PLW) are reached with nutrition services as well.

In December 2016, RMF entered into another partnership agreement with IMA World Health, with financial support from US government (OFDA), to strengthen the existing nutrition services in Ayod to reach more beneficiaries and avert mortality and morbidity due to malnutrition and its underlying causes.



Major Achievements of 2016

- 1 new Outpatient Therapeutic Program (OTP) was established in Pagil, Ayod County, providing quality CMAM/IYCF services.
- 7 stationary Outpatient Therapeutic Programs (OTPs) and 2 Stabilization Centers (SCs) were maintained and improved, continuing to provide quality CMAM/IYCF services.
- 8 Targeted Supplementary Feeding Programs (TSFPs) were integrated into 8 existing OTPs (3 in Boma and 5 in Ayod) and an additional TSFP center was established in Jiech, Ayod County. These are all providing quality TSFP services.
- 8 new IYCF mother-to-mother support groups were formed and trained, while the existing 8 groups continued to be supported. All of these groups are providing quality IYCF services, hygiene promotion, and referral services.
- 52,337 children under 5 years of age were screened for signs of acute malnutrition.
- 3,101 children with severe acute malnutrition (SAM) were identified and treated in the OTPs.
- 4,825 children with moderate acute malnutrition (MAM) were identified and treated in the TSFPs.
- 85 SAM children with medical complications were referred to and received treatment at the SCs.
- 85% of SAM children enrolled in the feeding program were cured.
- 11,887 pregnant and lactating women (PLW) were screened for signs of acute malnutrition.
- 3,119 MAM pregnant and lactating women were referred and treated through the TSFPs.
- 36 RMF nutrition staff members were trained and refreshed on CMAM/IYCF protocols and providing quality nutrition services.
- 48 RMF Community Nutrition Volunteers (CNVs) received basic training on CMAM/IYCF with more focus on screening criteria.
- 15,963 mothers and caretakers received appropriate IYCF key messages.
- 8,987 eligible children received vitamin A supplementation.
- 7,993 children received deworming tablets.
- 378 community mobilization sessions were conducted.
- 50 mass screenings were conducted.
- 2 laptops were procured for the malnutrition project, which enhanced the reporting of nutrition data from the field.

SOUTH SUDAN

JUBA TEACHING HOSPITAL

Background

Juba Teaching Hospital (JTH) is a 580-bed facility and the only national referral hospital in the country of South Sudan. The hospital is located in the capital city of Juba, in Central Equatoria State. With an estimated population of 10.46 million (based on annual population growth of 3% from a census conducted in 2008) and a lack of properly functioning primary healthcare facilities in the rest of the country, many South Sudanese have nowhere to go but this national referral hospital. Even before the civil conflict erupted mid-December 2013 and fighting broke out in Juba on July 8, 2016, Juba Teaching Hospital was overwhelmed by continuously increasing demand. The few existing military and police hospitals are non-functional country wide, forcing soldiers and officers to share the limited facilities with civilians. JTH's departments and services include: Accident and Emergency department, Pediatrics, Internal Medicine, General Surgery, Obstetrics/Gynecology, Ophthalmology, Mental Health, Physiotherapy, ENT, Diagnostic Services (Laboratory, Radiology), and Finance/Administration/Statistical units. JTH was established in 1927, in structures that previously served as army barracks. Most of the hospital's infrastructure is dilapidated and in great need of upgrades and renovations, which would create an environment conducive to the healing of patients and their community, and improve working conditions for the healthcare professionals serving them. The hospital is directly funded by the national government through the South Sudan Ministry of Health and supported by RMF, UN agencies, and other local and international NGOs.

RMF has worked in close cooperation with South Sudan's Ministry of Health (MOH) and with Juba Teaching Hospital (JTH) since co-founding the country's first-ever accredited college of nursing and midwifery in 2009. In a Health Systems Strengthening project at Juba Teaching Hospital,

RMF, with support from Medical Mission International, started to upgrade infrastructure at JTH in the spring of 2013, beginning with the wards of the Pediatric department and supporting the procurement of furniture, medical equipment, and supplies for the Pediatric department. We achieved several milestones, including the full renovation of Pediatric Ward 5 and Ward 7 (with a total bed capacity of 120 beds), as well as the Accident and Emergency department and Antenatal Care unit; development of guidelines and policies and provision of supplies for the maintenance of the renovated departments; recruitment of additional staff; removal and disposal of large amounts of regular and medical waste and design and initiation of a waste disposal management program; training of nursing staff in various departments on the importance of infection control and waste segregation in the wards/outpatient departments; procurement of protective gear; facilitation, regular monitoring, and supportive supervision of the JTH healthcare workers on policy guidelines; initiation and training of maternity staff on Respectful Maternity Care (RMC) and general staff on Psycho-Trauma Support and Respectful Health Care (RHC); introduction of eLearning and initiation of Health eVillages (HeV) project, where all the healthcare professionals (nurses, midwives, doctors, and consultants) working in the Obstetric/Gynecology and Pediatric departments were trained and provided with tablets preloaded with medical journals/books to aid their capacity through reading and performing quick reference checks; support of high speed Wi-Fi internet service for the Maternity unit, providing internet access to doctors and nurses and enhancing the HeV project; support of high speed Wi-Fi for RMF South Sudan's Juba office, providing additional internet access to doctors and nurses at the hospital; assessment for improving the water and sanitation situation at JTH; supply of pharmaceuticals, consumables, and medical equipment; conducting the Maternal Near-Miss



SOUTH SUDAN

JUBA TEACHING HOSPITAL

Audit, of which the final report is expected to help the South Sudan Ministry of Health's policy makers in their strategy to reduce maternal mortality in the country.

South Sudan's Minister of Health, H.E. Dr. Riek Gai Kok, personally visited the renovated Pediatric wards and acknowledged RMF's work for JTH. The MOH also made a significant contribution towards the upgrade and renovation of the Accident and Emergency department. Renovating the Pediatric wards, Accident and Emergency department, and Antenatal Care unit has reduced nosocomial infections and improved working conditions for healthcare professionals and Juba College of Nursing and Midwifery students on their clinical rotations. Above all, these renovations have increased the quality of care patients receive and started to increase the number of patients coming for medical treatment.

Accident and Emergency Department

The improvement of the Accident and Emergency department at Juba Teaching Hospital (JTH) was initiated in mid-February 2014 when RMF Founder and CEO Dr. Martina Fuchs visited Juba with a pledge from a generous private RMF donor. During that critical moment for the nation, Dr. Martina Fuchs had a series of meetings with the National Minister of Health and his team, and with Juba Teaching Hospital leadership. During these meetings, the Minister of Health, H.E. Dr. Riek Gai Kok, committed to matching the pledge from RMF's donor, Pamela Omidyar. The project is aimed at improving conditions in the Accident and Emergency department, creating a welcoming and healing facility available for all South Sudanese and foreigners residing in the country, and supporting peace from within through provision of better healthcare services, with a strong focus on respectful care.

The Ministry of Health and Juba Teaching Hospital's leadership took the lead in the project's preparation and procurement process, making sure that there would be no interruption of services for patients. Work on the four blocks of the Accident and Emergency department officially started in July 2014, when H.E. Dr. Riek Gai Kok and Undersecretary Dr. Makur Kariom visited the site on July 8th to kick off of the project, following the inauguration of the South Sudan Reference Laboratory by President Salva Kiir.

The contractor, Pan Koung Ltd. (a South Sudanese owned construction company), donated additional improvement work beyond the work stipulated in our agreement, as a sign of commitment towards their new country. The improvement work on the four blocks was successfully completed in January 2015. At the time of completion, RMF's CEO, Dr. Martina Fuchs, visited South Sudan and toured the site with MOH Undersecretary Dr. Makur Kariom, an engineer from the Ministry of Housing, and JTH administrators. The MOH, through the leadership of H.E. Dr. Riek Gai Kok, provided furniture for all the four blocks and opened the building for patients.

Antenatal Care Unit

South Sudan's maternal mortality rate remains the highest in the world: 2,054 deaths per 100,000 live births according to the 2006 South Sudan Household Survey. Some main reasons for South Sudan's high maternal mortality rate include lack of access to appropriate reproductive health care, poor health infrastructure, inadequate medical supplies, and insufficient human resources in existing health facilities. On average, about 1,300 women attend antenatal care services at Juba Teaching Hospital per month, and about 30-35% return to give birth at the hospital. RMF's team talked to some of the women visiting the ANC at Juba Teaching Hospital, and most of them

complained about the long waiting time, lack of privacy, and no shelter for waiting, which made it very difficult during rainy season and extremely high temperatures (approaching 40°C). The ANC infrastructure was dilapidated and small, with no waiting area, no privacy, and limited examination space which led to long wait times.

In collaboration with Health eVillages, RMF upgraded and improved the infrastructure of Juba Teaching Hospital's Antenatal Care unit, considering the lessons learned from our work there. The improvements included partitioning the interior of the block to create 3 private examination rooms, creating family planning space, HIV counseling and testing (PMTCT) rooms, a storage facility, lavatory, and a well ventilated and spacious waiting room adequate for collaborative ANC services. The improvement work was successfully completed by Doyen International Construction Company in December 2015. RMF then furnished the ANC unit; we installed air conditioning systems and provided furniture and examination tables. The unit is fully operational now, providing quality ANC services.

Health eLibrary

Juba Teaching Hospital does not have a functional library to enable healthcare professionals to make easy reference checks. Some departments have a few outdated medical textbooks only accessible to consultants; it is very difficult for most healthcare professionals to do reference checks when faced with difficult medical cases. This hinders accurate diagnoses and treatment, leading to poor quality care. RMF had a number of discussions with Pediatric, Obstetrics, and Gynecology departments on how to improve service delivery and reduce the alarming maternal and under-5 mortality rates occurring in JTH. The team continued to implement the Respectful Maternal Care and Respectful Health Care approach introduced by RMF, and all sought

to have access to health-related information in a timely manner to enable quick, accurate decisions in patients' treatment and care.

In February 2015, RMF (through support of its Global Maternal Child Health Coordinator) refreshed the healthcare professionals working in Pediatric, Obstetrics, and Gynecology departments on the concepts of Respectful Maternal Care and Respectful Health Care. At the same time, RMF introduced a digital reference system using tablets preloaded with medical journals/information. Healthcare professionals (consultants, doctors, nurses, and midwives) were trained and provided with Health eVillages tablets to do quick reference checks during patient care, and encouraged to increase their expertise and knowledge by reading medical information in their free time. Two national tutors from Juba College of Nursing and Midwifery (JCONAM) were trained as trainers to follow and monitor use of the tablets. The tablets are designed so that information can be accessed offline. However, RMF also installed high speed wireless internet in the Maternity block (serving the Maternity ward and a section of the Pediatric unit) to enable healthcare professionals to conduct further medical research online.

RMF continued to monitor the impact of the tablets through monthly patient satisfaction surveys and healthcare questionnaires. The two trainers (national tutors from Juba College of Nursing and Midwifery) interviewed the healthcare workers using the tablets and patients in the Pediatric and Maternity wards, conducting patient satisfaction surveys and healthcare questionnaires. Results were analyzed monthly. Overall, use of the tablets and internet access have improved patient care in Juba Teaching Hospital.

SOUTH SUDAN

JUBA TEACHING HOSPITAL

Maternal Near-Miss Audit

Juba Teaching Hospital is the only national referral hospital in South Sudan and receives patients from all parts of the country. On average, the Maternity ward assists in 17–20 normal deliveries and performs 3–5 cesarean sections per day. The maternal mortality rate is about 2 per month. Most of these mothers die from preventable pregnancy-related causes, and a number of near-miss cases go unnoticed.

Real Medicine Foundation, with financial support from Health eVillages, conducted a Maternal Near-Miss Audit in Juba Teaching Hospital. The audit aimed to investigate the frequency of near-miss events, calculate the mortality index for each event, and compare the socio-demographic and obstetrical correlations of near-miss cases with maternal deaths. We trained 7 nurses/midwives working in the maternity unit, 4 third-year JCONAM midwifery students, and 2 national tutors from JCONAM in qualitative data collection. The data collection process was closely supervised by the lead investigator, RMF's team leader, and 2 international UN midwife volunteers attached to Juba Teaching Hospital and JCONAM.

A total of 1,010 mothers from the national referral hospital participated in the study, out of the 1,041 sampled: a response rate of 97.5%. Nearly half (49.7%) of the clients visiting the JTH Maternity and Gynecology unit were young pregnant women (15–24 years of age) at the time of their visit, with a mean age of 25.07+ standard deviation (SD)= 5.65) years. During the study period, there were 994 deliveries, 993 live births, 94 near-miss cases and 10 maternal deaths. 165 near-miss events were identified among the near-miss cases, which implies a mean of 1.7 near-miss morbidities per case. This resulted in a total maternal near-miss

and maternal mortality ratio of 94.1/1,000 live births and 1,007/100,000 live births, respectively, based on morbidity based criteria. The severe maternal outcome ratio (SMOR) and the maternal near-miss ratio were 10.47 based on morbidity based criteria 41.3/1,000 based on organ failure based criteria. These near-miss indicators provide an estimate of the complexity of care that is required by the population served by the healthcare facilities in the assessment. The likelihood of mortality and posttest odds 95% confidence interval 25% (10%, 51%) for ruptured uterus, severe postpartum hemorrhage 9% (4%, 17%) and eclampsia 11%, (3%, 30%), anemia, pregnancy related hemorrhage, and dystocia were the highest associated and contributory factors contributing to the occurrence of maternal near misses.

The mortality index was 9.2%, indicating that the number of women requiring essential obstetrics care is higher than available literature recommendations. This study demonstrates other contributing factors: the lack of resources, poor quality community health care, and fatal delays. All near misses should be interpreted as case studies and opportunities to improve the quality of service provision. Organizational change should especially address delays in conducting emergency cesarean sections, referral barriers, and human resource problems in the health care system. Fully functional intensive care units (employing intensive care's structure, supplies, and well-trained providers) need to be available in territory care units, including Juba Teaching Hospital and other teaching and state hospitals. Additionally, policies of notification for near-miss cases and severe maternal morbidity should be implemented in all healthcare units, with the principle of "no shame no blame."

Emergency Medical Supplies

On September 16, 2015, South Sudan saw another tragedy when a fuel tank exploded in Maridi (a town in Western Equatoria State), killing over 200 people and leaving scores injured. This happened when the truck veered off the road and residents (including soldiers, women, men, children, and boda-boda riders) rushed to where the fuel truck overturned about 20 kilometers outside of town to collect fuel in jerry cans. Because of fuel shortages in the country, as well as economic crises and insecurity, the local community saw this as an opportunity to salvage fuel for financial gain. When the fuel truck exploded, the only county hospital in Maridi, underequipped and understaffed, was not able to cope with the large number of severe burn cases, and mortalities increased each day.

The national MOH, with support from partners, sent medical professionals and supplies to Maridi County Hospital and flew the severe burn cases to Juba Teaching Hospital, the only national referral hospital in South Sudan. The Accident and Emergency department, well renovated and furnished by RMF, was opened, and burn survivors were housed in two of the blocks. At that time, the hospital was running low on basic supplies/ pharmaceuticals to treat the burn victims. RMF's team met with hospital administrators, hospital pharmacists, and the doctors/consultants managing the burn patients, and came up with a list of supplies/pharmaceuticals most needed at that critical moment. RMF then organized emergency procurement of the needed supplies, worth \$3,000, locally from Juba and provided the supplies to Juba Teaching Hospital. The Minister of Health, H.E. Dr. Riek Gai Kok, personally visited the burn victims and acknowledged RMF's support during that critical time. Burn victims' lives have been saved, their economic burdens

reduced, and their quality of life improved through the supplies provided by RMF.

Psycho-Trauma Support Training

South Sudan has only one psychiatrist in a country of an estimated 10.16 million people. This one psychiatrist is heading the mental health department in the national MOH and clinically supports management in Juba Teaching Hospital and overall the whole country. There are no adequate specialized mental health services across the country; cases are handled in the routine clinics. Many South Sudanese are traumatized following the decades of civil war and the ongoing internal armed conflict that erupted mid-December 2013, but most healthcare professionals lack basic training in mental health care. A number of patients suffering from trauma arrive at health facilities and are treated for different medical conditions without receiving psychological care.

RMF Founder and CEO Dr. Martina Fuchs met with the only psychiatrist, Dr. Atong, in Juba in February 2015. RMF then came up with the concept of psycho-trauma training to support healthcare professionals and schoolteachers, the front liners in patient management and young adolescents in school. Elisabeth Scheffer & Associates, LLC (ESA) was contracted by RMF to develop training materials and execute training in Juba. The main aspects of the training were psychological care for children, psychological first aid, and post-traumatic stress disorder.

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Three categories of people have been trained, and are now able to provide basic care for traumatized persons:

- **Schoolteachers:** 17 primary and secondary schoolteachers from 10 schools were mobilized with the support of the Central Equatorial State Ministry of Education. The 17 teachers completed three main course units designed for Psycho-Trauma Support. The training was conducted by a ESA consultant psychologist with the support of a Ugandan midwife working at JCONAM and JTH. The training used an interactive and friendly way of teaching. 6 of the teachers were selected and educated further to train more teachers in Juba, with the goal of expanding to other counties.
- **Healthcare professionals:** 27 healthcare professionals serving in Juba Teaching Hospital participated in the training and completed all three course units of Psycho-Trauma Support training. The hospital administration and all departmental heads acknowledged the importance of the training, which contributes significantly to patient care.
- **Nutrition team members:** 11 RMF nutrition team members (mainly nurses/midwives and clinical officers implementing the RMF-UNICEF malnutrition program in Jonglei State and Greater Pibor Administrative Area) were trained on Psycho-Trauma Support. The RMF team, serving in conflict areas, encounters many traumatized clients and parents/caretakers of the malnourished children. Through the training, the team is now able to integrate the psychological aspect of the Psycho-Trauma Support with the Infant and Young Children Feeding (IYCF) initiative.

2016 Update

The security situation in South Sudan continued to deteriorate following the resumption of armed conflict in Juba on July 8, 2016. The violence spread to most parts of the country, and the Equatoria region became the epicenter of the struggle. The armed conflict continued to negatively affect all sectors, and the humanitarian situation continued to deteriorate, coupled with hyperinflation (the price of basic commodities increased almost tenfold, leaving most people unable to afford basic human necessities). Most health facilities began running without essential pharmaceuticals, consumables, and equipment, increasing mortality and making it difficult to provide effective treatment to patients. Even Juba Teaching Hospital, the country's only national referral hospital, suffered from these stock-outs and shortages. In spite of exorbitantly high prices and logistics challenges due to the deteriorating security situation, RMF continues to provide as much support to the hospital as possible.

