Annual Report 2017

Africa | Americas | Asia | Europe

Liberating Human Potential

RMF
REAL MEDICINE FOUNDATION

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 twelve years, Real Medicine Foundation has worked in 24 countries on 5 continents, with active projects in 19 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 Mission:

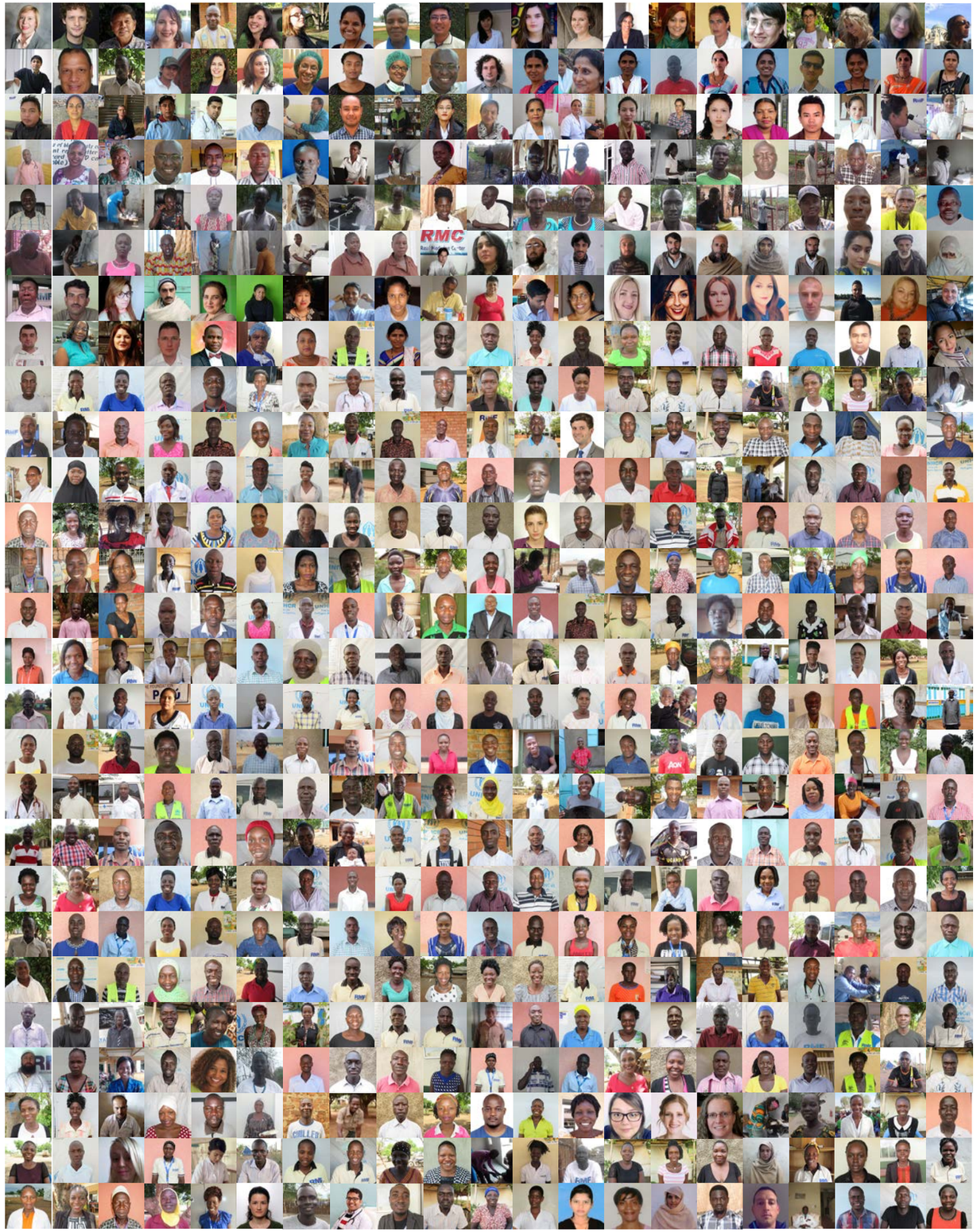
Liberating Human Potential

Lasting Change

RMF is aligned with governments and international agencies in 24 countries on 5 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 helping friends', treating every person with dignity and respect.