Major Achievements of 2016

- Continued implementation of RMF's annual work plan guided by our MOU with the National Ministry of Health.
- Refreshed maternity and pediatric staff on the basic principles of Respectful Maternity Care, Respectful Health Care, and Psycho-Trauma Support, leading to the improved service delivery and patient care.
- Provided adequate quantities of micronutrient supplements for the Antenatal Care unit, improving maternal outcomes and reducing the economic burden on pregnant women, since they no longer have to buy the supplements from private pharmacies.
- Printed and provided the Antenatal Care unit with adequate antenatal cards for enrollment of beneficiaries on the antenatal care program.

- Continued to maintain the Antenatal Care unit through facilitating minor plumbing and electric repairs.
- Supported and maintained the cold chain system (refrigerators) at the Antenatal Care unit.
- Supported human resources at the Gynecology department through payment of 1 registered nurse's salary.
- Hired 3 additional cleaners stationed in Pediatric Ward 5 (medical and surgical unit) to increase the workforce and ensure proper cleaning and maintenance of the renovated ward.
- Monthly provision of adequate cleaning materials to Pediatric department, ensuring proper cleaning and maintenance of hygiene in the wards and their surroundings.
- Continued rehabilitating the equipment set at Juba Teaching Hospital with focus on the Pediatric and Maternity departments.
- Continued maintenance and repairs, where needed, of already upgraded/renovated Pediatric, Accident and Emergency, and ANC departments.
- Procured and provided protective gear, like gumboots and gloves, for janitors.
- The working conditions of the hospital's janitorial staff continued to be improved through implementation of the waste management policy, developed with the support of RMF's team.
- Continued to work closely with JTH administration and public health officers to ensure proper implementation of waste management policy guidelines and regular waste removal. Facilitated and performed regular monitoring and supportive supervision of JTH health care workers and janitors on

implementation of waste management policy guidelines.

- RMF's support helped to preserve and to keep JTH premises and the surrounding areas clean and safe through regular removal of the waste which previously had posed a threat to the healthcare workers, patients, surrounding community, and the environment.
- Supported repairs of the Infectious Disease unit through the installation of doors for the wards and lavatories.
- Began refurbishing the broken septic tank for Juba Teaching Hospital to reduce WASH-related infections and eliminate a public health hazard.
- Continued provision of high speed Wi-Fi service for maternity and pediatric staff and other healthcare workers visiting the Maternity unit for easy online research. Internet access and the provision of Health eVillages tablets have improved the quality of care provided in JTH.
- Installed and furnished an additional fabricated office space for RMF's team inside Juba Teaching Hospital to accommodate the increasing number of RMF's team members.
- Procured 5 desktop computers and 4 laptops for RMF's team in Juba and various field locations, improving project coordination.
- Continued provision of high speed Wi-Fi internet service for RMF's Juba office, providing additional internet access to healthcare staff at the hospital, facilitating research, and improving continuous medical education.
- Hired a research consultant to review the final version (report) of the Maternal Near-Miss Audit conducted at Juba Teaching Hospital (refer to detail Near-Miss Audit report).

SOUTH SUDAN

JUBA COLLEGE OF NURSING AND MIDWIFERY

Background

Real Medicine Foundation, in collaboration with the Ministry of Health of South Sudan, UNFPA, UNICEF, UNDP, WHO, St. Mary's Hospital Juba Link, Isle of Wight, CIDA, and the Japanese International Cooperation Agency (JICA), and with WCF's financial support and partnership, has co-founded and established South Sudan's first-ever accredited college of nursing and midwifery. The consortium aims to provide a scalable working model for this college that offers a 3-year diploma for registered nursing and midwifery and is envisioned to be extended to other strategic locations in South Sudan. These trained, diploma-level nurses and midwives will help replenish the country's supply of professional healthcare workers, which has been depleted by more than two decades of civil strife and war.

During their training, the students serve as staff in the outlying primary healthcare clinics and units in Munuki, Nyakuron, Kator, and Malakia, as well as Juba Teaching Hospital. Residents of Juba and surrounding areas (estimated at 500,000) are direct and immediate beneficiaries of this newly qualified healthcare staff. Upon graduation, nurses and midwives return to their home states to work for at least two years serving the population of South Sudan. The college accepts applicants from all 10 former states to optimize the distribution of newly qualified healthcare personnel.

The 2010 intake admitted 36 students (18 nursing and 18 midwifery students). 30 of those students progressed to their final year and graduated in August 2013. A second class of 61 students started training in January 2012, and 45 (23 nurses and 22 midwives) progressed to their final year, completed the course in November 2014, and graduated in December 2015. 54 students were admitted at the beginning of 2013, and 38 (23 nurses and 15

midwives) completed the course in November 2015 and graduated in December 2015. 54 students were admitted in 2014, and 53 (30 nursing students and 23 midwifery students) have progressed to their final year. 30 students (15 nursing students and 15 midwifery students) were admitted in 2015, and they have all progressed to their second year. The 2016 intake admitted 54 students (27 nursing students and 27 midwifery students), who started classes in July 2016. By the end of 2016, two first-year nursing students had left the program, while several midwifery students from Yei and Kajo Keji schools joined, raising the number of first-year midwifery students from 27 to 33.

Program graduates have been deployed to their respective state hospitals, county hospitals, and primary healthcare centers to bridge the gap between demand for skilled services and available service providers.

2016 Update

The security situation in South Sudan continued to deteriorate following the resumption of armed conflict in Juba on July 8, 2016. The violence spread to most parts of the country, and the Equatoria region became the epicenter of the struggle. The armed conflict continued to negatively affect all sectors, and the humanitarian situation continued to deteriorate, coupled with hyperinflation (the price of basic commodities increased almost tenfold, leaving most people unable to afford basic human necessities). Most health facilities began running without essential pharmaceuticals, consumables, and equipment, increasing mortality and affecting the quality of students' practical training, since JCONAM students complete their training at Juba Teaching Hospital and primary healthcare centers in Juba.

In addition to the security and resource challenges now faced by JCONAM's students and staff, the limited facilities at JCONAM continued to be shared with students from the University of Upper Nile and Lui Church School of Midwifery of Western Equatoria following their relocation due to armed conflict in their areas. The July 2016 armed conflict in Juba also delayed the arrival of first-year students (2016 intake), and the selected 54 students reported towards the end of July. Continuing students (2014 and 2015 intakes) remained at the college during the active combat in Juba and resumed normal college activities in mid-July 2016. In spite of these challenges, Juba College of Nursing and Midwifery (JCONAM) continues its operations, and RMF continues to provide as much support to the college as possible.



Major Achievements of 2016

- In collaboration with the South Sudan Ministry of Health, RMF supported the recruitment of Juba College of Nursing and Midwifery's 2016 intake: 27 nursing students and 27 midwifery students, who joined the college in July 2016.
- RMF continued to support JCONAM's human resources capacity by employing a highly experienced and qualified national tutor.
- RMF conducted training on Respectful Health Care (RHC) for the third-year students (2014 intake: 30 nursing students and 23 midwifery students).
- Previously trained healthcare professionals continued to practice and disseminate the basic concepts of RHC and RMC (Respectful Maternity Care) to students and JTH staff, improving patient outcomes.
- Respectful Maternity Care (RMC) supervisory checklist continued to be used in maternity unit of Juba Teaching Hospital (JTH) and neighboring PHCCs within the city of Juba.
- RMF also conducted Psycho-Trauma Support training for the third-year students (2014 intake: 30 nursing students and 23 midwifery students).
- RMF procured and provided essential medicines for JCONAM's students and staff, which reduced the economic burden on the implementing partner IMC, as the students and teaching and non-teaching staff continued to benefit from the essential medicines provided by RMF.
- RMF continued its support to the South Sudan Ministry of Health and project partners in the coordination and implementation of JCONAM project activities, in line with the approved Annual College Work Plan. RMF also continued facilitation of inter-linkages with UNFPA, MOH, IMC, and other stakeholders, ensuring quality

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JUBA COLLEGE OF NURSING AND MIDWIFERY

assurance in the implementation of nursing and midwifery curricula in the diploma program.

- RMF's team also coordinated activities and participated in meetings/workshops with UN agencies and NGOs supporting JCONAM and other national health training institutes.
- RMF continued our sponsorship of first, second, and third-year nursing and midwifery students at Juba College of Nursing and Midwifery (JCONAM) through the provision of uniforms, skills laboratory equipment, clinical training equipment, books, stationery, and information technology (IT) equipment.
- JCONAM students continue to get good support and mentorship from Juba Teaching Hospital's staff and college tutors while in clinical practice, following the formation of a joint JCONAM-JTH committee, which enhances the relationship between JCONAM and JTH administration.
- Stakeholders in nursing and midwifery education and services are undertaking the development of a bridge course for Community/Enrolled Midwives for acceptance into diploma training to complete the course in less than 3 years.
- With the inclusion of the second-year midwifery students on the Maternity ward delivery roster, maternal outcomes have been improved and students are able to conduct/participate in 10–20 supervised deliveries per day. These numbers will increase as the college looks into expanding the number of practice sites in the near future.



RMF-UNICEF PROVISION OF INTEGRATED MNCH AND PMTCT SERVICES

Background

In September 2016, RMF South Sudan entered into a partnership agreement with UNICEF to rehabilitate the primary healthcare centers in Gorwai and Pibor in order to provide quality MNCH (maternal, neonatal, and child health) and PMTCT (prevention of mother-to-child transmission of HIV) services for communities in need. Prior to the project's implementation, RMF's Juba team conducted a rapid health needs assessment in Pibor, while RMF's nutrition team already working in Gorwai swiftly provided an assessment report for Gorwai. The assessment reports for the two locations helped RMF South Sudan's main office in Juba plan and organize for the project's startup date of October 2016, in line with the signed project cooperation agreement. However, a technical needs assessment revealed the need for major renovation

of the existing structures, which had nearly been destroyed during the conflict of February 2016 in Pibor. In Gorwai, tents were needed for the health facility and staff accommodations.

Based on the technical report on the infrastructure at the PHCCs (primary healthcare centers), we quickly mobilized resources from RMF's headquarters in the US to first undertake the renovation process, which would allow for implementation of the PCA in a timely manner. However, due to the terrain which caused difficulty in accessing the project location by road, and with only two UNHAS flights per week to Pibor and one for Gorwai, the items purchased for the major renovation of the PHCCs were not delivered to the sites on time. This had a negative impact on the implementation of project deliverables and indicators as planned in the PCA.

Using RMF's own mobilized resources, the medical equipment, pharmaceuticals, and consumables from UNICEF and reproductive health commodities from UNFPA were airlifted to Pibor and Gorwai. Infrastructure renovations at the PHCCs and staff

accommodations were completed in November 2016. Local structures and materials were used, but they were costly. With the required organization and transportation of essential supplies and equipment to the site, Pibor PHCC started providing services on December 19, 2016. Because of the existing RMF presence in Ayod, Gorwai PHCC started providing services in the first week of December 2016.

SOUTH SUDAN

RMF-UNICEF PROVISION OF INTEGRATED MNCH AND PMTCT SERVICES

Major Achievements of 2016

- A technical and professional health team was recruited, trained, and deployed to Pibor and Gorwai, providing quality healthcare services.
- Pibor PHCC was successfully renovated and furnished, providing comprehensive basic health care for the population.
- EPI (expanded program on immunization) equipment was installed in Pibor, and the facility now provides quality EPI services.
- Gorwai PHCC was rehabilitated through the installation of tents and furniture and is providing primary healthcare services.
- The team coordinated with the WASH partner and installed WASH equipment, including pit latrines, in both Pibor and Gorwai facilities.
- The team coordinated with UNFPA, which provided reproductive health commodities to support the reproductive health component of the program in Pibor and Gorwai.
- 6 vaccinators were trained on EPI.
- 9 healthcare workers were trained on FANC, PNC, and PMTCT.
- 10 healthcare workers were trained on BEmONC.
- 10 pregnant women received a 4th ANC visit.
- 10 pregnant women received IPT 3+.
- 103 pregnant women were dewormed.
- 130 pregnant women were counseled and tested for HIV.
- 320 eligible children were dewormed.
- 302 eligible children were provided with vitamin A supplementation.



LWALA COMMUNITY HOSPITAL

Background

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 (rates are 16–20%, triple the national average), and other diseases contribute to a significant infant, child, and adult mortality rate. Out of every 1,000 births, 95 babies will die before their 1st birthday. Life expectancy in the region hovers just above 40 years.

The Lwala Community Health Center was founded by brothers Milton and Fred Ochieng' in memory of their parents who died of AIDS, with the goal of meeting the holistic health needs of all members of the Lwala community, including its poorest. Real Medicine Foundation started our partnership with Lwala in 2007, with additional support from World

Children's Fund in 2008. Prior to the establishment of the health center in 2007, 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 completed another infrastructure expansion in 2015. Other programs include emergency ambulance services, maternal and child health outreach programs, education, and economic development programs. Based on the populations of school-aged children and the number of families related to the 13 primary schools in the Lwala area, there are around 20,000 people who are able to access health care at the Lwala Community Hospital by foot or short motorcycle transport.

Kenya

INITIATIVES: Drought Relief | Primary Health Care | Mobile Clinics | Health Systems Strengthening | Upgrade, Renovation, Support—Lodwar County and Referral Hospital, Turkana

46,769 patients seen at Lwala Community Hospital

Nearly **6,000** students participated in Lwala health clubs, girls' mentoring, and other youth-friendly education programs

1,268 HIV-positive individuals enrolled in Lwala HIV care

149,809 patients seen at Lodwar County & Referral Hospital

25,542 patients seen at Lodwar Clinic and outreaches

LWALA COMMUNITY HOSPITAL

2016 Update

Lwala Community Hospital

- In 2016, RMF-supported Lwala Community Hospital has seen the largest number of patients since its inception. 46,769 patient visits were provided, a 53% increase over 2015. These numbers are meaningful, because they show a dramatic increase in health seeking behavior, and we are confident they will reflect a drop in under-5 mortality and morbidity.
- In the midst of this growth, Lwala Community Hospital placed increased focus on quality improvement. The average patient wait time in 2016 was 10 minutes, down from 15 minutes in 2015. We are also finding new ways to measure the patient experience, implementing our patient engagement framework and developing a baseline on which to assess future progress.
- KenyaEMR (a Ministry of Health electronic medical records system) now operates actively in all HIV patient rooms at Lwala Community Hospital, so that patient information is accessible in real time. Lwala was selected as one of four organizations to showcase Kenya Electronic Medical Records (EMR) at a regional event. We presented our successes in the company of larger hospitals and organizations. We want to continue to be a thought leader in data systems in the region.
- In 2016, Lwala registered our Kenya National Board with representation from the Lwala Village Development Committee and Kenyan members from our US board. We now have the legal structure to add additional members with national-level prominence to this board.
- Lwala has established a gender equity committee, comprised of men and women leaders within the organization who will lead

a series of trainings and reforms to make our workplace more safe, supportive, and equitable for all staff.

- Lwala has launched our Health Systems Strengthening team, which is leading expansion of our community-led health model within the public system, at the invitation of the Ministry of Health. This department is also leading replication efforts with peer organizations.
- Ndege and Minyenya, government health center IIs, have agreed to act as our first government replication sites. In 2017, Lwala will support them in improving quality of maternal and child care as well as link them to a robust cadre of community health workers.
- We have identified our first replication partner, Komo Learning Centres, who we will support as they train and launch 15 traditional birth attendants to track, support and refer pregnant mothers.

Community-Led Health

- 5,070 under-5 children, 3,941 mothers, and 4,863 total households were regularly provided care by a cadre of 82 community health workers (CHWs). During their ongoing household visits, community health workers provide comprehensive health services, track pregnancies, ensure on-time immunizations, make referrals to the hospital as needed, advise on healthy household behaviors (such as proper handwashing and use of mosquito nets), and now diagnose and treat malaria.
- Community health workers conducted an all-out door-to-door effort to get under-5 children immunized, leading to a rate of 94% of under-5 children fully immunized, exceeding our target of 90%. The immunization rate in

our community is significantly higher than the county rate of 47% (DHS 2014).

- Malaria community case management: 29 community health workers (CHWs) were trained in home-based malaria diagnosis and treatment to curb the high number of malaria cases seen throughout the community. Equipped with rapid diagnostic tests and medication, the community health workers have provided home-based care to 606 children by diagnosing and treating malaria during the visit and making hospital referrals if symptoms are severe or persistent.
- The team identified and supported 65 mother-child pairs through a peer-based mother-to-child HIV prevention program. During monthly meetings, hospital staff led educational sessions on drug adherence, infant feeding, and nutrition. In December, we held a graduation ceremony, celebrating the success of 95% of our children who were HIV negative at 18 months.
- Salesforce, Lwala's community-centered database, was expanded to include the community health worker program on HIV and WASH. Through that program, we are piloting mobile data collection with 29 community health workers, with plans to expand to all community health workers in 2017.
- Over the last year, 11,277 individuals participated in water, sanitation, and hygiene training and promotion events. As a result of these training events, community members led the construction of 263 new latrines.
- In August, 1,580 individuals participated in our annual 4-day WASH Tournament. While teams engaged in a football (American soccer) tournament, community health workers

educated spectators on WASH, nutrition, and contraceptive methods. Our clinical team provided HIV testing and contraceptives.

- Since January 2016, 14 highly trained community health workers enrolled 1,268 HIV-positive individuals in a home-based program modeled after our maternal child health program. Community health workers provide psychosocial support, adherence counseling, environmental education, care, and referral services.
- Our goal of maintaining a default rate of less than 10% was met in every month of 2016, with an annual average default rate of 6%.

Maternal Health

- In collaboration with the local community, RMF-supported Lwala has set out ambitious goals to transform the region. A recent study by Vanderbilt Institute for Global Health compared Lwala's health services utilization rates to 12 control sites and found 1) an increase in mothers receiving 4 ANC visits from 60% in 2011 to over 80% in 2014 (compared to 40% at control sites) 2) 100% of pregnant women received skilled care during delivery (compared with less than 70% in control sites), and 3) a 300% increase in family planning service visits (compared with a no change in service visits at control sites).
- Lwala maintained our incredibly high skilled delivery rate at 97% for yet another year. These rates are measured across our population of approximately 30,000, regardless of the health facility where a mother may deliver.
- A community-led group focused on women's rights and child protection was launched in 2016. In the group, women and men from the

LWALA COMMUNITY HOSPITAL

community are tackling incidents related to rape, abuse, and teen pregnancy. While Lwala staff participate in these groups, it is truly owned by the community, and attitudes around sexual rights are shifting. Most recently, the committee pushed to have a rape perpetrator prosecuted, and he was sentenced to 20 years in prison.

- We saw all-time high in couple years of protection (CYP), a measure that weighs the value of a contraceptive method by the number of years it provides protection from pregnancy. We reached 5,771 CYP in 2016, a 66% increase from 2015.

Youth Achievement

- Lwala collaborates with 13 government-run primary schools engaging with school management, teachers, students, and local youth leaders. Nearly 6,000 students participated in our education programs in 2016.
- We expanded our health club program in 2016, in which local youth and teachers lead weekly clubs for students on topics including water, sanitation, hygiene, HIV, and reproductive health. This program now reaches 2,167 primary school students, which is an increase of over 600% from 2015. Throughout the year, Lwala collaborated with the school health clubs to construct new handwashing stations, designed by students.
- 366 in-school girls participated in our girls' mentoring program, a 120% increase from 2015 (166). We work with teachers who mentor particularly vulnerable girls to increase school participation and performance and decrease teen pregnancy rates. In 2016, no participant in the mentoring program became pregnant.
- Similarly, Lwala supports girls who dropped out of school due to early pregnancies through a mentorship and apprenticeship program. The program engaged 110 young mothers

in financial and life skills training, 79% of whom established a new trade to provide financial stability.

- Through our New Visions Women's Sewing Cooperative, Lwala provides re-usable pads and school uniforms to build the self-agency of girls to remain school. In 2016, we provided girls with 460 uniforms and 880 pad kits that include soap, 5 reusable sanitary towels, and several panties.
- Better Breaks engages youth during school holidays by providing leadership training, health information, and reproductive health services, including contraceptives. We surpassed our target population for Better Breaks for the year, reaching 2,321 youths.
- Two Youth-Friendly Corners served 3,368 youth visits, exceeding our annual target by 68%. These Youth-Friendly Corners are housed at Lwala Community Hospital and one government clinic. They provide games, youth leadership training, and access to reproductive health services through a friendlier environment than a typical health center.
- In 2016, those completing primary school were 44% girls and 56% boys. Through we are approaching gender parity, the last 4% gap remains tough to close.
- The percentage of students with exam scores that qualify them for secondary sponsorship rebounded back to 2014 levels. 2015 was a particularly bad year nationwide. In 2016, Lwala has seen a slight improvement in exam scores among girls; however, they still lag far behind boys.
- This year, Lwala launched an e-reader program. Three pilot Class 6 classrooms received e-readers for each student, reaching 135 total students. Our goal is to build on our current school-based programs, which center on expanding access, by addressing academic



LWALA COMMUNITY HOSPITAL

achievement. Working with local enumerators, we carried out intensive baseline and end line

assessments in both treatment and control classrooms to measure program results.

- A pilot study on the e-reader program was carried out during the 2016 school year, evaluating the impact of technology in the classroom by comparing three treatment and three control classrooms at local primary schools through a partnership with World Reader. We assessed reading, fluency, and comprehension skills at the beginning and end of the program to measure the technology's impact on student literacy levels. Preliminary results indicate that students learning with electronic readers improved in both reading fluency and comprehension compared to their counterparts, with an overall 23% improvement in literacy.

Economic Empowerment

- In 2016, Lwala launched a participatory economic development design process. We conducted community consultations throughout the region to better understand gaps in the existing economic ecosystem. A common theme of financial inclusion arose for the most vulnerable. As a result, we developed a partnership with Village Enterprise, an expert in poverty graduation for the "ultra poor."
- Also, after a successful 6-year partnership with Development in Gardening (DIG), this gardening-based nutrition program was handed off to the Lwala team. We are well equipped to continue this nutrition through gardening model and more fully integrate it with our community health worker model.



BENEFICIARIES

Out-of-School Mentoring Motivates Young Mother to Return to School

Within North Kamagambo, adolescent girls face a nearly 35% chance of becoming pregnant, often leading to school dropout and early marriage. At age 15, Lillian faced an unexpected pregnancy. Cultural pressures and expectations ultimately forced Lillian – an orphan – to marry a man twice her age, and she gave up on her dream of pursuing secondary school.

Lillian continued to search for opportunities to better provide for her two children. While in church, she met a Lwala Community Health Worker, who made an announcement about the out-of-school girls' mentoring program. The out-of-school girls' mentoring program provides a safe space for adolescent girls to learn about topics tied to their own well-being. Lillian joined the weekly sessions, learning about self-esteem, assertiveness, family

planning, and communication skills in order to best relate with her husband.

Throughout the program, mentors encouraged girls to re-enroll in school. Lillian slowly started to realize that though she was a teen mother, she could still achieve her dreams. Lwala's education team helped Lillian address her dream with her husband, who agreed to re-enroll her in school. Lillian credits her return to studying to the mentoring program, and she is currently in her second year of high school at Kuna Secondary School. Lillian states, "I can now pursue my dream of becoming a nurse. I like taking care of people." Lillian continues to be an ambassador to other out-of-school girls participants, encouraging them to embrace schooling despite early pregnancies and marriages.



Maurice Otieno Ochieng

Maurice Otieno Ochieng is a 3-year-old boy living in North Kamagambo. Orphaned after his father passed away and his mother left, Maurice's grandmother, Persila Adhiambo Ogutu, became his primary caretaker. Unprepared to provide for Maurice and his two siblings, Persila struggled to maintain a healthy lifestyle for the children.

On a routine household visit, a Community Health Worker (CHW) discovered the three orphans in poor health. During her assessment, she found Maurice to be severely malnourished and anemic. After educating Persila on the importance of HIV testing, the Community Health Worker screened each child. To Persila's surprise, Maurice tested HIV-positive. Given his status and declining health, the Community Health Worker referred him to Lwala Community Hospital. After an additional referral, Maurice began HIV and nutrition care.

Though Maurice was being treated, Persila still did not understand how he contracted HIV without engaging in sexual intercourse. Through several counseling sessions with the Community Health Worker, Persila came to understand and accept his status and agreed to provide full support in Maurice's care. His health began improving as he attended regular appointments and took medications as prescribed. In Persila's words, "I am really happy that Maurice's health has improved so rapidly. Even



though he is taking ARVs, he is not different from other children. His progress has encouraged me to continue applying the information I was given by the Community Health Worker and the hospital." Due to the commitment of the Community Health Workers and Clinical Officers, Maurice has maintained a suppressed viral load for several months. Persila vows to stay invested and is thankful for the support of the HIV team.

LOWDAR CLINIC AND MOBILE OUTREACH

Background

The September 7th, 2009 New York Times article by Jeffrey Gettleman, which highlighted the life-threatening impact of the drought in northern Kenya, inspired Real Medicine Foundation (RMF) to respond to the crisis by coordinating a supply chain for water, food aid, and medical support to the region. RMF was 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 four years. (See RMF's Turkana documentary.)

In December of 2009, RMF started a longer-term partnership with Share International to support the only clinic in Lodwar, Turkana's capital and the largest town in northwestern Kenya, with a population of almost 50,000. Through this partnership, we also began expanding medical outreach programs and mobile clinics, and food and water aid where needed. Funding from Medical Mission International (MMI) made it possible to significantly enlarge this program at the beginning of 2010. Now in the 8th year of this program, we are continuing to provide much needed health care and mobile outreaches to communities not traditionally served by the healthcare system in Kenya.

Our medical services are now available to a population of over 250,000 people in some of the most remote regions of Turkana, including the

villages of Nabuin, Chokchok, Nadapal, Nayanae, Elelea, Kaitese, Nayuu, Nakabaran, Kanamkemer, Nawoitorong, Lomopus, Nakoriongora, Kangikukus, Napetet, Nakwamekwi, and the Kerio Region, including Lokori, Kalokol, Lokichar, Katilu, Kerio, Kalokutanyang, Kimabur, Lochwaa, Nakepokan, Nakoret, Kaikir, Kapua, Lolupe, Lokichogio, Lomuriae, Lorengelup, and Lodwar town. The nomadic nature of the Turkana tribe causes the population of the villages we are serving to migrate approximately every four months, and a new group of villagers arrives about every four months; therefore, we are providing services to more than the estimated population of persons living in each village at one time.

At the end of 2016, Real Medicine Foundation began talks with the Turkana Central Ministry of Health (MOH) office, and in early 2017, we will begin working directly with the Turkana Central MOH office to support medical outreaches in remote villages. By transitioning to partner directly with the local MOH office, RMF will further empower Kenyan health professionals and strengthen health systems in Turkana Central (a sub-county with a population of about 211,280 and the highest burden of HIV at about 6.7%). The outreaches will improve the performance of MNH indicators, nutrition, HIV services, and general public health through health education and talks.

2016 Update

The continued quality and regularity of medicines and medical supplies provided by RMF this past year has allowed the health clinic and mobile outreach clinics to be conducted and maintain a high level of service. Lodwar Clinic staff serves all villagers who come for treatment, but we see an especially high number of children and pregnant women. During the first three quarters of 2016, an average of five mobile clinics were conducted each month, reaching the most remote regions of Turkana, with the target population being able to access our services now at more than 250,000 people. The mobile clinics saw an average of 900 patients per month, and at our permanent clinic, over 1,900 patients were treated per month.

- 25,542 were treated and 29,623 cases managed during 2016. These numbers continue to be high because of many factors, including focus on service delivery to very distant rural villages, word-of-mouth marketing among the villagers, informing each other about the provision of and access to medical care, and continued availability of medicines and medical supplies.
- 39 outreach clinics were conducted by the mobile clinic team and 6 STORM mobile clinics were supported by the mobile clinic team.
- 31 home visits were conducted, in the rural villages and within and around Lodwar town, for patients not able to come to the Lodwar Clinic.

- Ambulance services have remained available continuously, and the mobile clinic vehicle was serviced on a regular basis and at any time mechanical problems arose; thus, it was kept in very good condition.
- Public health education continued to be conducted at the beginning of every clinic day for the patients who arrive early, as well as individual teaching on specific cases in the course of treatment. During 2016, a total of 201 public health talks were given at Lodwar Clinic and outreach medical clinics. We have found that health education is the best way to prevent common diseases, and these talks have been well received by the community.
- Vaccination against childhood diseases is a vital activity during our medical outreaches. Many of the diseases that occur in Turkana land are preventable, and it has been the effort of every stakeholder engaging in medical care to make sure that children within our program catchment are immunized in order to save their lives. During 2016, we immunized 687 children and pregnant women were at Lodwar Clinic and mobile clinics, and an additional 12,784 targeted beneficiaries were immunized for rubella and measles in May 2016 during a national campaign supported by the Ministry of Health. Four of our staff members took part in the campaign.

LOWDAR CLINIC AND MOBILE OUTREACH

- 1,355 children and mothers benefited from our nutrition program.
- 3,925 patients tested positive for various illnesses and 47 for HIV, using RMF's lab setup.
- We made 67 referrals, mostly collecting patients who were very sick from rural villages and transporting them to our clinic in Lodwar and to Lodwar County & Referral Hospital.
- The program continued to meet the cost of medical fees for some patients whom we referred for treatment of more complex medical conditions to other secondary and tertiary health facilities.
- The addition constructed for Lodwar Clinic in 2015 is serving as a Maternal Child Health Clinic and for medicine storage. Activities include patient consultation and observation, pharmacy for storage/dispensing, laboratory, patients' waiting bay, wound dressing, store for drugs/records/nutrition commodities/outreach equipment, maternal and child health clinic, injection room, office for staff, a large refrigerator for vaccines, and nutrition supplies for malnourished patients.
- During the course of 2016, additional staff members underwent training on integrated management of childhood illnesses (IMCI) and TB treatment and care with support from the Kenyan Ministry of Health (MOH).
- RMF Founder and CEO Dr. Martina Fuchs visited RMF Kenya's project sites in the second quarter of 2017, seeing our work and challenges firsthand, inspiring our team, and meeting with stakeholders.



BENEFICIARIES

Jackson Ipasu

Jackson Ipasu is a 40-year-old man, married with 4 children. On July 19, 2016, our team identified Jackson as a patient who had been living with cancer for over 3 years due to a lack of referral funds. His caretakers reported that they had spent over KSh. 30,000 on previous treatment attempts without success. Now they had no remaining money for treatment. With the support of Dr. Sammy, our team mobilized KSh. 130,000 to refer Jackson to Eldoret for medical assessment during the 2016 STORM. Jackson was referred to Eldoret on July 24, 2016 and arrived in Eldoret on July 25, 2016.

After completing all of the necessary pathological, radiological, and laboratory investigations, the doctor diagnosed Jackson with cancer, left lytic bone destruction, anemia, and sepsis. He needed emergency admission for intravenous treatment, further investigation, and palliative care to regain lost consciousness and health status.

Jackson was admitted to the Alexandria Cancer Centre in Eldoret despite the down payment of KSh. 35,000 requested by the doctor in charge. After a lengthy discussion between our staff member, Romano, and Dr. Melly, the cancer center's owner and lead physician, they agreed that the patient would begin treatment while information was taken to the referral point for mobilization of admission charges approximated at KSh. 480,000.

On July 29, 2016, Romano Funo placed a phone call to follow up with both Jackson and Dr. Melly in the Alexandria Cancer Centre. Romano was

able to confirm that Jackson was continuing with treatment. He also learned that the doctor had found erosion in some of Jackson's vertebral bony tissues. The consultant doctor was called to do another MRI for the vertebral column. The consultant doctors are more optimistic of recovery and improvements. Plans are underway to visit Jackson once again in Eldoret for follow-up reasons and to provide psychosocial support. Plans are also underway to mobilize funds for admission costs from any willing well-wishers. This life-changing support is available to the region's community members through our mobile clinics and Lodwar Clinic.



KENYA

BENEFICIARIES

Bebi Lokong

On Thursday, January 25, 2016 at 1:36 PM, when staff members were just ready for their lunch break, a 39-year-old mother named Nakaalei Selina, from Narewa Village (the village surrounding our clinic) arrived with tears rolling down her cheeks. She was holding her 3-year-old girl, Bebi Lokong, firmly against her chest. The mother was distraught and could not speak. According to the grandmother who accompanied her, Bebi went into a coma in the house approximately 6 hours before, when the mother had left the house in search of food. The mother, however, had no doubt that her child was dead and would not let the grandmother give the whole story.

Quickly, the nurse in charge and his team did a brief medical examination and observation of Bebi. The child's temperature was extremely high (39.9 degrees Celsius). Then the nurse administered intravenous treatment, infusions, and tepid sponging. After approximately one hour, Bebi opened her eyes and took the paracetamol (Tylenol) syrup given by the nurse in charge. The mother was so grateful to donors and such dedicated staff within her reach.

Bebi was on IV infusions and observed for 2 hours in the clinic, after which she was taken home, to return the next 4 days to continue with intravenous injections. Now Bebi is reported to be recovered and doing well. This is an example of the great benefits the health project provides to our target population of Turkana, which currently stands at 250,000 and keeps rising.



LOWDAR COUNTY AND REFERRAL HOSPITAL

Background

Lodwar County & Referral Hospital (LCRH) is the only functional hospital in the entire Turkana region. It is categorized as a level 4 facility, which ideally should serve a population of 100,000, with limited human resources, personnel, and medical supplies. Yet currently, Lodwar County & Referral Hospital (formerly Lodwar District Hospital) is functioning as a referral facility for all of the Turkana region's 90 health centers and dispensaries, as well as many in the neighboring countries of Uganda and South Sudan. This increases Lodwar County & Referral Hospital's catchment population to almost 1 million people.

In 2009, RMF Founder and CEO Dr. Martina Fuchs realized that referral care could only be improved for the Turkana people if Lodwar District Hospital received additional support to supplement supplies, upgrade the infrastructure and equipment, and conduct on-the-job training for healthcare and biotechnical staff. After our drought relief and mobile clinic programs were well underway, Real Medicine Foundation, with additional funding from Medical Mission International, began supporting Lodwar District Hospital. 2016 marks the 6th year of our collaboration with the hospital, and thanks to its greatly improved infrastructure, services, and training, the hospital has been recognized for excellence by the Nursing Council of Kenya and the Kenyan Ministry of Health, and renamed Lodwar County & Referral Hospital (LCRH). RMF is

proud to have initiated and to still be part of the transformation the hospital has undergone. With the New Year, Lodwar County & Referral Hospital faces new challenges, and RMF continues to support the hospital, helping ensure that LCRH is fully supplied and able to perform its functions well.

2016 Update

- 149,809 patients were seen at Lodwar County & Referral Hospital (formerly Lodwar District Hospital) during 2016, with an average of 12,484 patients per month.
- RMF continued to support Lodwar County & Referral Hospital with essential medical equipment (including a new sterilizer, several nebulizers, minor cesarean sets, etc.) and medical supplies (including glucometer strips, gauze, gloves, bandages, etc.) as needed throughout the year.
- Continuing our emphasis on pediatric care, RMF purchased comprehensive medical supplies for the Pediatric ward throughout 2016. Emergency drugs that are never supplied by KEMSA have continued to be supplied by RMF/MMI for the pediatric patients. These include Floxapen, Zinnat, phenobarbital, fluconazole, Darrow's solution, adrenaline, flucloxacillin, phenytoin, mannitol, Fortum, and Ventolin respirator solution. Before these drugs were provided by RMF/MMI, patients were asked to purchase them from local clinics, and many patients could not afford to do so. The

constant supply of these essential drugs and many others have gone a long way in saving the lives of pediatric patients.

- RMF has initiated a greenhouse farming project for food-insecure and vulnerable families and HIV-positive community members and their families. The project will target 150 households, primarily those of HIV-positive women and mothers of childbearing age who seek treatment at Lodwar County & Referral Hospital. This project aims to improve the nutritional status of HIV-affected families by providing farming supplies, training, crop storage facilities, and assistance with the marketing and transportation of crops. In offering this support, it is RMF's goal to provide vulnerable women and families with long-term food security and skills, improving their nutritional status and overall health and lowering mothers' chances of passing the disease on to their children.
- As part of our health systems strengthening and capacity building efforts in Turkana, Kenya, we sent RMF Kenya's Project Coordinator Emma Fredah Kiriungi to an Integrated Management of Acute Malnutrition (IMAM) Surge training session in Naivasha, Kenya. Ms. Kiriungi is based at Lodwar County & Referral Hospital, and the hospital staff and projects benefit from her knowledge.



BENEFICIARY

Moses Akal

Age: 3 years old

Origin: Nabute

History: Moses was admitted through the Outpatient department with complaints of fever, vomiting, and abdominal pain. This was the first time he was admitted with these symptoms. Moses was born in the hospital with no complications. He got all the immunizations as per schedule. Moses is the youngest child in a family of three children.

Diagnosis: Acute G.E., Pneumonia with Edema, Severe Acute Malnutrition

- Blood slide (for malaria), negative
- Malnutrition (SAM)

Treatment:

- Gentamycin 40mg od x 5/7
- Multivitamins
- X-Pen 1/2ml, qid 5/7
- Amoxicillin 150mg tds 3/7
- Paracetamol 5mls qid 3/7

Management of Malnutrition:

Therapeutic milks: F-75 for three days until the edema subsided, and then F-100. Moses progressed well and was discharged after three weeks. The medication used to treat him until the day of his discharge were purchased by RMF. These medicines were provided to Moses free of charge, and enabled his quick recovery.