Proven Methods

In twelve years of operation, RMF's services reach a target population of more than 16 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.



Our Team

24
COUNTRIES

70+
ACTIVE INITIATIVES

16m+
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.

Health

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

Psychological Trauma Support

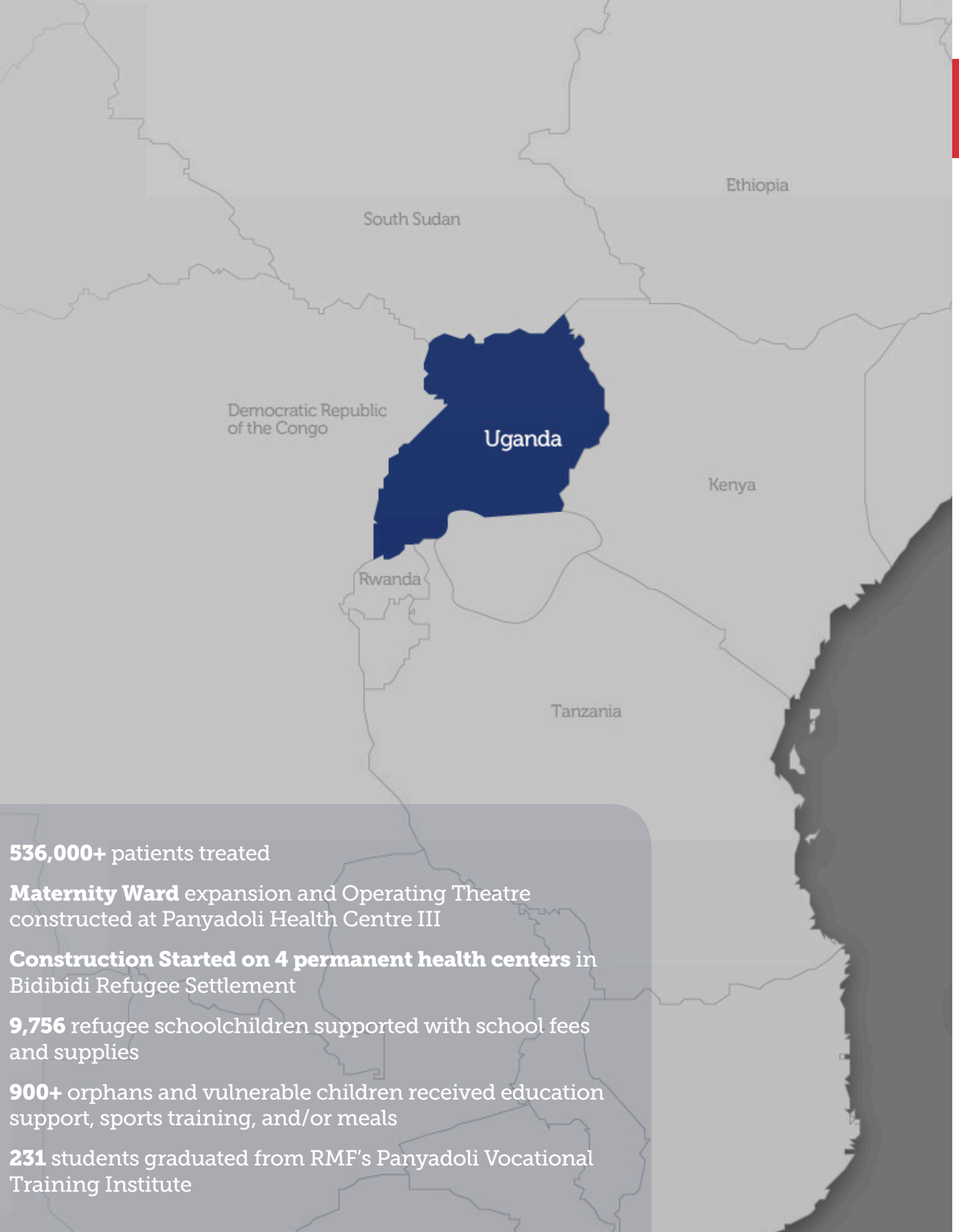
From trained psychologists to support group facilitation, we work on supporting and healing people affected by disaster after the initial relief efforts move on.