BACKGROUND

The Kiryandongo Refugee Settlement in Bweyale, Uganda is a UNHCR managed refugee settlement that provides shelter, land, and support for more than 100,000 people, including Ugandan IDPs and refugees from Kenya, the Democratic Republic of the Congo, Rwanda, Burundi, and South Sudan. RMF has partnered with UNHCR and the Ugandan Office of the Prime Minister (OPM) in supporting Kiryandongo Refugee Settlement and the surrounding community of Bweyale (an additional 49,065 residents) with health care, education, and vocational training since 2008. We saw an influx of 10,000 Ugandan IDPs in October 2010, and another 15,000 joined the camp at the end of May 2011. In December 2013, thousands of South Sudanese refugees started arriving in Kiryandongo, fleeing the conflict in their country that started in mid-December. RMF was named UNHCR-OPM Official Health Implementing Partner in Kiryandongo Refugee Settlement in July 2014, and by the end of December 2015, the settlement had 49,065 new refugees from South Sudan, with over 170 new arrivals every day; some were coming from other refugee camps to settle in Kiryandongo.

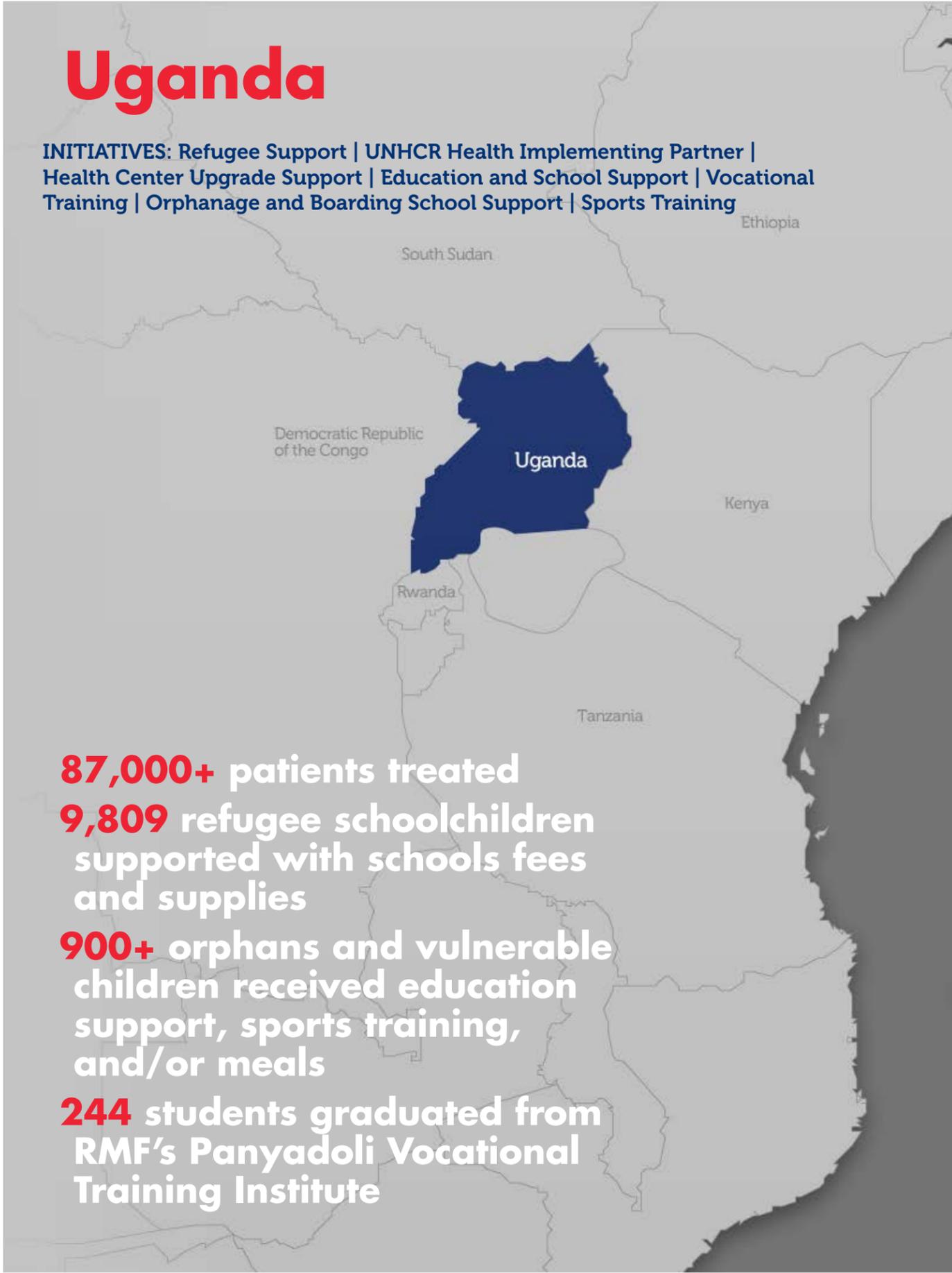
In July 2016, the number of South Sudanese fleeing to Uganda increased once more when fighting broke out in Juba. By the end of 2016, Kiryandongo Refugee Settlement had reached its full capacity and was closed to new arrivals (except for family members being reunited). New refugee camps were opened, including Bidibidi Refugee Settlement in Yumbe District, opened in August 2016 and now the largest refugee camp in the world. RMF was named

UNHCR-OPM Official Health Implementing Partner in Bidibidi Refugee Settlement, and we were the first partner organization to arrive there. By December 2016, Bidibidi Refugee Settlement had grown to host 272,206 South Sudanese refugees, 86% of whom are women and children. In this settlement alone, RMF runs more than 10 level III health centers and supports over 312 staff members implementing health and nutrition. We also support government hospitals in Yumbe District with medical officers, nurses, midwives, clinical officers, and medicine and medical supplies, and provide medical screening and basic medical treatment to South Sudanese refugees arriving at Gaboro border point.

Since early 2009, RMF has also consistently supplied the 75-bed Panyadoli Health Centre III, located in the middle of Kiryandongo Refugee Settlement, with medicine, medical supplies, and operational support. In collaboration with UNHCR and the OPM, and with the support of World Children's Fund, RMF, on an as-needed basis, periodically repaints the facility, provides mosquito nets, beds, and mattresses, and keeps critical medical inventories supplied and in stock. RMF cleaning staff also regularly cleans patient wards and the grounds of the clinic compound to ensure hygiene and prevent mosquito and other infestations near the buildings. Towards the end of 2016, RMF received funding from LDS Charities to construct a Minor Operating Theatre and Maternity ward expansion to address service delivery challenges and help upgrade Panyadoli Health Centre III to a level IV facility.

Uganda

INITIATIVES: Refugee Support | UNHCR Health Implementing Partner | Health Center Upgrade Support | Education and School Support | Vocational Training | Orphanage and Boarding School Support | Sports Training



87,000+ patients treated
9,809 refugee schoolchildren supported with schools fees and supplies
900+ orphans and vulnerable children received education support, sports training, and/or meals
244 students graduated from RMF's Panyadoli Vocational Training Institute

UNHCR HEALTH IMPLEMENTING PARTNER, KIRYANDONGO AND BIDIBIDI

Background

In July 2014, Real Medicine Foundation signed a tripartite agreement with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the government of Uganda to take over as official UNHCR Health Implementing Partner through the three established health centers at Kiryandongo Refugee Settlement, namely Panyadoli Health Centre III, Panyadoli Hills Health Centre II, and the Reception Centre Clinic, as well as through large community outreach programs. In 2016, Nyakadot Health Centre II (which is serving as a level III health center) was added to RMF's responsibilities in order to expand services provided to the host community and refugees. Acting as official UNHCR Health Implementing Partner in Kiryandongo Refugee Settlement, RMF has been able to expand our already existing support of health programs and address two goals: emergency care and operations, and maintenance of the originally targeted 24,722 (20,269 new cases and 4,453 old cases) of refugees and asylum seekers in Kiryandongo Refugee Settlement through the delivery of quality, sustainable healthcare services. Beneficiaries of these healthcare services also include Ugandan nationals; the host community is comprised of more than 74,220 people. By the end of December 2014, the project was already benefiting 35,664 refugees (as per UNHCR). By the end of 2016, the refugee population had grown to over 100,000. Due to the influx of South Sudanese refugees arriving in Kiryandongo Refugee Settlement, RMF had to hire additional staff and

procure increasing amounts of medicine and medical supplies to maintain quality service delivery.

RMF continued to provide medicine and medical supplies to Panyadoli Health Centre III, payment of staff salaries for over 30 individuals, and other operational support. In the course of the past few years, through RMF/WCF's support, Panyadoli Health Centre III has become a reliable source of health care for the community, handling a wide variety of issues including maternal and child health care, malaria, malnutrition, HIV/AIDS, and community health prevention through outreaches. Patients requiring advanced care can now be treated at Panyadoli Health Centre III, thanks to the additional medical and human resources made possible by the RMF/UNHCR/OPM partnership. Patients continue to come from all different parts of Kiryandongo, some even leaving Kiryandongo Main Hospital because of better availability of medication and supplies and higher quality medical treatment offered at Panyadoli Health Centre III. With the huge influx of new refugees in 2016, mostly from South Sudan, more than 87,114 patients were treated at Panyadoli Health Centre III and RMF-run health centers in Bidibidi, compared to 50,630 in 2015. Another way RMF continues to support quality health care for the community is by maintaining the pipes, taps, and solar powered water pumps which we installed in previous years to supply all the clinic buildings with clean water. In Bidibidi Refugee Settlement, RMF has invested over \$450,000 of donor funds to procure

tents, beds, medical equipment, medicine, medical supplies, blankets, and bed sheets for the health centers, as well as providing salaries to additional staff not supported by UNHCR, purchasing vehicles to support project coordination and management, equipping RMF's Yumbe field office, etc.

2016 Update

RMF's partnership with UNHCR has made a significant impact on both Kiryandongo and Bidibidi refugee settlements, initiating an overall improvement in the communities' quality of life and considerable improvement of health indicators. The increase in the number of staff at all health facilities has added tremendous value to health services. New medical and non-medical staff were recruited by RMF, the government of Uganda, and UNHCR, including Program Officers, Medical Doctors, a Head of Finance and Administrative Officer, Finance and Administrative Officers, Clinical Officers, Senior HIV/AIDS Counselors, HIV/AIDS Counselors, Nurses, Midwives, Lab Technicians, Lab Assistants, Data Clerks, Security Guards, Ward and Compound Cleaners, and Drivers. The establishment of a health clinic at the Kiryandongo Reception Centre has also reduced overcrowding at Panyadoli Health Centres II and III, allowing for shorter wait times, providing another source for immunizations, and positively changing health seeking behaviors among refugees.

In RMF's role as Implementing Partner for UNHCR and our mission to expand current health programs in Kiryandongo and Bidibidi refugee settlements,

various capacity building activities were undertaken, mostly planned under the direct guidance of UNHCR and carried out by RMF. RMF made considerable efforts to fast track implementation of these activities. Disease surveillance and prevention training was provided for community health promoters (VHTs) at a time when there were outbreaks of deadly diseases, such as Ebola in West Africa. As a result, one of the trained VHTs was able to detect a

suspected case of polio in Magamaga, and others identified suspected cholera in Bidibidi. HIV/AIDS Voluntary Counseling and Testing (VCT) was provided at Panyadoli Health Center III and Bidibidi health centers by RMF staff. ART clinics have been conducted, condoms distributed, and opportunistic infections properly managed. Communities have been sensitized on HIV/AIDS prevention, care, guarding against discrimination, and the dangers of engaging in risky lifestyles that lead to the spread of HIV/AIDS. Availability of skilled midwives has increased ANC services and institutional deliveries at health facilities in both Kiryandongo and Bidibidi. RMF took an integrated outreach approach with services including immunization, HCT, ANC, deworming, condom distribution, and vital health education on issues like gender-based violence. Community health promoters (VHTs) were trained on their roles, disease surveillance, and disease prevention, and further sensitization campaigns were conducted with topics including chicken pox, Ebola, and jigger prevention/response.

UGANDA

UNHCR HEALTH IMPLEMENTING PARTNER, KIRYANDONGO AND BIDIBIDI

2016 Key Numbers

- 100% access to primary health care
- 90,000 patient consultations during the year at all UNHCR-supported clinics
- 7 staff trainings on HMIS for both Kiryandongo and Bidibidi
- 350 VHTs trained on disease surveillance and outbreaks
- 57 routine trainings of health workers on SOPs
- 0.0 crude mortality rate
- 0.0 under-five mortality
- 91% measles coverage
- 1:53 clinician/patient ratio per day
- 0.7 health facility utilization rate
- 65% bed occupancy rate
- 78% hospitalization rate
- 41% vaccine coverage rate
- 100.2% postnatal vitamin A distribution
- 8/month routine immunization programs established and maintained

Because of improved healthcare services, the community is healthier and can engage in more productive activities, especially farming. A number of families in Kiryandongo Refugee Settlement are producing food, such as vegetables, to supplement food rations provided by WFP (World Food Programme). Now that the population of Bidibidi Refugee Settlement is stabilizing and operations are transitioning from emergency mode, development has accelerated, and some refugees are starting gardens under the coaching of RMF nutrition staff.



REFUGEE CHILDREN EDUCATION AND SCHOOL SUPPORT, KIRYANDONGO

Background

When Kenyan refugees arrived at 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 UNHCR and the Ugandan Office of the Prime Minister (OPM), and with support from WCF, we established a school support program to cover fees and supplies for nursery, primary, and secondary school children in the Kenyan refugee community at Kiryandongo. In subsequent years, students from South Sudan, the Democratic Republic

of the Congo, Burundi, and Rwanda have been accepted into our program as well. RMF pays a portion of the costs for tuition, school uniforms, school supplies, and examinations for students whose parents cannot afford the fees. We also cover the cost and travel expenses for senior high school students' final examinations and continue to provide funding for the annual registration of candidates in Senior Level Four and Senior Level Six in our sponsorship program. RMF also facilitates candidates taking their national exams in the city of Masindi.

2016 Update

Many of the students RMF sponsors are recently arrived South Sudanese refugees. Most are minors who have escaped harrowing experiences in South Sudan since July 2016; a sad majority of these students have seen family members killed in front of their eyes. RMF was sponsoring a total of 9,809 schoolchildren by the fourth quarter of 2016; this number is significantly higher than last year's support of 5,282 students. The increase is mainly due to the recent influx of South Sudanese refugees. According to UNHCR statistics, there were 19,730 new South Sudanese arrivals in Kiryandongo between July 1, 2016 and September 25, 2016. In addition to our school support program, RMF has begun talks with PeacePlayers International and Laureus Sport for Good to create a sports development program for girls and boys in Kiryandongo Refugee Settlement, with the goal of using sports to bridge divides and create a safe space where young people can form new group identities and learn skills to effectively deal with conflict.

PANYADOLI VOCATIONAL TRAINING INSTITUTE, KIRYANDONGO

Background

In April 2011, after the refugee community presented RMF with issues surrounding the lack of skills and vocational training for students graduating from the settlement high school, we initiated the Panyadoli Vocational Training Institute (PVTI) in Kiryandongo Refugee Settlement. With feedback from the community, and after researching which skills could provide the quickest, most sustainable income earning opportunities for students and meet RMF's economic investment requirements, we narrowed the programs down to two: Hairdressing and Beauty Therapy and Tailoring and Garment Cutting. With the generous support of WCF, we renovated an abandoned building in the camp, purchased tailoring and hairdressing supplies, and funded the salaries of four vocational tutors.

In 2014, RMF Uganda began a partnership with the Japan International Cooperation Agency (JICA), which we already partnered with in South Sudan. With JICA funding, RMF purchased materials and provided staffing costs to support a large intake of students for our 3-month, intensive program at Panyadoli Vocational Training Institute. The partnership with JICA boosted the capacity of RMF's Vocational Training Institute for the whole of 2015, supporting us to fully train 313 graduates and initiate two additional courses of study: Carpentry and Joinery and Bricklaying and Concrete Practice. This period of support ended with 2015, and WCF is again the school's primary funding partner. Panyadoli Vocational Training Institute (PVTI) continues to provide training in

all four courses and look for additional ways to expand our programs and partner with JICA and other likeminded organizations.

Panyadoli Vocational Training Institute is part of the economic component of RMF's overall humanitarian vision: "Focus on the person as a whole." The longer-term vision for the program is that it will function as one of several models for income generating opportunities, helping the populations we support around the world to eventually become self-sufficient again.

2016 Update

In 2016, RMF's Panyadoli Vocational Training Institute (PVTI) continued to offer three-month, intensive classes in theory and hands-on techniques for Hairdressing and Beauty Therapy, Tailoring and Garment Cutting, Carpentry and Joinery, and Bricklaying and Concrete Practice. Completing its sixth year, our vocational training institute has held ten graduation ceremonies since 2011, and a total of 244 students graduated in 2016 alone. Panyadoli Vocational Training Institute is continuing to generate some income to sustain itself, by tailoring garments, such as uniforms for the nurses at RMF's Panyadoli Health Centre III, and by offering hairdressing services to residents of Kiryandongo Refugee Settlement and surrounding communities. RMF/WCF's support in running the vocational training institute has helped empower refugee and local youth with livelihood skills, which has promoted self-reliance among the entire

youth community. A number of individuals who have completed training at Panyadoli Vocational Training Institute now own shops in different trading centers, and others are employed in shops in the region. Carpenters have made workshops and are able to produce quality furniture and door frames for people living in Kiryandongo District. RMF Bricklaying and Concrete Practice students were able to build a hairdressing classroom, and we

are proud of their work. As part of RMF's agreement with Ben and Dok Enterprises Ltd, the contractor hired to construct the Maternity ward expansion and Minor Operating Theatre at Panyadoli Health Centre III, several PVTI graduates have been hired for that project. All the graduates who have gone through our Bricklaying and Concrete Practice training have been able to find jobs and are currently employed.



UGANDA

TAILORING SHOP PROGRAM

As part of the economic component of RMF's global work, the goal of RMF's Tailoring Shop Program is to set up sustainable, market-based business opportunities for refugee and IDP graduates of the Panyadoli Vocational Training Institute's Tailoring and Garment Cutting Program. Initially supported by Frost Family Foundation, RMF started this program in 2013, sponsoring 10 Tailoring and Garment Cutting graduates to set up their own tailoring shops with the purchase of fabric, thread, a sewing machine, and other equipment. In order to be approved for the program, tailoring graduates must agree to give 10% of their profits back to the vocational training institute.

RMF also paid the monthly shop rent for one year to help the tailors become profitable and save enough money to continue their businesses in a sustainable fashion without further donations. After a three-month grace period, they were also expected to give 10% of their profits back to Panyadoli Vocational Training Institute; these funds are used to procure supplies for the next round of students. In response to requests voiced by the members of our Tailoring Shop Program, further training was conducted, covering business management, business planning, marketing management, record keeping, customer care, and creativity in business, led by Adolph Byamungu, one of RMF's vocational instructors who has experience running his own business in his home country, the Democratic Republic of the Congo. RMF has since incorporated this training into the regular curriculum at Panyadoli Vocational Training Institute.

The ten tailors sponsored by RMF are doing well, and six of them are very successful. These six remained in the immediate locality, marketed themselves effectively, and are consistently making a profit. Several of them had mentioned the lack of business and customer service training received in the regular vocational training program, so we followed up with another secondary training for all that were interested and incorporated this training into the regular curriculum.



2016 SUCCESS STORIES

Patrick Kasamba

Patrick Kasamba is a graduate of PVTI's Bricklaying and Concrete Practice (BCP) department. After completing his training, Patrick became 1 of 12 PVTI graduates to work with Ben and Dok Enterprises Ltd, a company contracted by RMF to build a Maternity ward expansion and Minor Operating Theatre at Panyadoli Health Centre III. RMF's contract required the company to employ some of our PVTI graduates. Patrick was able to join the team

of builders working at Panyadoli Health Centre III, and at the end of the day, he is able to earn a living thanks to RMF's strategy of improving people's livelihoods through skills training and helping a person as a whole. Patrick has gained so much from the project since its inception. He and his 12 colleagues' lives have changed tremendously because they were able to acquire building skills at Panyadoli Vocational Training Institute (PVTI).

Esther Aryemo

Esther Aryemo has continued to work with the friends who she started her shop with. She has managed to acquire some money, which she used to start her own shop and pay rent. Although she is like any young entrepreneur with her salon located in Bweyale Trading Center, Esther manages to utilize her shop to provide for her basic needs. Esther says that the work of her hands has made her develop from the level where she started to a place where she can achieve her goals. The skills training project has added value to the lives of people in and around Kiryandongo Refugee Settlement, where people like Esther (a national from Bweyale) can earn a living with the work of their hands.

With her savings from the last few months, Esther has added more materials to her shop. She is currently keeping her head up, so that she can expand her business in the right direction. She sees herself also moving towards retail business, where she can sell items and be able to earn a living.

2016 SUCCESS STORIES

Agnes Akikoli

Agnes Akikoli works with her colleague Mary in her salon in Bweyale. Agnes started with a 70,000/= loan from her uncle, who had supported her through the program. Since she had a few tools to begin with, Agnes's uncle provided her with some money buy some supplies. Agnes says with her skills, she has never lacked any food or gone hungry. With a small shop in Bweyale, Agnes says that she is optimistic that she can expand with time. She says in spite of a few challenges, including high prices for hair products and rent, she believes that life will change, given her courage and strength to make a difference.

Norah Gulia

Norah is one of the successful women from Panyadoli Vocational Training Institute. After her graduation, she worked for an employer for few months, and with her savings, she was able to open her own salon near the market in Bweyale. Though the beginning was rough since Norah had no customers, in time she settled into the business and established a customer base. Norah's business has been able to grow well, enabling her to earn an income, which she can use to sustain her home and take care of her siblings. Not only has Norah done that, but she has also been able to pay school fees for her child. Norah thanks RMF for giving her the knowledge that is helping her and her family. She said that she previously could not provide many of the basic needs for herself, her child, and siblings, but now she can with the help of RMF's vocational training in Kiryandongo Refugee Settlement.

Scovia Akello

Scovia graduated from Panyadoli Vocational Training Institute and was given a start-up kit. With her newly acquired skills, Scovia got a little money from relatives to buy some items that she could use to start her business. After receiving a call from a friend who had been in the business for some time, Scovia managed to get a place near the market where she has been doing business up to now. Scovia finds happiness in being self-employed, because she can earn a living on her own. Her training has empowered her to take care of her basic needs and support her siblings. Scovia states that she earns around UGX 15,000/day, and with expenditures she is able to save UGX 10,000/day; that is on a good day. Some days she cannot get a customer, but this does not deter her from having hope that there will be another day where customers will come in abundance. Scovia explains that she has not given up on doing what she loves.

Miriam Akello

Miriam is one of the students who graduated from the TGC program and received a start-up kit. With this opportunity, Miriam has managed to greatly increase her knowledge and skills while working in the tailoring business. Miriam continues to work at her new place. Even though there are few customers, she is confident that things will improve as long she is committed to her work. Miriam says although the season is not yet okay, she earns more than when she had no specialized skills. On a good day she earns UGX 12,000, though on other days she might be able to earn around UGX 5,000, which

is worthy. Miriam is thankful to RMF's vocational training program, which has enabled her to have what she has today.

David Okello

David is a young man who acknowledges that life is always hard, but that has not stopped him from fighting hard to make a change in his life. He is a successful graduate of the Vocational Training Institute. After getting his start-up kit, he had no capital to rent a workshop. David couldn't keep his sewing machine in his house, so a friend connected him with the owner of a building where David can work on the veranda. David is always inspired by the work of other people. He sees that the progress from where he started to where he is now is worthy. If it weren't for the skills David got from the Vocational Training Institute, he does not know where he would be. David thanks RMF for empowering him with skills that have been able to sustain him and also provide him with basic needs. David is among the start-up beneficiaries, and he is proud to say that he is now looking at starting a company where he can get contracts to make sweaters.

Christine Amoo

After graduating and receiving her start-up kit, Christine moved to town and began looking for a place to rent so that she could open up her salon. That took her some time, as rent is high due to demand. But she managed later to get some more money and got a house. With her salon, Christine has managed to transform her life and those



around her by making sure their basic needs are met through the small profit she earns from her business. Christine is also teaching her trade to two friends (who were not able to join her at the Vocational Training Institute). At the end of the day she is able to generate income whereby she can sustain her business. On a good day she is able to make UGX 30,000 by serving two customers. Her income varies according to the type of hair services customers want, and other factors like the presence of electricity in the area.

WORLD CHILDREN'S FUND MAMA KEVINA SECONDARY SCHOOL, TORORO

Background

World Children's Fund Mama Kevina Comprehensive Secondary School is an orphanage and boarding school that provides education and care for about 500 orphans and underprivileged, vulnerable children in eastern Uganda. The boarding school caters to orphans and some paying students, and is located just a few kilometers outside of the town of Tororo in eastern Uganda. Tororo is about 200 kilometers from Uganda's capital city, Kampala. Mama Kevina School was opened in 2006 with international financial support, and with the goal of providing both secondary education and vocational training to orphans and vulnerable children. The student population is from northern and eastern 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, and several of our boys had been forced to be child soldiers. Students enrolled at the school range from age 11 to 24, and they attend secondary grades 1 to 4.

In addition to our regular support of the school's operating costs, in December 2013, RMF and WCF allocated funds to construct key buildings that WCF Mama Kevina Secondary School was critically in need of. These buildings included a classroom/administration block, a multipurpose dining hall, girls' dormitories, and boys' dormitories. This massive construction project was completed in early 2015. The completion of the new buildings has created positive impact in the school and surrounding community. First and foremost, the

school's biggest challenge of accommodation was overcome. Besides improving student and staff experience, the main purpose of funding this construction was to significantly increase the school's capacity to attract paying students, whose tuition will help subsidize orphan support. Our long-term goal is to guide WCF Mama Kevina Secondary School towards self-sufficiency and to establish a school model that can be replicated.

2016 Update

Throughout the year 2016, RMF and WCF continued to provide financial support for WCF Mama Kevina Secondary School's monthly operational needs. This funding is being used to cover critical school needs, such as salaries for teachers and support staff, food for students, renovation and repair of the school, medical care for students, and stocking the library and laboratory. The funding from RMF and WCF has enabled the school and grounds to be renovated and maintained as a pleasant, bright environment, and the school has achieved a high academic standing that has started attracting more paying students. WCF Mama Kevina Secondary School's academic and aesthetic achievements have begun to attract more paying students, and will consequently help the school towards becoming self-sustaining, without losing the major objective of helping orphans and less privileged children. In the 2016 Uganda National Examination (UNEBC), WCF Mama Kevina School was ranked 2nd best in the Tororo District, maintaining the high standing achieved in 2015. We applaud the entire team for making this happen once more.

RMF's Work in 2016

- Support of the school administration through payment of staff salaries and daily operation of the school
- Supply of laboratory reagents and equipment for science classes
- Installation of lightning rods on school buildings to prevent possible loss of life and property in case of lightning strikes
- Renovation of older school buildings, greening and beautification of the school compound, creating a pleasant environment for reading
- Provision of nutritious food for the students of WCF Mama Kevina School, including all daily meals and support of the school gardening project so that the school can produce its own food; students are much healthier because they receive a balanced diet
- Support of the school's development of a eucalyptus forest as a future source of firewood
- Procurement of medicines and medical supplies for the school clinic and payment of the clinic staff's salaries so that the school nurse and medical officer can treat children on school premises and educate them on good health behaviors; since RMF's involvement, morbidity, i.e. cases of malaria among school staff and students, has been significantly reduced
- Maintenance of previously installed handwashing facilities in the compound to reduce 4Fs related illnesses
- Provision of resources for extra-curricular activities, allowing students to participate in

regional games and sports to enhance student performance and the school's regional standing

- Support of participation for Gloria Ajobilo, a senior one student at WCF Mama Kevina School, who challenged all participants in the 5,000-meter competition in Tororo and was chosen to represent Tororo District at the national level in Gulu, northern Uganda. Gloria Ajobilo performed so impressively in the 5,000-meter event that spectators commented, "If this girl is given sufficient training and exposure, she will win a gold medal at the Olympics."
- Support of WCF Mama Kevina School's Inter-House Music, Dance, and Drama Festival. This part of school co-curricular activities promotes children's talent development. It is an activity the students eagerly await because every student, teacher, and support staff member gets involved in one way or another. It is both fun and educational for the students. The winning house is rewarded with a trophy and a cow; at the end of the event the cow is eaten by the whole school. Rewards are also given to individuals who perform exceptionally well in their respective houses.
- The school hosted 10 student teachers on internship from top Ugandan universities: Makerere University Kampala, Kyambogo University, and Uganda Christian University. This is another indication that the school is building an attractive image in the country.

WORLD CHILDREN'S FUND MAMA KEVINA SECONDARY SCHOOL, TORORO

- 87 candidates were fully prepared and sat for their Uganda Certificate of Education (UCE). The results are expected in early February 2017, and students will begin their advanced level of education.
- The school conducted a welcoming ceremony for students joining senior one and a farewell party the students completing senior four. These are joyful moments that every student waits for with excitement.
- Support of students' field studies as required by the Ministry of Education
- Purchase of single seater desks that are required during national examinations; the Uganda National Examinations Board recommends that during the national examinations every student should sit alone so that students are assessed individually
- Facilitation of visits by experts in different subjects to give students special guidance as part of the preparation for national examinations conducted at the end of 2016
- Support of two students' medical operations: George Ogoli who was suffering from a hernia in his testes, and Dorothy Nyapendi who had a wound on her leg that would not heal
- Support for the construction of a wall around the school grounds to improve security and keep students safe
- Support for the construction of an additional girls' dormitory to accommodate more female students and ensure adequate sleeping space

Food Security

Throughout 2016, RMF/WCF provided funding to ensure that WCF Mama Kevina Secondary School has sufficient, nutritious food for the children. This has enabled the school to feed the children a regular, balanced diet, and completely overcome cases of malnutrition, which used to be a problem when the school had just been founded. Since the students are well-fed, they are able to concentrate on their studies, which has contributed greatly to the academic achievements that WCF Mama Kevina Secondary School has registered. To sustain food security, the school has developed a farm that is used seasonally to grow maize and vegetables.

Study Tours and Sports Outings

Uganda's Ministry of Education requires that students be taken for study tours so that they get an opportunity to correlate theories with realities in the field. Students enjoy these moments because they are full of fun and learning. In 2016, students visited Lugazi Tea Estates, Mabira Forest, and the Nile River.



PRECIOUS CHILDREN'S CENTRE, KAMPALA

Background

The Precious Children's Centre is a community-based initiative that aims to improve the welfare of orphans and vulnerable children (OVCs) in the Kawempe Division of Kampala and the surrounding areas. The project offers a number of child-friendly services, such as early childhood education, basic primary education, child counseling and rehabilitation, and integration. The Precious Children's Centre is located in Ttula (one of the slum areas of Kampala) along Ttula Road, in Mbogo Parish of the Kawempe Division, Kampala.

The Kawempe Division is one of four divisions that make up Kampala, Uganda's capital city. It is located in the northern part of Kampala's central business district. It is a highly-populated area, with over 290,500 inhabitants and a 60% illiteracy rate. Since Kawempe Division is a slum area, the population is comprised of low-income households. A majority of the population survives on casual jobs or small businesses, and some survive through harmful activities such as sex working, gambling, and unscrupulous practices such as robbery. Other social problems associated with this area include high rates of HIV/AIDS (prevalence at 7%), high rates of alcohol and substance abuse, gangs, and unstable families/gender based violence.

The Precious Children's Centre was founded in 2011 by Robert Baryamwesiga, an officer in the Office of the Prime Minister, who was moved by compassion when he saw the plight of children in Kawempe Division. Robert was born and raised in this slum, and

thus has direct experience with the socioeconomic challenges involved in living there. Currently, the Precious Children's Centre is assisting 425 OVCs to obtain basic primary education and 39 former street children are undergoing rehabilitation before they can be enrolled in the regular education program. The Precious Children's Centre is nonsectarian, and embraces children from all walks of life. Since 2015, RMF has come to the aid of the Precious Children's Centre, providing monthly funding to purchase food for the children.

2016 Update

The funding from RMF has stabilized the operations of Precious Children's Centre, since food shortage was one of the biggest challenges affecting the project. Children are now well-fed, and they stay in school without running away. Children and students are very comfortable in class, as they no longer have to worry about getting enough to eat. Thanks to RMF's support, the school provides students with a nutritious breakfast and lunch. Teachers are also paid on time, so they remain encouraged and motivated in their work.



BUWATE SPORTS ACADEMY, KAMPALA

Background

In early 2013, RMF, in cooperation with Italy's Associazione Devoti Madre Teresa Per I Bambini, started funding the Buwate Sports Academy. Buwate Sports Academy is a supervised sports club and activity group for children living in and around Buwate Village, Kira Town, Kampala District. Buwate Sports Academy seeks to develop the youth advancement component of our humanitarian work through games, sports training, vocational training, and other educational opportunities. One of the major functions of this project is that of a safe haven for the youths of Buwate and Kireka, most of them from slum areas and desperately poor. The food we are providing is often the only food the children and youths are receiving in a given day. By providing the opportunity to be physically active and play, the youths are practicing their sports skills and are supervised and safe during that time. During their gathering, the youths are also receiving more general counseling and guidance. We have seen significant improvement of sports skills, as well as the morale of all Buwate Sports Academy youths and staff. The standard of living among the youths and community members of Buwate and Kireka have improved due to the goods we were able to provide. The move to secure land and set up an onsite health clinic, a vocational training center, and a stadium is still ongoing. Currently, the academy is still using the playgroup of a community primary school.

2016 Activity Summary

- Schoolbooks were purchased and distributed to orphaned and vulnerable children across the three terms of the school year. These children are now free from the stress of trying to raise

funds to buy books and stationery. These are very poor children whose parents often cannot afford school supplies, which means a child has to leave school to do small jobs to earn income to be able to buy books and supplies, losing valuable time that should be spent studying. This help with school supplies has greatly improved the children's academic performance.

- RMF continued to support the two additional, full-time staff members recruited in 2015 to oversee tailoring and hairdressing training, thus promoting professionalism and sharing our values of respect and dignity.
- Food, charcoal, and cooking oil were purchased and one afternoon meal provided for all Buwate Sports Academy children and youths each day.
- Children and youths were treated free of cost at a nearby clinic, providing comprehensive healthcare services and contributing to better overall health and injury management. Medical bills for children and youths were paid as needed, and first aid kits were distributed.
- Sensitization of the community on HIV/AIDS took place through regular outreach and education activities.
- Buwate Sports Academy continues to have girls enrolled as well, who are playing football (American soccer) in our community.
- Equipment, including more than 60 balls, 30 pairs of soccer shoes, and goalkeeper gloves, was purchased, helping motivate the children to play hard and improving their self-esteem.