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.

Contents

AFRICA



536,000+ patients treated

Maternity Ward expansion and Operating Theatre constructed at Panyadoli Health Centre III

Construction Started on 4 permanent health centers in Bidibidi Refugee Settlement

9,756 refugee schoolchildren supported with school fees and supplies

900+ orphans and vulnerable children received education support, sports training, and/or meals

231 students graduated from RMF's Panyadoli Vocational Training Institute

Uganda

Initiatives

- Refugee Support
- UNHCR Health Implementing Partner
- Health Center Upgrade & Support
- Education and School Support
- Vocational Training
- Orphanage & Boarding School Support
- Sports Training

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 South Sudan, Kenya, the Democratic Republic of the Congo, Rwanda, and Burundi. 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 settlements were opened, including Bidibidi Refugee Settlement in Yumbe District, opened in August 2016 and now the largest refugee settlement 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, 82% of whom are women and children. Our operations in Bidibidi have continued to grow, and in July 2017, RMF began implementing health care in Zone 3, having been assigned this responsibility thanks to our exceptional, ongoing work in zones 1 and 4.

UGANDA

RMF has also been asked to implement health in Zone 5 of the settlement when MSF withdraws. In this settlement alone, RMF runs more than 10 level III health centers and supports over 500 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, as well as providing medical screening and basic medical treatment to South Sudanese refugees arriving at Goboro 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 grounds of the clinic to ensure hygiene and prevent mosquito and other infestations near the buildings. By mid-2017, RMF successfully completed the construction of an Operating Theatre and Maternity ward expansion to address service delivery challenges and help upgrade Panyadoli Health Centre III to a level IV facility. The construction project was made possible by support from LDS Charities.

During 2017, two new programs were made possible thanks to new partnerships. In Kiryandongo Refugee Settlement, PeacePlayers International (PPI) and Laureus Sport for Good joined RMF to establish a Sports Development Program that is teaching soccer and leadership skills, promoting peace by creating bonds of friendship among refugee youth of different ethnicities and the host community. Meanwhile, our operations in Bidibidi Refugee Settlement attracted support from Convoy of Hope, which helped RMF to meet the nutritional needs of pregnant and lactating mothers.

UNHCR Health Implementing Partner, Kiryandongo & 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 had grown to benefit 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. Morbidity reports indicate that by the close of 2017, 107,401 patients were treated at the health facilities in Kiryandongo.

RMF continued to provide medicine and medical supplies to Panyadoli Health Centre III, payment of staff salaries and top-up allowances (now for over 50 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 preventive community health services 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 107,401 patients were treated at Panyadoli Health Centre III and the other 3 health centers directly supported by RMF in Kiryandongo. Another way RMF continues to support quality health care for the community is by maintaining the pipes, taps, and solar-powered water pumps that we installed in previous years to supply all the Panyadoli Health Centre III buildings with clean water.

In Bidibidi Refugee Settlement, RMF has invested over $1,000,000 of donor funds to procure medical equipment, medicine, medical supplies, laboratory supplies, protective gear, signposts, community outreach tools (for preventive health), blankets, and bed sheets, as well as providing salaries to additional staff not supported by UNHCR, repair and maintenance of the coordination van, purchasing office equipment and fuel for supportive supervision, and more. During 2017, through RMF's health centers in zones 1, 3, and 4 of Bidibidi Refugee Settlement of Yumbe District, 429,366 medical consultations were provided.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2017 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, 8 Medical Doctors, a Head of Finance and Administrative Officer, Finance and Administrative Officers, Clinical Officers, Senior HIV/AIDS Counselors, HIV/AIDS Counselors, Nurses, Midwives, Laboratory Technicians, Laboratory Assistants, Data Clerks, Guards, Ward and Compound Cleaners, and Drivers. The establishment and continued operation 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. Immunization of all the under-5 children was routinely conducted throughout the year.