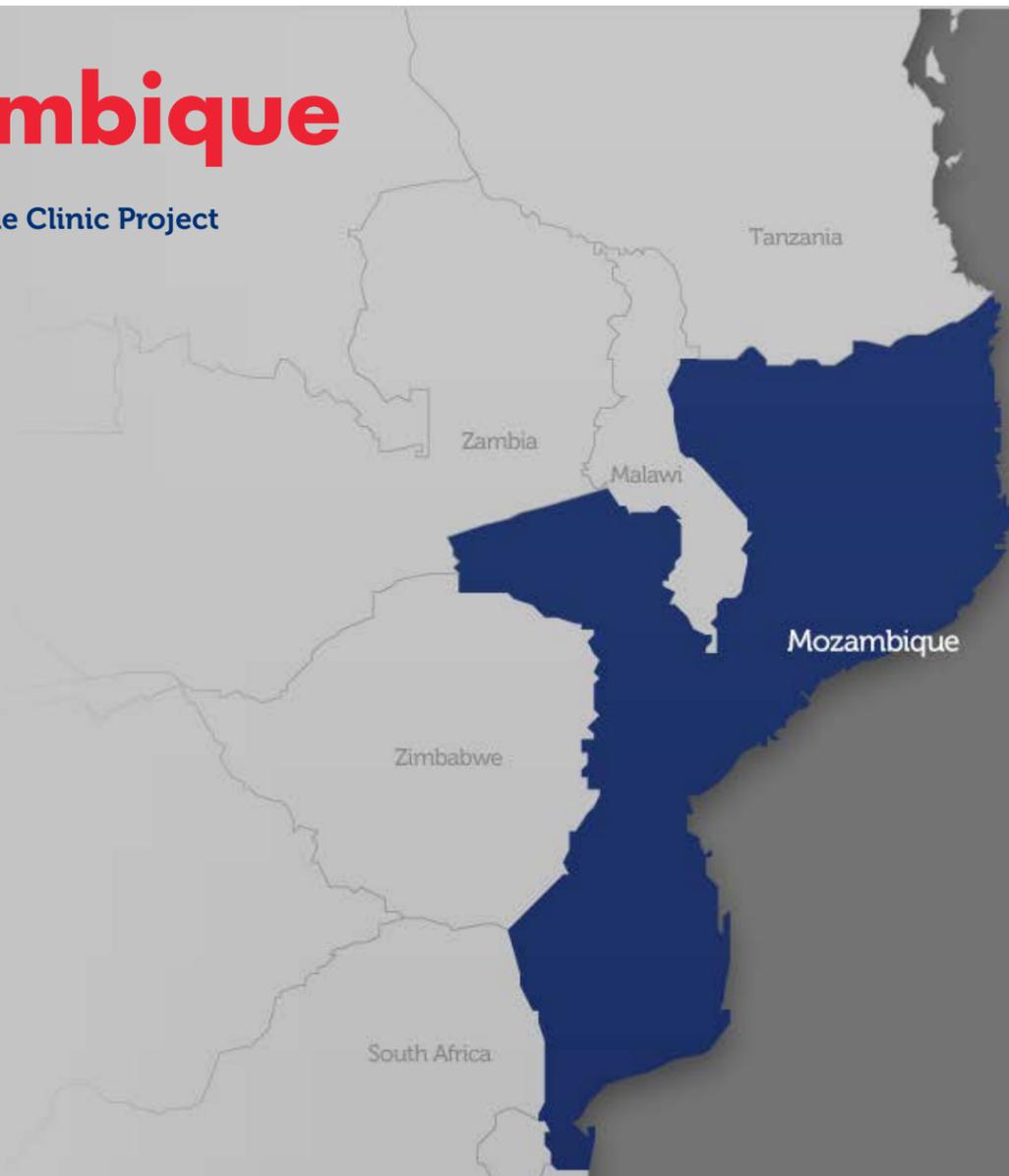
- School fees for the children on the sponsorship list were fully paid.
- Throughout 2016, the Buwate Sports Academy team continued to conduct community dialogues to generate joint solutions on how to reduce poverty among widows, single mothers, and "elderly parent headed families." Among the practical solutions that were reached was the introduction of tailoring training in 2015 and hairdressing training in early 2016. Both vocational training programs are ongoing and contribute greatly to creating hope and opportunity in the community.
- Buwate Sports Academy conducted activities to mark important international and local events, which included the United Nations International Day of Peace - Global Peace Games for Children and Youth, International Women's Day, Easter holiday sports, Independence Commemoration Games, and Christmas holiday games, among others. During these events, children were taught important human values, such as respect for all life, non-violence, understanding through listening, preserving the planet, sharing with others, and respect for women's rights.
- Students were transported to compete with teams outside of Buwate, showing students the difficulties other sports academies face, which helped them further appreciate the services Buwate Sports Academy is able to provide and gave them opportunity to compare their skills development rate.
- Buwate Sports Academy organized an under-16 tournament held on Buwate's new

grounds. The matches included Buwate boys vs. Kwatule Sports Academy and Buwate boys vs. Kiira Young Stars. Buwate won the tournament 2-0.

- The academy was able to pay registration fees for the Christmas Cup so that the children could participate in the tournament.
- Wages and incentives for the support staff members were paid on time.
- Buwate Sports Academy was able to purchase essential sports items.
- 3 academy coaches were facilitated to go for a 3-week training session with One World Play Project. After the training, they were offered 100 balls, which they delivered to Buwate Sports Academy. This is promoting a public relationship between Buwate Sports Academy and the world outside Buwate.
- Buwate Sports Academy is continuing with our tailoring and hairdressing training programs. This initiative is imparting livelihood skills to community members.
- During the first quarter of 2016, thanks to funding from RMF/MTCF, Buwate Sports Academy was able to construct a semi-permanent structure that is housing the tailoring and hairdressing classes.
- Buwate Sports Academy purchased a digital camera and computer to facilitate report processing.
- Children who were in candidate classes (primary seven and senior four) completed their national examinations. Results are expected in early 2017.

Mozambique

INITIATIVES: Mobile Clinic Project



Target population: **2.5 million** people across **10 Districts** in Zambézia Province

14,175 Patient consultations and treatments

1,877 Patients tested for HIV/AIDS

BACKGROUND

RMF's Mobile Clinic, the first in Mozambique, was initiated as a model of healthcare provision intended to reach remote and rural communities with extremely limited prior access to health care. Since its inception in 2008, our hugely successful Mobile Clinic has been delivering high impact health care in some of the most difficult to reach regions of Mozambique. Starting as a collaboration between RMF, Vanderbilt University's Friends in Global Health (FGH), and Medical Mission International, the Mobile Clinic transitioned to a direct partnership between RMF and Mozambique's Ministry of Health in June 2016. The Mobile Clinic 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 four 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 for providing health care services, education, and counseling.

The Mobile Clinic addresses the most common health problems observed within the targeted region, including HIV/AIDS, tuberculosis, malaria, malnutrition, and diarrhea. The main services provided include HIV services, including counseling and testing, positive prevention packages for HIV-positive patients, and distribution of male and female condoms; PMTCT for HIV-positive pregnant women; public education regarding the importance of adherence to ARV treatment; point-of-care lab control; CTZ prophylaxis and initiation of ART; TB services, including TB screening, treatment, and follow-up; transport of sputum samples for TB smears collected by DOTS-C volunteers and Mobile Clinic staff; rapid testing for malaria, HIV, and syphilis; collection of blood and other biological samples for lab tests and transport to laboratory; antenatal clinics, family planning, nutritional monitoring, and supplementation for children and adults; general clinic consultations to adults and children; first aid for medical emergencies; and support of DPS-Z in health-related celebrations and events.

Zambézia Province experienced massive flooding and heavy rains in early 2015, which

caused disruptions in technical assistance and service delivery in RMF/FGH-supported districts. Based on official information received from the Emergency Operations Center (COE) on March 4th, approximately 96,000 people were temporarily displaced province-wide, with approximately 7,013 residing in Namacurra District. The Mobile Clinic team, in collaboration with the FGH multidisciplinary team based in Namacurra District, provided technical assistance and support to the DDS/DPS, including supply chain support (transport of essential medications and relief items); patient evacuations; direct clinical assistance for displaced persons residing temporarily in displaced person camps in Furquia (Ronda camp) and in Birigodo (Mbawa area); information, education, and communication (IEC) activities including HIV prevention, GBV, diarrhea, malaria, etc., in the displaced person camps at Furquia and Mbawa; and technical assistance to prevent the disruption of clinical HIV services (care and treatment) among displaced persons. Thankfully, the flooding was much less severe during the rainy season of 2016, but disaster relief remains one of the focus areas for the Mobile Clinic as emergencies/disasters occur.

The target population includes 10 districts: Alto Molócuè, Chinde, Gilé, Ile, Inhassunge, Maganja da Costa, Morrumbala, Mopeia, Namacurra, and Pebane, comprising approximately 2,500,000 people. Starting in 2012, a revised strategy was implemented for the increased and enhanced utilization of the Mobile Clinic, integrating it within CDC/PEPFAR-supported HIV care and treatment services supported through Vanderbilt University/FGH. RMF funding, together with CDC/PEPFAR support for the Mobile Clinic operating in Namacurra District, has allowed our teams to deliver quality HIV/AIDS care and treatment services to the populations of four extremely isolated sites in 2016. The direct target population for the Mobile Clinic in 2016 included the communities of Furquia and Mbawa in Namacurra District, with an estimated population of 50,181 inhabitants. Health staff supported the implementation of services in those Ministry of Health (MOH) health facilities.

MOBILE CLINIC PROJECT

2016 Update

The Mobile Clinic team continued to strengthen the technical and logistical capacities of local personnel through clinical mentoring activities and on-the-job training. In addition to daily lectures given on disease prevention, community members benefit from health counseling and testing in screening rooms where, on a voluntary basis, individuals can be tested for malaria, TB, STIs, and HIV. Malaria prevention, diagnostics, and treatment were prioritized during the rainy season. HIV testing is now implemented in the vaccination sector following the recommended strategy of testing at every entrance to the health units. In addition, the Mobile Clinic team provides management support and assists with medication (ARVs, cotrimoxazole, isoniazid, ferrous salt, mebendazole) and blood sample transport.

During the flooding occurring in the rainy season, the Mobile Clinic provided technical assistance and support to the DDS/DPS to assist the affected population in Namacurra District. Reinforcement of community clinical linkages was maintained through continuous coordination with the existing Health Councils (Conselhos de Saúde) in the targeted communities. Several monthly meetings were held among Health Councils and health facility staff, averaging 26 participants in Mbawa and 26 in Furquia, including traditional birth attendants, community leaders, DOTS volunteers, health council volunteers, APES, religious leaders, and health technicians.

In 2013, the Ministry of Health of Mozambique officially integrated the Mobile Clinic in Namacurra into the strategy to support implementation of the very ambitious national ART acceleration plan. Since then, implementation of the "Option B+" strategy and World Health Organization guidelines to initiate ART to all children under 5 years of age determined the focus and direction of the Mobile Clinic in Namacurra District.

In June 2016, as a new RMF model to work directly with the Ministry of Health as Implementing Partner, RMF's Founder and CEO, Dr. Martina Fuchs, handed this first Mobile Clinic over to Dr. Hidayat Kassim, Head of the Provincial Directorate of Health, Provincial Government of Zambézia. RMF will continue to support operations of the Mobile Clinic as it now supplements government health services in Zambézia, one of the most populous province of Mozambique.

The following services are included in the support package that the Mobile Clinic provided (with funding support from PEPFAR):

- HIV services, including monitoring and quality control at the point of care delivery, prophylaxis with cotrimoxazole (CTZ), and initiation of ART
- Health counseling and testing (HCT), including distribution of male and female condoms
- HIV counseling and testing for pregnant women and prevention of mother-to-child transmission (PMTCT) services for HIV-positive women

- Positive prevention package for HIV-positive patients
- TB services, including screening, treatment, and follow-up
- Collection of blood and other biological samples for analysis and transport to the laboratory
- Transport of TB sputum smear samples, collected by C-DOTS volunteers and Mobile Clinic staff
- Rapid testing for malaria, HIV, and syphilis
- Evaluation and nutritional supplementation for children and adults
- Basic first aid for medical emergencies
- General clinical consultations for adults and children
- Referral of patients to health facilities according to clinical needs
- Support for DPS-Z (Direcção Provincial de Saúde da Zambézia) in health-related events

Technical support provided by the Mobile Clinic team included:

- Reinforcement of diagnostic and clinical management of TB (pediatric)
- Screening/assessment of malnutrition
- Reinforcement of patient adherence and retention
- Creation of GAACs (Grupos de Apoio a Adesão Comunitária)

- Refresher sessions for PCR sample collection, registration, and sample transport
- Clinical mentoring
- Data registration and clinical patient record data collection
- Clinical patient record organization
- Pharmacy inventory
- Transport of extra stocks of medicine and medical supplies in preparation for potential flooding (and subsequent health facility isolation) during the rainy season
- Update and organization of individual patient forms for receiving ARVs (FILAS)
- Update of patients lost-to-follow-up in the database and lists for active case finding
- Reinforcement of CD4 requests and follow-up
- Reinforcement of pediatric ART enrollment
- Reinforcement of therapeutic failure identification among patients
- Emergency plan elaboration in order to provide support and guarantee the continuity of HIV C&T to possibly displaced persons in case of flooding during the rainy season, including 3 months' supply of ARVs, other medicines, and medical supplies for all health facilities at risk of isolation, such as Furquia and Mbawa.
- Refresher sessions on clinical protocols and MOH HIV/AIDS clinical orientations
- Distribution of job aids and algorithms

MOBILE CLINIC PROJECT

Due to RMF's direct partnership with the Ministry of Health as Implementing Partner and our handover of the Mobile Clinic to the Provincial Directorate of Health, Provincial Government of Zambézia, the focus of the Mobile Clinic has shifted somewhat since June 2016. While the Mobile Clinic continues to offer HIV/AIDS counseling and volunteer testing and family planning, it now emphasizes primary healthcare services, including blood donation; general health education and counseling with blood pressure measurement, glucose checks, and pelvic exams; vaccinations in the District of Quelimane through the mobile task forces; and medical attention and integrated health activities delivered at central and provincial public events.

Accomplishments since June 2016 in nine Mobile Clinic events:

- 670 patients tested for HIV/AIDS
- 720 new patients enrolled in family planning programs
- 287 blood donation units
- Approximately 3,000 blood pressure measurements
- More than 900 patients attended in several medical consultations delivered

The sections below reflect accomplishments during the first quarter of 2016:

Healthcare services and ART (PEPFAR supported):

- 220 new HIV patients were enrolled in clinical care in the first quarter of 2016.

- 201 individuals with advanced HIV infection were newly enrolled on ART; 187 adults (>15 years), 14 children (0–14 years old).
- 792 (92%) of 863 eligible HIV-positive patients receiving care, received CTZ prophylaxis.
- 197 new HIV patients enrolled in clinical care were screened for STIs at the last visit during the reporting period.

Provision of prenatal & PMTCT services (universal ART) for pregnant and lactating women (PEPFAR supported):

- In the reporting period, 798 pregnant women were registered for ANC services in the two health units: 455 in Furquia and 343 in Mbawa; 718 pregnant women received HIV counseling and testing, with 50 (7%) positive results. Following Option B+, 50 (100%) HIV-positive pregnant women received ART during this period. Efforts to strengthen ART adherence counseling and follow-up of female patients' children in the Child-At-Risk Clinic (CCR) are ongoing.
- Partner testing continues being reinforced through "palestras" (lectures) in the health facilities and communities encouraging men to accompany their pregnant partners. During the reporting period, 407 partners of pregnant women were tested. 25 were diagnosed HIV-positive and referred for ART care and treatment.
- Health facilities supported by the Mobile Clinic work with mother-to-mother support groups

to improve adherence. Currently, women meet once per month to share experiences and receive orientation from the MCH nurse and trained TBAs. After the meetings, HIV-positive women join the larger group to participate in demonstrations of nutritional food preparation for children.

- Provision of healthcare services and early HIV diagnosis in infants born to HIV-positive women
- 37 children were enrolled in the Child-At-Risk Clinic (CCR) during reporting period.
- 22 pediatric patients received virological testing, with 4 positive results reported.
- Rapid testing was offered to 30 children, with 1 positive result reported.

Voluntary Counseling and Testing – Children (PEPFAR supported):

- 65 children were counseled and tested for HIV, with 11 positive results, of which 11 initiated ART.

Diagnostic services for TB care and treatment (PEPFAR supported):

- 17 patients were enrolled into TB care and treatment. 17 received counseling and testing for HIV, with 13 positive results, of which 13 initiated ART.



Serbia

INITIATIVES: Refugee and Asylum Seeker Support



14,400 beneficiaries provided with medical assistance

8,016 hours of protection and medical services provided

1,500 travel kits distributed to children

1,000 gender-based violence prevention kits distributed to women

24/7 protection and medical services provided by our medical outreach team

BACKGROUND

Since May 2015, Serbia and other Western Balkan countries have been facing an unprecedented refugee crisis. In 2015 and from January to March 2016, more than 815,000 refugees and migrants (primarily from Syria, Afghanistan, and Iraq) were registered by the government of Serbia and have passed through the country on their way to Hungary and Croatia. This route was closed in early 2016, leaving many refugees and migrants stranded. During 2016, the estimated number of refugees, asylum seekers, and migrants stranded in Serbia rose to 7,550. Approximately 39% are adult men, 46% children, and 15% women. 85% have fled refugee producing countries, including Afghanistan (49%), Iraq (19%) and Syria (10%).

After the closure of the Western Balkan migration route in March 2016 and the entry into force of the EU-Turkey deal, new arrivals dropped drastically. As of April 2017, the number of new arrivals sits at around 150–250 per day. Our project beneficiaries’

paths to Serbia from their countries of origin have changed over the course of 2016. While most beneficiaries travel across Bulgaria, 73%, smaller numbers are arriving from Macedonia and 2% from Albania. Departures to Hungary are fewer, due to the recently constructed second fence on the border with Serbia and the reduced regular quota of admission per day (on the 2nd of November 2016, the quota was reduced to 10 persons per day).

The closure of the Western Balkan route left those in transit stranded. Many have been hosted in reception centers throughout the country, with freedom of movement and the possibility to apply for asylum. With all 16 government-run asylum centers (ACs) and transit centers (TCs) fully occupied, however, between 1,000 and 1,800 refugees are “sleeping rough” (homeless) in the Belgrade city center. They remain mostly invisible, with no legal status in Serbia.

SERBIA

REFUGEE AND ASYLUM SEEKER SUPPORT

2016 Update

RMF has been responding to the refugee crisis in Serbia since January 2016, focusing our humanitarian efforts on those refugees and migrants both outside and within the system.

Major accomplishments during this twelve-month period:

- 14,400 beneficiaries provided with medical assistance
- 8,016 hours of protection and medical services provided
- 1,500 travel kits distributed to children
- 1,000 gender-based violence prevention kits distributed to women
- 24/7 protection and medical services provided by our medical outreach team

Our work involves providing outreach medical assistance in the field, where refugees reside. A high number of refugees in the Belgrade city center are considered extremely vulnerable individuals, many with pressing medical needs that go beyond performing basic triage in the field. Once RMF's outreach team identifies a patient, an examination and assessment is made of the individual's health condition, and referral options are discussed and agreed upon. The patient is then treated in situ to stabilize their condition, before seeking referral papers and transferring the patient to secondary or

tertiary care. RMF's mobile medical outreach team then stays with the patient for the duration of his or her consultation and therapy to provide support with cross-cultural interpretation and translation, comfort, and reassurance. We then transport the patient back to his or her chosen location. RMF is the only medical service provider whose core work is to provide holistic medical care, which involves transportation, escorting, and cultural mediation services.

In addition to providing 24/7 medical and protection services during 2016, RMF also distributed non-food items to project beneficiaries. These included 1,500 travel kits for children, comprised of a small activity kit and a plush toy to accompany them on their journey. Packs for babies were also distributed, which included diapers, baby cream, baby powder, and other hygiene items as needed. Hygiene and dignity kits for men, women, and children were provided, which included soap, toothbrushes, toothpaste, nail clippers, razors, sanitary pads for women, etc., and 1,000 gender-based violence prevention kits (with a flashlight and whistle to attract attention) were distributed to women in Belgrade, Subotica, Horgoš, Kelebija, and Šid. The gender-based violence prevention kits also provided an opportunity for our team to remind women and girls of strategies to stay safe during their onward travel.



SERBIA

REFUGEE AND ASYLUM SEEKER SUPPORT

During 2016, the situation in the field has become increasingly challenging, and support and collaboration is required between all humanitarian actors in order to respect the dignity of refugees and migrants, including those who remain undocumented. The restrictive policies imposed by EU countries have only ensured that business booms for human traffickers and smugglers' networks, which are highly active in Belgrade. Desperation and frustration among refugees and migrants is growing, and our team is mobilized to ensure rapid response to emergencies. Knife fights between refugees are becoming more common.

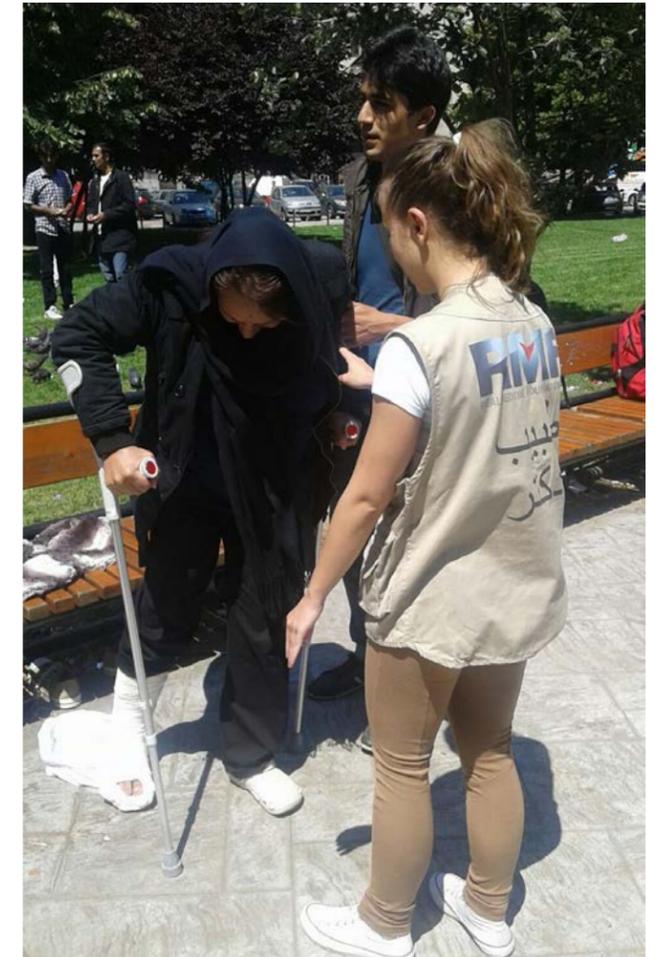
RMF Serbia has also been responding to the challenge of successfully treating and containing the body lice and scabies epidemic in the Belgrade city center. According to health authorities, the number of refugees and migrants (residing within government facilities) with body lice and/or scabies has improved, although the epidemic has not yet been fully eradicated. In the Belgrade city center, however, the incidence of body lice and scabies continues to rise due to the lack of access to sanitation facilities. Without adequate sanitation facilities, the epidemic remains impossible to contain.

During 2016, RMF Serbia strengthened relationships with other partners and humanitarian actors through

ongoing participation in the Health Working Group, co-chaired by WHO and the Ministry of Health (MOH); the Refugee Protection Working Group (RPWG), co-chaired by UNHCR and the Ministry of Labor (MOL); and monthly Partners' Briefings on the Refugee and Migration Situation in Serbia, where UNHCR/UNRC, the Ministry of Foreign Affairs, and the Ministry of Labor/Chair of Government WG on Mixed Migration update the diplomatic corps, donors, and NGOs on the refugee/migrant situation and the response of UN agencies and their partners during the previous month.

RMF continues to receive referrals from UNHCR/ DRC doctors, Palilula Health Center doctors working within Camp Krnjača, Doctors of the World (MSM), Médecins Sans Frontières, Save the Children, Praxis organization, Info Park, Miksalište, and the Asylum Information Centre (AIC).

RMF Serbia's team and beneficiaries would like to thank our donors for making it possible for us to support the government of Serbia's response to the European refugee crisis. This support has allowed RMF Serbia to make a difference in the lives of thousands of men, women, and children fleeing persecution and war; for this, we are very grateful.



Haiti

INITIATIVES: Disaster Relief | Orthopedic Surgical Program | Long-Term Healthcare Capacity Building | CORE Project

60 children and young adults received complex orthopedic surgeries and follow-up treatment to correct debilitating lower limb conditions since the program began

Partnership formed with Centre Hospitalier Sainte Marie, a socially conscious private hospital in Port-au-Prince

BACKGROUND

In the aftermath of the January 12, 2010 earthquake, in addition to tackling some of the community's immediate relief needs, RMF moved forward with a comprehensive, sustainable long-term strategy to help rebuild Haiti's shattered public health system. Our work during the initial weeks was focused on the provision of medical staff, medicines, medical supplies, and strategic coordination to help meet the surging needs of the health crisis on the ground.

For all of 2010 and much of 2011, RMF provided free clinic services at Hôpital Lambert Santé Surgical Clinic in Pétion-Ville, a facility which since the January 2010 earthquake had never stopped providing much-needed care to public patients. Pétion-Ville and the surrounding communes were home to more than 100,000 displaced persons living in tent communities. This free clinic continued to offer quality health care to patients in need of primary, secondary, and even tertiary care. We were able to provide for more than 1,800 consultations and 450 surgeries during this time frame. We also supported CDTI Hospital in the post-quake emergency phase, and later promoted a model of public-private healthcare destined to develop into a private hospital network strongly involved in quality social services.

Seven years have passed since most of Haiti's infrastructure was devastated by the 2010 earthquake. Much progress has been made in rebuilding efforts, but there is still much work to be done, especially after Hurricane Matthew wreaked havoc in the southern part of Haiti during October 2016. The country's social and healthcare statuses remain dire and are worsening because of the dwindling presence of NGO-run primary healthcare clinics, especially in Port-au-Prince. While a very positive initiative, having given more people access to basic care, sadly most relief efforts in Haiti remained disorganized and unstructured and did not define a clear and continuous pathway for patients in search of diagnoses and treatment; secondary and tertiary care continues to be desperately lacking. Never losing sight of our main objective to increase overall access to quality secondary and tertiary care for the entire Haitian population,

RMF has kept that vision alive through continuing our Orthopedic Surgical Program, establishing the Community Outreach & Rehabilitation Effort (CORE), partnering with Centre Hospitalier Sainte Marie (a new private Haitian healthcare institution which shares our philosophy), and researching funding for larger partnerships.

Orthopedic Surgical Program

RMF continues our Orthopedic Surgical Program in Haiti, which we started in 2012, providing complex surgeries and longer-term follow-up treatment for children and adults suffering from chronic or acquired orthopedic conditions. These conditions are often extremely severe, ranging from congenital deformities to posttraumatic impairments, in many cases caused by the January 2010 earthquake. Over the past four years, generously supported by Child Survival Fund and now also LDS Charities, Real Medicine Foundation has been able to provide specialized orthopedic care and follow-up treatment for children and adults who were desperate for relief from their posttraumatic or congenital ailment, which had prevented them from thriving or taking care of responsibilities and their families' needs.

Most of our patients continue to originate from the St. Vincent's School for Children in Port-au-Prince, which cares for children with cerebral palsy, orthopedic, congenital, and trauma-related deformities. St. Vincent's was once the only recourse for these children, providing schooling, an ambulatory clinic, and surgeries. However, the school was destroyed in the 2010 earthquake. RMF's surgical program started its first installment with both adults and children, and then refocused its aim toward specialized care only for children and young adults. The patients selected for surgical treatment come from the metropolitan area of Haiti's capital, Port-au-Prince, but now some patients also come from very remote provincial towns located in the southern and northern departments of the country.

ORTHOPEDIC SURGICAL PROGRAM

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2016 Update

Our dedicated surgical team of two orthopedic surgeons and two anesthesiologists perform these specialized orthopedic procedures. For the program's 4th installment in 2016 and 2017, we have relocated from the Lambert Santé Surgical Clinic in Pétiion-Ville to our new partner facility, Centre Hospitalier Sainte Marie (CHSM) in downtown Port-au-Prince. The surgeries we provide make it possible for these young patients to regain their ability to walk, to do so proudly, and, most of all, to become free from society's discrimination toward their visible and incapacitating conditions.

Third Edition of the Program, 2nd Part (through late 2015)

Despite several setbacks and obstacles to this third edition's completion, with an interruption after the first 10 children received surgeries at the end of 2014, RMF's constant efforts to honor its engagement to the remaining patients finally paid off. In December of 2015, the last selected pediatric patients of this installment were able to be screened again and treated before Christmas, making Christmas more joyful for many of these families, as their loved ones got to see the children's impairing conditions addressed and corrected. These 10 new patients had various conditions, ranging from residual developmental lower limb deviations from the normal axis, to Blount's disease and severe dysplastic lower limb deformities. Treating these children was another occasion for us to be able to stay true to one of our key principles at RMF: providing continuity of care. We were able



ORTHOPEDIC SURGICAL PROGRAM

to continue treatment for children with illnesses in both lower limbs or with severe conditions requiring multiple surgeries.

Such was the case for Richardson Edouard, age 16, and Stevancia Dejuste, age 10; both have been part of this orthopedic surgical program since its beginning in 2012. Richardson suffered from Blount's disease, a developmental growth pathology very common in the Haitian population, and incurring moderate to severe bowing at the knee level to the point of limited walking capacity. Richardson underwent his first corrective procedure in 2012 as one of the first patients of RMF's pilot surgical program, which addressed one lower limb and required monitoring to evaluate and follow the progressive correction of his condition. The second limb surgery was finally done this past year, concluding his treatment.

Stevancia is also a perfect example of this principle, as in 2012, a severe bone growth afflicting her thigh and shin bones resulting in major leg discrepancy was able to be diagnosed as benign through a bone biopsy and pathological exams. This first procedure set in motion a plan to correct her severe condition and restore a more satisfactory level of ambulation and function to her lower limbs. She has been part of the first three installments of the surgical program, and after another surgery in 2013–2014 to correct the severe lateral deviation of her knee and shin bone, a lengthening procedure was last done in 2015 to try and decrease the remaining leg discrepancy. The remaining 8 patients suffered from a variety of orthopedic conditions of congenital, developmental, and post-traumatic origins afflicting their knees and/or their overall lower limbs.

One of our young patients, Medgine Olivier, exemplifies such a case, with bilateral dysplasia of her skeleton resulting in a severe bowing deformity of both her lower limbs. A combination of nutritional and growth disturbance factors is probably to blame for her condition. Medgine, who has been in the care of a local NGO-supported orphanage and child support services for very low or no income families in the rural Port-au-Prince area, was brought to our attention after word of mouth information spread from the satisfied families from previous surgical program installments. Medgine underwent her first corrective surgery in December 2015, with very good postoperative results, and is now very anxious to have her other leg straightened out like the first one.

Fourth Edition of the Program, 1st and 2nd Part (through early 2017)

10 children received life-changing surgery in 2016, bringing the Orthopedic Surgical Program's overall total to 60 children. Selection and screening have been finalized for the next 10 patients, and surgical procedures are scheduled to start on March 20th, 2017. We will continue to identify children with orthopedic conditions throughout the year and have regular monthly surgical weeks to reach our target number of 120.

As discussed earlier, to provide comprehensive care and continuity of care, some of the patients selected in the first surgical session include those who had started treatment during the last installment in 2015. Such is the case with the following patients:

BENEFICIARIES

Medgine Olivier

Medgine Olivier is a 13-year-old girl who suffers from femur and shinbone deformations affecting both lower limbs, probably from rickets. We were able to completely correct her right lower leg and hope to do the same for her left lower leg in March 2017. Medgine is an orphan who was brought to us by a local nonprofit organization caring for children. She had been shunned because of her deformity until she came into their care.

Nancy Samedi

Nancy Samedi is an 8-year-old girl who has a very severe case of Blount's disease, a far too common bone growth disease affecting a significant portion of children in Haiti. Nancy had undergone previous surgeries before we took on her case in 2014, favorably correcting her right lower limb. Her other leg has worsened since we last treated her and will be the focus of our efforts this time around.

Darla Revelus

Darla Revelus is a 9-year-old who was involved in a very severe motor vehicle accident a year-and-a-half ago, when she was hit by a truck on her way to school. Both of her legs were badly broken, but she escaped this ordeal with her life. Darla was first treated at the University Hospital. One of her legs healed properly, but the other one, sadly, did not. Without any other recourse in this healthcare facility, she probably would have gone for a long time before finding possible treatment for her condition if not for this program.



BENEFICIARIES

Fletcher Saintil

Fletcher Saintil is a 9-year-old boy who suffers, like Medgine, from femur and shinbone deformations affecting both lower limbs, probably from rickets. His condition is more pronounced on the left side, and we plan to perform corrective surgery on this lower limb during the first part of his treatment.

It is our utmost belief that this surgical program is significantly impacting young lives in Haïti, helping children and young adults improve their final outcomes in society by treating the severe and disabling conditions which make them both outcasts and depressed in their youthful years, a period in their lives where they should be fully embracing new experiences and discoveries. What we are able to provide through this program is, in one word, hope—for these children and young adults to joyfully participate in all activities reserved for their age group and to be able to pursue their dreams and goals, but also hope for parents as their children become more functional and productive members of their community. We believe that this program can be made into an even more efficient one; with the appropriate resources and our new base of operations at a more socially conscious healthcare facility, Centre Hospitalier Sainte Marie, we can offer hope and much needed treatment to many more disenfranchised children in Haïti with absolutely no such other organized and empathic recourse for treatment of their ailments.



COMMUNITY OUTREACH & REHABILITATION EFFORT (CORE)

RMF's overall vision for our work in Haïti remains firmly in place: to promote and provide sustainable health care available to all patients regardless of their ability to pay. Empowering and strengthening local facilities to significantly impact and improve the health system has always been one of RMF's main strategies around the world, hence our continued interest in public-private partnerships (PPPs) and building a hospital network in Haïti. Confident in the way our Orthopedic Surgical Program has been improving the lives of children and young adults handicapped or incapacitated by their conditions, RMF Haïti is always looking for ways to partner with an institution willing to venture into the social aspect of care in Haïti.

Centre Hospitalier du Sacré-Cœur (Hôpital CDTI) has been and still remains a very interesting partner for RMF's envisioned public-private partnership, but as it is currently unavailable, RMF Haïti has partnered with a new private hospital: Centre Hospitalier Sainte Marie (CHSM). The hospital is located in Port-au-Prince and shares the same goals of improving access to quality care for the disenfranchised and less fortunate of the Haïtian population. Capitalizing on Centre Hospitalier Sainte Marie's innovative ideas for social care coverage programs and adding RMF's successful surgical program, a community outreach project was developed to offer comprehensive, multi-faceted care and services to implement integrated and lasting services and results into the communities.

With funding from LDS Charities and in partnership with Centre Hospitalier Sainte Marie (CHSM), RMF's

new project, Community Outreach & Rehabilitation Effort (CORE), will offer a large array of services distributed through four key components aimed at promoting, developing, and effecting lasting change in different aspects of community life. We plan to focus initially, given the funding currently pledged, on surgical and emergency care components. With the help of our dedicated surgical team and this socially conscious hospital, we are confident that the Community Outreach & Rehabilitation Effort (CORE) will greatly improve access to quality care and become a stepping stone towards a sustainable model of social involvement for the private healthcare sector for the benefit of all.

The key components of this project offer a four-pronged approach, while keeping all components interlinked and with the potential to strengthen and further develop each component. The components and goals of the Community Outreach & Rehabilitation Effort (CORE) are summarized below:

Emergency Care Program

The Emergency Care Program is an ambitious project, as it aims to offer a comprehensive package guaranteeing emergency coverage during the first 3 hours in the emergency room to a target population of individuals and families, as well as schools, businesses, and professional organizations.

This basic care package includes the following services:

- Medical and/or surgical emergency room evaluation and stabilization

COMMUNITY OUTREACH & REHABILITATION EFFORT (CORE)

- Basic biological and imaging exams (including x-rays and ultrasounds)
- Selected emergency room treatments and immobilizations (sutures, casts, wound dressings)
- Limited 3-hour first care, monitoring, and initial treatment of acute and more serious ailments such as allergic reactions, dehydration, gastroenteritis, asthma attacks, etc.

The contribution to access this coverage is evaluated at \$100 per year and per family of 5 members (the average family count, consisting of 2 parents and 3 children), with no additional co-pay during each covered member's care in the emergency service.

Although not yet functional, once the anticipated ambulance service is implemented, with the first ambulance vehicle already purchased and being retrofitted, an additional \$20 per year and per family will permit the hospital to incorporate ambulance transportation for individuals or groups benefiting from this coverage plan, bringing the full basic package to a total of \$120 per year.

This program envisions serving 6,000 families in the greater metropolitan area of Port-au-Prince within a maximum of two years, before expanding their coverage to the surrounding boroughs and provinces.

Surgical Program

As previously stated, RMF's Orthopedic Surgical Program has been successful in Haiti for the past 4 years and continues developing, currently offering

comprehensive orthopedic surgical treatment to low or no-income families with children presenting limb deviations or deformities. This surgical program carefully selects children with a debilitating illness (congenital or acquired and affecting their limbs), allows for their biological and imaging screening, and provides corrective surgical procedures to treat their condition.

Installments of this program have thus far allowed 60 children to be treated and rehabilitated in such a way that their future and contribution to society can be improved. When we consider the very limited interest and few handicap-friendly infrastructures in Haiti, this program is paramount in rendering seriously impaired young Haitians more functional and participative in their communities.

Family Care Program

The Family Care Program is, by far, the component which can steadily impact more and more of the target population, with the goal of initially providing a basic care package to as many as 6,000 Haitian families of up to 5 members (which is the average family count, consisting of 2 parents and 3 children).

For a monthly contribution of \$15 per family and a 10% co-pay of the following services rendered to each family member subscribed to the program, this care package would include:

- Outpatient consultations
- Basic outpatient biological and imaging exams
- Oral medications for outpatient treatment protocols

In this pilot community outreach project, the Family Care Program, coupled with the Emergency Care Program, can firmly establish an effective gateway into quality health care for all layers of the target Haitian population.

Cholera Relief Effort

Real Medicine Foundation's CORE project plans to encompass the following components of care: emergency, family, and surgical care, while venturing into other relief efforts in times of natural disaster, as well as addressing endemic conditions and diseases. The latter domain, after Hurricane Matthew's passage, logically appears to be the cholera epidemic, which has already seen new flare-ups in the wake of the destruction and loss of quarantine at cholera treatment centers, the impaired availability and distribution of potable water, and the currently inadequate sanitation system in the south of Haiti.

To support the cholera control and eradication efforts in Haiti, RMF is partnering with a like-minded, reputable, and already present organization in the southern parts of the island. This partnership has been explored and is being finalized through contacts at the Haiti Adventist Hospital (HAH), which is partnering with ADRA Haiti, an organization that has ongoing cholera relief programs in southern Haiti.