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. A capacity building workshop was conducted for RMF Uganda project managers and facilitated by experts from UNHCR and OPM in Kampala, where participants were trained on current procurement and financial policies. Other trainings conducted during the year include data management, TB prevention and management, management and disposal of medical waste, staff performance reviews, and integrated management of childhood illnesses. Staff at the new sites in Bidibidi were also trained on ART management, and laboratory team members were trained on ATB microscopy and ICAs. As a way of strengthening preventive health, a concerted effort was also made to train Village Health Teams (VHTs) on disease surveillance skills and sensitization, as well as the settlement referral mechanism. All these trainings were possible because of the funding from RMF and UNHCR.

HIV/AIDS Prevention and Treatment

During 2017, all RMF health facilities, both in Kiryandongo and Bidibidi, started implementing the new 90-90-90 government policy on HIV/AIDS, which requires that all patients are tested for HIV/AIDS, 90% of patients tested must know their status, 90% of those who test positive must be enrolled in antiretroviral therapy (ART), and 90% of those enrolled in ART must have their viral load suppressed within the first 6 months. Implementation of this policy called for more testing kits and additional staff at the ART clinics. RMF provided funds that contributed to the purchasing of testing kits and hiring of additional staff. Meanwhile, other preventive measures, such as condom distribution and voluntary testing and counseling, were also provided throughout the year. For instance, prior to World AIDS Day, six days of activism were dedicated to sensitizing the community, including primary and secondary school students, about HIV/AIDS. A combination of these strategies has helped to improve the health status of refugees and the host community.

Health Center Construction

As a result of strengthening community sensitization and providing access to skilled midwives, institutional deliveries increased, and the available space in Panyadoli Health Centre III's Maternity ward could no long decently accommodate all the mothers seeking health services. To solve this challenge, RMF mobilized funds from LDS Charities to construct a Maternity ward expansion, which was completed in April 2017 and officially commissioned the next month. As part of the same construction project, RMF also built an Operating Theatre to support the elevation of Panyadoli Health Centre III to a level IV facility. The Operating Theatre is completed and equipped, but not yet operational due to lack of funding to hire core staff. Thanks to this successful project in Kiryandongo Refugee Settlement, we were entrusted with the construction of four permanent health centers in Bidibidi Refugee Settlement. Construction began in late 2017 and will be completed in 2018. To increase RMF's visibility, we also purchased and installed signposts at all RMF-supported project sites.

Nutrition Project

In addition to our growing nutrition programs in Kiryandongo and Bidibidi refugee settlements, RMF formed a new partnership with Convoy of Hope to implement a 6-month nutrition project targeting 675 malnourished pregnant and lactating women in zones 1, 3, and 4 of Bidibidi Refugee Settlement. Through this project, VHTs were identified and trained to provide community sensitization and nutrition support at the village level, core nutrition staff members were recruited and trained, and essential office tools such as laptops, stationery, and other reporting tools were purchased. Ongoing screening of pregnant and lactating women was conducted, as well as food and cooking demonstrations, community dialogues, and monthly distribution of therapeutic foods. The program helped address an urgent gap in nutrition services, as most resources target under-5 children. By supporting more than 675 pregnant and lactating women with nutrition education and therapeutic foods, both mothers and children are able to live healthier lives.

2017 Key Numbers and Events

Because of improved healthcare services, the communities in Kiryandongo and Bidibidi are healthier and can engage in more productive activities, especially farming. A number of families are producing food, such as vegetables, to supplement food rations provided by WFP (World Food Programme). As part of RMF's nutrition activities, refugees are encouraged to cultivate kitchen gardens, and demonstrations are held to teach good practices for growing and cooking nutritious foods. In addition to the direct benefits of our large healthcare programs in Kiryandongo and Bidibidi, RMF's operations also strengthen the local economy, having created employment for more than 600 professionals and support staff (all hired in-country), who are paying local service taxes and increasing the purchasing power of the area.

100% access to primary health care

107,401 patients treated at RMF's UNHCR-supported clinics in Kiryandongo Refugee Settlement

429,366 medical consultations provided at RMF's UNHCR-supported clinics in Bidibidi Refugee Settlement

Health indicators kept within acceptable limits throughout the year

$600,000 allocated to purchase monthly supplies of medicine, as well as cleaning and laboratory supplies for operations in Bidibidi Refugee Settlement alone, helping to ensure a stable flow of medicine to the health centers.

Large in-kind shipments from Direct Relief and World Children's Fund provided medications to further boost health services in Bidibidi Refugee Settlement
New partnership formed with Convoy of Hope and 6-month nutrition program for pregnant and lactating women in Bidibidi Refugee Settlement launched successfully in October 2017.

Began providing mental health services at Panyadoli Health Centre III in Kiryandongo Refugee Settlement.

Constructed an urgently needed Maternity ward expansion and Operating Theatre at Panyadoli Health Centre III, thanks to support from LDS Charities.

Secured funding and began construction of 4 permanent health centers in Bidibidi Refugee Settlement: Bidibidi Health Centre III, Bangatuti Health Centre III, Komgbe Health Centre III, and Jomorogo Health Centre III. The new buildings will replace badly worn temporary structures and further improve service delivery. The package for each health center includes construction of a General ward, Maternity ward, Outpatient block, a staff house to accommodate 8 staff members, a 2-room bath shelter for staff, a 2-stall pit latrine for staff, and a 6-stall pit latrine for patents. The buildings will be completed in early 2018.

Because of RMF's outstanding work in zones 1 and 4 of Bidibidi Refugee Settlement, we were asked to take on health implementation in zones 3 and 5 as well.

220 additional medical and support staff members were hired to ensure that all RMF health facilities are fully staffed and providing quality healthcare services as our operations in Bidibidi Refugee Settlement expand.

300+ Village Health Teams (VHTs) were supported and trained to ensure strong preventive health services in the community.

Beneficiary Profiles

Saving the Life of Patricia Biira

Patricia Biira is a 3-year-old girl from the village of Kitholhu in the Rwenzori Mountains, Uganda. She was born with holes in her heart, which prevented her from growing and developing normally. Before receiving help from Real Medicine Foundation, Patricia's parents struggled with her illness to the extent of selling their only piece of land, but even that was not enough to access treatment for their daughter at the Uganda Heart Institute.

Patricia's parents became depressed as they watched their child struggle. In 2016, they desperately requested RMF's support, which was granted. Patricia was enrolled for care at the Uganda Heart Institute under the sponsorship of RMF. Since 2016, when she started receiving care, Patricia has been improving gradually. She has grown and begun to talk, walk, feed herself, and play with peers

Thanks to RMF's support, Patricia underwent a successful heart surgery at the Uganda Heart Institute on August 16, 2017 and was discharged from the hospital on August 24, 2017. However, one week after returning to her village, she experienced a fresh attack that almost claimed her life. RMF hired an ambulance, and Patricia was rushed back to the heart institute. This action saved Patricia's life. The cardiologists worked on her and got her out of danger. According to the medical review that was done in September, Patricia is recovering steadily. She will have her next medical review in January 2018.

Refugee Children's 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.

2017 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 9,756 schoolchildren by the fourth quarter of 2017; this number is significantly higher than our support of 5,282 students in 2015. 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 implementing 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.

Kiryandongo Sports Development Program

In response to the tension so often observed between Nuer and Dinka refugee communities and the general lack of extracurricular activities available to refugee youths, RMF has leveraged our on-the-ground knowledge and resources—with training and initial assessment from PeacePlayers International and support from Laureus Sport for Good—to introduce a sports development program for the youths of Kiryandongo Refugee Settlement and the host community. The Kiryandongo Sports Development Program develops participants' skills in sports (specifically soccer) and helps them deal with post-traumatic stress disorders, while promoting teamwork and friendly interactions among youths from different ethnic groups and the host community.