HAH plans to support the ADRA WASH, Shelter, and Food Distribution Hurricane Relief Program in the southern departments by implementing programs and activities tackling issues that have the potential

to trigger or worsen epidemic outbreaks in the areas covered in the south. These programs include:

- Health and hygiene promotion
- Prevention activities
- Customized and adapted health education activities
- Additional distribution efforts

The CORE project's concept and initial budget were presented to a partner/donor of Real Medicine Foundation after the passage of Hurricane Mathew in October 2016 devastated the southern part of Haiti. The populations of these regions suffered a plethora of preventable communicable diseases linked to water and sanitation, causing additional and long-lasting negative consequences for the global health status of these communities.

Reports of this dire situation further motivated RMF Haiti to develop the CORE project to provide empowering education to prevent communicable diseases, including cholera; family and emergency care to treat conditions endemic in these communities; surgical care to increase the level of services available to them; and finally, a disaster relief program to be in place and quickly deployable when needed.

POLICLÍNICO PERUANO AMERICANO SAN CLEMENTE, PISCO

Background

On August 15, 2007, a 7.9 magnitude earthquake struck just off the coast of central Perú, killing more than 500 people, injuring more than 1,000, and leaving at least 37,000 families homeless. The areas most affected were Pisco, Ica, Chincha, Cañete, and Huancavelica. RMF arrived in October 2007, and we began our relief efforts by supporting the Children's Hospital of Peru-USA in Lima (which experienced a substantial influx of patients from earthquake-affected areas), helping other NGOs distribute aid and food, and running a temporary health clinic to offer primary healthcare services. Next, RMF Perú found a suitable permanent location for our health clinic, opening the "Policlínico Peruano Americano" in San Clemente, the poorest district in Pisco, in December 2007. The clinic's target population is San Clemente (population 30,000), but because of its reputation of delivering high quality medical services, our Policlínico Peruano Americano also receives many patients from other areas in the province of Pisco (population 125,000).

RMF's Policlínico Peruano Americano was originally located in an earthquake safe residential building with several examination rooms, a large waiting area, a laboratory, and ultrasound equipment. During our first year, we also treated over 3,000 children through a school nurse program. From the start, we held weekly educational health workshops, both inside and outside of the clinic, on topics requested

by our patients: family planning, arthritic pain, hypercholesterolemia, lower back pain, and acute diarrheal disease. In February 2011, by invitation of the mayor and the City of San Clemente, RMF's Policlínico Peruano Americano moved to a new building with the sponsorship of local authorities. From our new location, RMF Perú continued to provide medical services to those in and around the district of San Clemente. With the election of a new mayor who has been less supportive of our work, Policlínico Peruano Americano moved to a new location in June 2016, which has made the clinic less dependent on the municipality and further increased the availability of health services for the local population.

RMF's Policlínico Peruano Americano continues to relieve strain on the existing health infrastructure, which was unable to meet the population's needs even before the earthquake. RMF's Policlínico Peruano Americano provides general medical services, Pap smear exams, laboratory services, EKG exams, and dental services. In addition, the philosophies adopted at our clinic strongly emphasize education and prevention—we are not only treating our patients for their illnesses; we are also educating patients as to why they are sick and how they can prevent sickness in the future. We also conduct dental outreach campaigns at least once a month, to reach grossly underserved patients.

Perú

INITIATIVES: Policlínico Peruano Americano

8,119 patients treated at
Policlínico Peruano Americano

1,767 patients served through
outreaches targeting dentistry,
ophthalmology, pulmonology,
and diabetes screening

261 medical consultations and
233 lab procedures provided
during the 3-day PAMS-RMF
Medical Mission

80 local children enjoyed our
annual Chocolatada, where they
played games and received toys
and sweets

POLICLÍNICO PERUANO AMERICANO SAN CLEMENTE, PISCO

2016 Update

On August 15, 2007, a 7.9 magnitude earthquake. Nine years after opening our successful Policlínico Peruano Americano, RMF continues to offer all basic health services for free, and the clinic is still located in the poorest district of Pisco, San Clemente. To promote co-responsibility and sustainability, we request a minimal fee for specialty services, such as lab work and ultrasounds, and offer wholesale prices for medication. Patients who cannot afford minimal fees or wholesale prices are not charged. The clinic continues to place strong emphasis on prevention and education in all facets of its operations and outreach programs.

- In 2016, we provided medical attention to 8,119 patients at RMF's health clinic, Policlínico Peruano Americano. Of these, 1,949 patients were infants and children (age 0–14 years) and 712 were seniors (age 60 or older). We also provided laboratory work, ultrasounds, EKG examinations, and other diagnostic services.
- 1,767 patients were served through outreaches targeting dentistry, ophthalmology, pulmonology, and diabetes screening.
- In June 2016, we were able to move the clinic to a new location (still in San Clemente). Our new location has made the clinic less dependent on the municipality and further increased the availability of health services for the local population.
- This year, for the seventh time, we hosted the PAMS-RMFP Medical Mission. The mission ran

for three days: August 30, 2016 – September 1, 2017. In addition to RMF Perú's team, services were provided by four primary care doctors, three orthodontists, one nephrologist, one psychiatrist, one medical emergency doctor, two dental students, and two medical students. During the three-day mission, we were able to see 261 patients (84 children and 177 adults). We gave out free medicine, which was provided by PAMS, and performed 233 laboratory tests. 11 women were also taken to the health center in Chincha, where they were able to get free mammograms. From year to year, the PAMS mission provides not only medical personnel, but also donates material goods to RMF's Policlínico Peruano Americano. This year, they donated one medical grade scale and two adult blood pressure cuffs to contribute to the implementation of services at the clinic.

- We collected 100 toys for this year's Chocolatada Christmas celebration, and the event was attended by 80 children, ages 2 to 9. The children are previously selected by RMF Perú's team, which travels around the area looking for those most in need. Funding for decorations, music, and gifts was donated by the family and friends of RMF Perú. The children received a gift and a goodie bag containing mini panettones, chocolate, cookies, and candy.



POLICLÍNICO PERUANO AMERICANO SAN CLEMENTE, PISCO

- Since 2007, when RMF began working in San Clemente in response to the earthquake's devastation, our clientele at Policlínico Peruano Americano has continued to grow; we ended 2016 with 19,057 registered patients.
- From our Perú team: Thank you to RMF for your continued help and financial support, so that the project can keep providing services to people who have few economic resources. RMF is grateful to our donors, who make all of this possible.

Success Story

During the PAMS-RMFP Medical Mission, we received one very special case: a 7-year-old girl named Noemí. She suffers from scoliosis and other infirmities, which required further assessment and treatment. RMF Perú's team decided to help Noemí by bringing her to the Clinica San Juan de Dios in Lima to consult with a spine specialist. After Noemí's visit, the specialist told us that our young patient needed to receive three months of physical therapy. Noemí's mother is very poor, and she could not take on the extra financial burden. RMF Perú looked for help among our families and friends, and we were able to raise enough money for three months of physical therapy and the purchase of a special corset for Noemí's treatment. Next, we will have to return for a follow-up appointment, where the specialist will determine whether Noemí needs surgery.



BACKGROUND

At home in Los Angeles, Real Medicine Foundation has initiated outreach programs at several locations in underserved areas in the greater Los Angeles area to provide medical/physical, emotional, social, and economic support to children and adults, including training for teachers and caregivers on psychological trauma support for children.

FLORENCE WESTERN MEDICAL CLINIC, SOUTH LOS ANGELES

RMF's community outreach programs at FWMC have focused on increasing healthcare access and health education to the South Los Angeles community. FWMC provides care to patients from all economic backgrounds. Services offered are primary health care, pediatrics, geriatrics, gastroenterology, diabetes care, podiatry, and physical therapy. The clinic also hosts a variety of specialists committed to meeting the needs of the whole family, as well as a full-service pharmacy and laboratory. RMF's outreach programs included 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 and crafts and reading programs for children, and much more. Most of the children who participated in our programs are being raised by family members other than their parents and are at heightened risk for future physical and psychological problems. In consideration of this fact, RMF's children's programs have been especially focused on teaching the children how to approach and successfully overcome stressful situations within their everyday lives. RMF, in collaboration with Health Net, has also provided workshops for adults to educate the community of South Los Angeles on the benefits of living a healthy lifestyle. The participants i.e. engage in low-impact exercises, while discussions included the risks of smoking,

alcohol, and drug abuse along with the benefits of healthy eating habits to lower cholesterol levels and the risk of diabetes and heart disease. RMF's programs have also included annual holiday parties and back-to-school events. Our daily healthy food and grocery program in cooperation with the Whole Foods Market in Venice, CA, was in place from 2008 through 2013. Generous contributions from donors such as Mizrahi-Tefahot Bank Ltd made several of our programs in Los Angeles possible.

In 2012, we added a "Walk for Real" program. Obesity and inactivity are fast becoming the number one threat to the health of many Americans. At the same time, exercise can be dangerous in many of the city's neighborhoods. RMF believes the best health care is preventative, and we introduced a community walking program offering to help individuals make physical activity a regular part of their lives, while becoming more involved in their neighborhood through a fun, motivational group walk.

Currently, RMF's main support to the South Los Angeles community consists in funding a physical therapy program and therapeutic exercise classes at Florence Western Medical Clinic. The physical therapy program and classes have been ongoing since 2013, and are led by Charmayne Cahn, a physical therapist with more than 22 years' experience. Most patients receiving physical therapy and attending the classes are middle-aged or elderly, seeking therapy for back pain and arthritis or recovering after a stroke, surgery, or accident. Without RMF's help, most of these patients would not be able to afford physical therapy, and their mobility, pain levels, and/or recovery times would suffer. During 2016, RMF also supported the community by participating in a Big Sunday event in celebration of Martin Luther King Jr. Day. Through this event, clothing was collected and sorted for distribution to the homeless and families in need. RMF provided moral support for participants and organizers, as well as donating clothing and time.

Los Angeles

INITIATIVES: Medical Outreach and Healthcare Education | Children's Programs



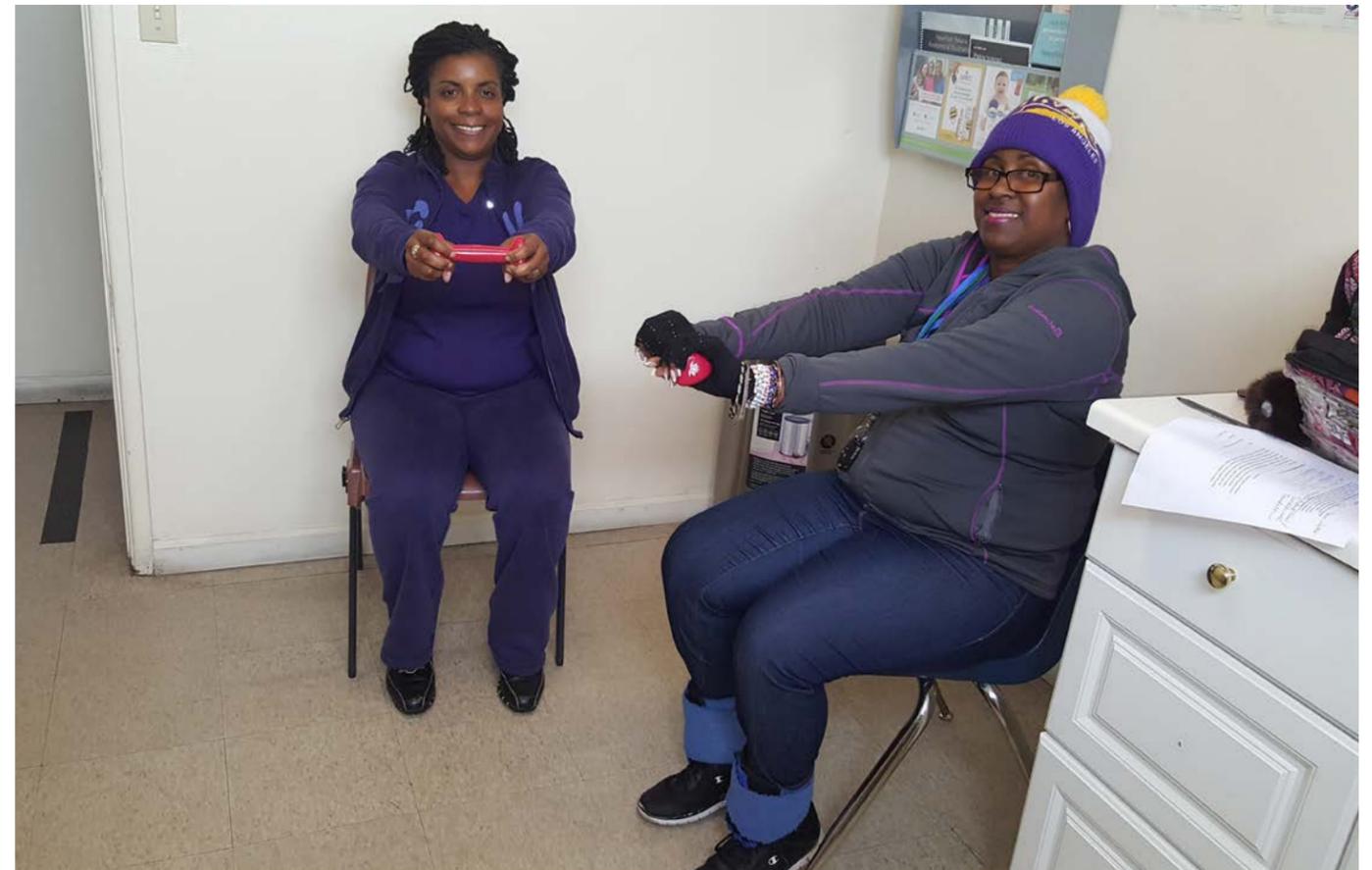
LOS ANGELES

FAMILY CARE CENTER, DOWNEY, SOUTH CENTRAL LOS ANGELES

JWCH Institute, Downey Regional Medical Center and AD+ World Health partnered to create the JWCH/DRMC Family Care Center, a Federally Qualified Health Center, which opened its doors in June 2016 as Wesley Health Center Downey, run and operated by JWCH Institute, a network of FQHC clinics in Southern California. Real Medicine Foundation remains one of the first partners of the coalition to help attract funding support and to provide outreach programs.

The health center serves as a primary, preventative, and urgent care family clinic in Downey to serve the underserved and underinsured in Southeast Los Angeles County. The local community has been in desperate need of a healthcare home where children and adults can receive the full

spectrum of primary and preventative care. With the implementation of the Affordable Care Act, much of our underserved population now has medical coverage but no access to medical care without the addition of more clinics. The health center provides a full continuum of care for men, women, and children, including primary health care, pediatrics, prenatal care, women's health care, family planning, diabetes care, behavioral health care, homeless health care, HIV services, STD testing and treatment, oral health care, pharmacy services, vision care, and supportive services, which include chronic disease case management, youth services, housing assistance, health education, nutritional assistance, substance abuse counseling, and research. Most health coverage is accepted, and patients are seen regardless of ability to pay.

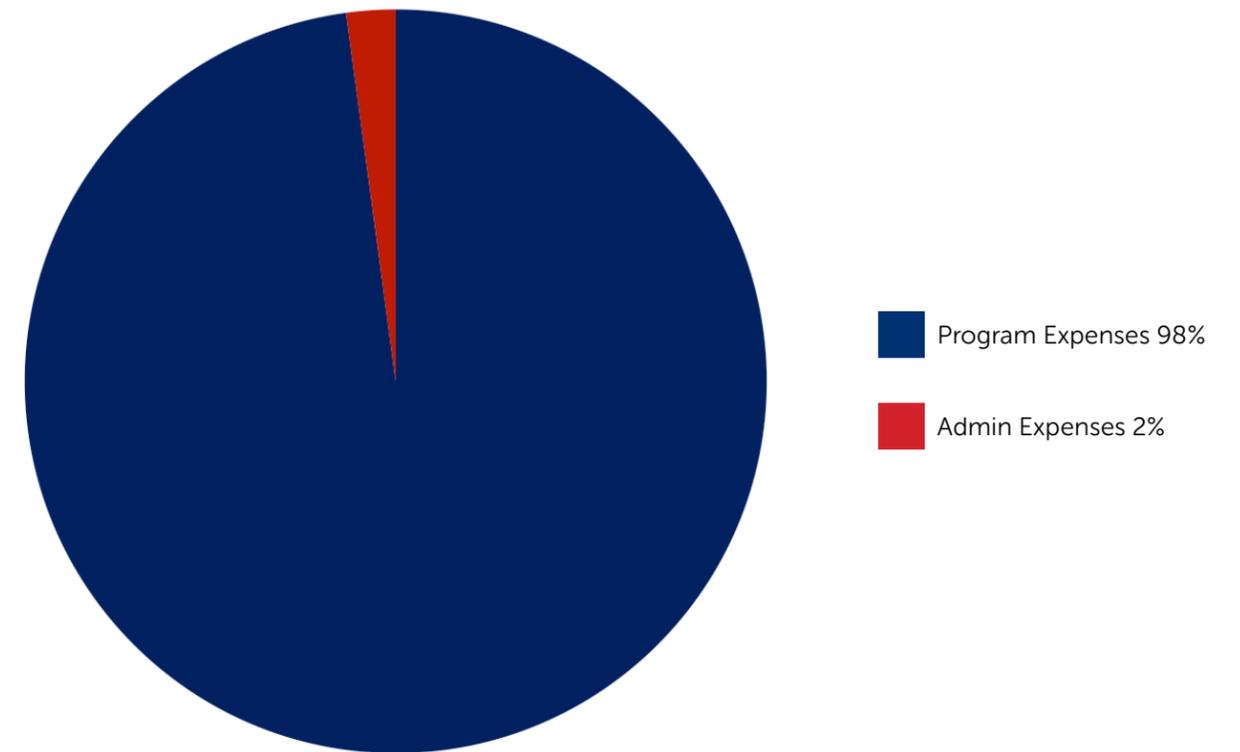


Our Partners



IN US \$

	FY 2015	FY 2016
CONTRIBUTIONS & GRANTS TO RMF USA*	\$7,298,335	\$13,199,096
EXPENSES*		
Program Expenses	\$6,659,208	\$12,874,240
Administrative Expenses	\$145,820	\$136,451
Fundraising	\$37,274	\$8,207
In-Kind Expenses	\$0	\$0
Total Expenses	\$6,842,302	\$13,018,898
Total Net Expenses	\$1,233,001	\$1,413,199
International Contributions**		
Contributions for RMF Germany (100% used for program expenses)		\$310,530
Contributions for RMF Pakistan (100% used for program expenses)		\$150,553
Contributions for RMF Peru (100% used for program expenses)		\$37,320
Contributions for RMF South Sudan (100% used for program expenses)		\$652,233
Contributions for RMF Uganda (100% used for program expenses)		\$425,004



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