In March 2017, final paperwork was completed, and the program was rolled out in two ranches of Kiryandongo Refugee Settlement (Ranch 1 and Ranch 37). Each ranch has 4 teams comprised of boys and girls, with a target of 25 players per team. 8 teams have been created and are currently active, with 70% of participants from the refugee community and 30% from the host community. Coaches, assistant coaches, and referees were identified by RMF and trained by experts from PeacePlayers International to use sports as a tool for diffusing conflict. Four soccer fields in the settlement were graded and maintained for training, and the teams have been fully equipped with uniforms, cleats, and training equipment such as cones and balls. Regular practice sessions are held, and the program also conducts dialogue sessions with players, promoting healthy behaviors, unity among team members, and collaborating in respect and love with parents/caregivers.

By the close of the year, our teams had participated in more than 20 soccer events outside the settlement. This is very beneficial for refugee youths, as it gives them the opportunity to see a new environment outside the settlement. Thanks to visibility gained through these events, 10 players, including both boys and girls, were offered scholarships by local secondary schools. The program has been very well received by the refugee and host communities, and shared soccer activities and talks have created cohesion among the youth, reduced violence, and provided both structure and opportunity for players. The coaches have also benefitted greatly, especially those from the refugee community, thanks to training and income provided through the program.

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 a disused 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.

2017 Update

In 2017, 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. The program hosted a high-level delegation from the Japan International Cooperation Agency (JICA) early in the year, and that summer, JICA supported Panyadoli Vocational Training Institute with funding to hire a vocational program coordinator, as well as providing training materials, graduation gowns, and startup kits for the graduates.

JICA also provided tents and chairs, which support special events, such as graduation ceremonies, and help generate income for the institute, as these items can be rented out when they are not in use. Panyadoli Vocational Training Institute is also 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. During graduation and other important events in the settlement, trainees exhibit some of their products, and the proceeds contribute towards running the school.

Completing its seventh year, our vocational training institute has held 13 graduation ceremonies since 2011, and a total of 231 students graduated in 2017 alone. These graduates were trained in three intakes carried out during the year, and the second intake received startup kits provided through the renewed JICA-RMF collaboration. Those who received startup kits have established small businesses and started generating some income on their own, while others are employed in shops in the region.

Carpenters have created workshops and are able to produce quality furniture and door frames for people living in Kiryandongo District. As part of RMF's agreement with Ben and Dok Enterprises Ltd, the contractor hired to construct the Maternity ward expansion and Operating Theatre at Panyadoli Health Centre III, several PVTI graduates were hired for that project, gaining income and experience.

To promote peaceful coexistence and comply with government policies, Panyadoli Vocational Training Institute ensures that 30% of trainees accepted into the program are from the host community. This helps increase cooperation between refugee and the host communities, to the extent that by the end of training, some refugees and nationals become close friends and establish small businesses together. 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.

In 2017, 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. The program hosted a high-level delegation from the Japan International Cooperation Agency (JICA) early in the year, and that summer, JICA supported Panyadoli Vocational Training Institute with funding to hire a vocational program coordinator, as well as providing training materials, graduation gowns, and startup kits for the graduates.

JICA also provided tents and chairs, which support special events, such as graduation ceremonies, and help generate income for the institute, as these items can be rented out when they are not in use. Panyadoli Vocational Training Institute is also 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. During graduation and other important events in the

settlement, trainees exhibit some of their products, and the proceeds contribute towards running the school.

Completing its seventh year, our vocational training institute has held 13 graduation ceremonies since 2011, and a total of 231 students graduated in 2017 alone. These graduates were trained in three intakes carried out during the year, and the second intake received startup kits provided through the renewed JICA-RMF collaboration. Those who received startup kits have established small businesses and started generating some income on their own, while others are employed in shops in the region.

Carpenters have created workshops and are able to produce quality furniture and door frames for people living in Kiryandongo District. As part of RMF's agreement with Ben and Dok Enterprises Ltd, the contractor hired to construct the Maternity ward expansion and Operating Theatre at Panyadoli Health Centre III, several PVTI graduates were hired for that project, gaining income and experience.

To promote peaceful coexistence and comply with government policies, Panyadoli Vocational Training Institute ensures that 30% of trainees accepted into the program are from the host community. This helps increase cooperation between refugee and the host communities, to the extent that by the end of training, some refugees and nationals become close friends and establish small businesses together. 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.

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 students are expected 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, recordkeeping, 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.


RMF

Success Stories

Sunday Adong

Sunday is the mother of four children, and she operated a hairdressing business from her home in Kiryandongo Refugee Settlement before she was finally able to start a salon in Magamaga Trading Centre.

She stated that after her graduation in July 2017, the knowledge and skills acquired through the vocational training program have enabled her to provide for the basic needs of her children, since she is a single mother.

When we spoke with her, Sunday said that she has plaited eight people's hair at a cost of UGX 8,000/= per person and also retouched some clients' hair. She noted that some of the money has been used to pay for rent, equipment like rollers, and basic supplies at home. Sunday appreciates Panyadoli Vocational Training Institute for the knowledge and skills that she acquired, which have enabled her to earn a living since she is the sole provider in her home.

Mary Media

Mary is one of the first students who graduated from PVTI in 2013, and her business has progressed well for four years.

She is married with three children, but Mary has managed to run her business for this long, after being inspired and learning valuable skills at Panyadoli Vocational Training Institute. Mary says that she has managed to save money and buy land, which she farms, and she is able to feed her family. Mary is inspired to earn money as a way to create a better life for herself and her children. She envisions a future made bright by the work of her hands.

Although she is challenged by many factors, including rent, high taxes, and high prices for hair products, these have not deterred Mary from making sure that she remains in business. Looking at how much she earns per week and per month, Mary says that in a good week with customers available, she is able to make as much as UGX 100,000/= and UGX 400,000/= per month. Smiling from her shop, Mary says she is thankful for the skills that she was able to gain from PVTI.

Santa Auma

Santa has been featured several times in our success stories, because she is one of our most successful students with her own business.

Santa has achieved many things with the skills she learned at Panyadoli Vocational Training Institute, and has invited other colleagues to join in her business so that they can also earn a living. Santa owns three sewing machines currently, after her other machines were stolen. Santa explains that the loss didn't make her give up, because the thieves couldn't take her skills. She continues to earn a living from her skills and hopes to buy additional sewing machines for her business.

Santa says that having fewer sewing machines has slowed her business and lowered her income, so she looks forward to buying new machines. She said that on a daily basis, her shop receives around four orders; that is to say four sets to be made, and a set contains around 10 pieces. From selling the pieces she and her colleagues sew at her shop, Santa has managed to buy land in Bweyale, where she expects to build her house soon.

Nora Gulia

Nora owns a salon in Bweyale, where she runs her business of braiding and hair reformation. She also sells weaves, oils, and braids to customers. Nora has been able to make a living from her skills since she left Panyadoli Vocational Training Institute.

She also farms a nearby field in Bweyale, where she can pay workers with money she earns from her business. Nora pays UGX 100,000/= per month to rent her workspace, and explains that the rent in these areas has increased, which has somewhat affected her work and made it hard for her to run a business properly.

Nora has been able to raise her inventory of supplies; she is able to buy more with her increased savings from the business. She says that when she saves more, she will be able to open up another business selling shoes. Nora would also like to form a consortium with her friends to ensure that their businesses are well represented and so they can combine efforts towards the competition of the work they do. Challenged by many factors, Nora is quite optimistic about the future. Nora says that due to the time she has been in business, the challenges she has faced can no longer make her weak.

Irene Atuhaire

With a growing business, Irene has stood her ground to challenge the youth within Kiryandongo Refugee Settlement that everything is possible if we can realize our potential. Irene runs a boutique in the Mulokonyi business center of the settlement.

She started with her skills and one sewing machine (provided by RMF through the startup kit initiative), and with her savings and a loan from her relative, Irene increased her stock, selling secondhand clothes to the people in the settlement. Irene has been able to open up another kiosk in Bweyale, where she also sells secondhand clothes.

Irene experiences challenges similar to our other students in business, but these have not deterred her from progressing in her work, as she has kept on struggling to see that her business stands. Using her certificate acquired from her training at PVTI, Irene has applied for an advanced course, where she expects to expand on her skills and exposure to different areas of design.

Martha Aryemo

One of RMF's first students at Panyadoli Vocational Training Institute, Martha has continued in the spirit of RMF, "Friends Helping Friends Helping Friends," by inviting several women to come to her shop and be trained in tailoring.

So far, 15 women have learned tailoring skills at Martha's shop, which has helped make a name for her in the area, earning her the reputation of an expert tailor with a good heart. A mother of two, Martha now has expanded her shop and is sewing Bitenge for men and women.

Martha has been receiving orders from South Sudanese vendors who come to the settlement, and this has made her business expand, and she sees to it that her savings increase. A young woman of Martha's age rarely thinks of creating more jobs for others to benefit, but she is thinking of buying a sweater machine so that she can employ workers to make sweaters for her shop. Martha is glad for the skills she attained when still at PVTI.

Jackline Ajalo

Jackline is a recent graduate of Panyadoli Vocational Training Institute (PVTI), and has been able to start a business on her own. She has not yet acquired a shop, but even with her difficult working situation, Jackline has not given up.

She built a shelter in Bweyale market by attaching a plastic sheeting to nearby poles, where she works or sits waiting for customers. Even with the scorching sun, Jackline stills maintain that the sky is the limit. In spite of the primitive state of her shelter, Jackline still pays rent for the area where she works. With her small capital, Jackline is able to save UGX 50,000/= after she has deducted all the expenses. She hopes that one day she can own her own shop, where she can stock materials for her business, attract good customers, and earn a good income.

Jackson Kunguru

Jackson is a hard-working young man determined to earn a living; since graduating, he has been constantly on the move, looking for what he can do to support himself. During our field visits, we found Jackson building a house that he had been hired to construct.

He had organized other youths who were helping with the project, and he was the one with training. Jackson said that he was very proud of the knowledge that he gained from the vocational training program with the support of RMF. Now at construction sites, he earns the wage of a professional mason, and not of a helper.

Jackson explained that he is doing well and can now support himself and family members through the skills he learned from RMF and the startup kit he received from JICA. Jackson thanked RMF and his teachers at Panyadoli Vocational Training Institute for supporting him, and encouraged other youth to join the vocational training program to improve their lives.

World Children's Fund Mama Kevina Secondary School

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 a positive impact on 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 helps 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.

2017 Update

Throughout the year 2017, RMF and WCF continued providing 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, stocking the library and laboratory, facilitating study tours, and more. 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. WCF Mama Kevina Secondary School's academic and aesthetic achievements have begun to attract more paying students, which will consequently help the school become self-sustaining, without losing the major objective of helping orphans and less privileged children. In the 2017 Uganda National Examination Board (UNEB) exams, WCF Mama Kevina Secondary School was ranked 2nd in Tororo District, a high standing that the school has sustained for 3 years, while working to rank 1st in the district.

RMF's Work in 2017

- 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
- Continuous provision of nutritious food for the students of WCF Mama Kevina Secondary 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 nurses 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 and installation of tile at water collection points so they are easily kept clean
- 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 WCF Mama Kevina Secondary School's Inter-House Music, Dance, and Drama festival. This part of the school's extra-curricular activities promotes children's talent development. It is both fun and educational for the students. The theme for the year 2017 was "Harnessing Young People's Potential for Scio-Economic Development." The winning house is reward with a trophy and 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 internships 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.
- 167 candidates were fully prepared and sat for their Uganda Certificate of Education (UCE). The results are expected in early 2018, and students will begin their advanced level of education.
- The school conducted a welcoming ceremony for students joining senior one and a farewell party for the students completing senior four. These are joyful moments that every student waits for with excitement. During their four years at school, it is only during the farewell party that candidates are exempted from wearing school uniforms. The children play a central role in organizing the party, practicing their ability to organize an event.
- Support of students' field studies as required by the Ministry of Education
- 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 2017. This is part of the strategy that is helping the candidates perform well on the national examinations, and it helps build the students' confidence as they prepare to take the examinations.
- The school started constructing the second floor of the classroom block so as to increase space for learning.
- The school finished construction of an additional girls' dormitory to accommodate more female students and ensure adequate sleeping space.

Food Security

Throughout 2017, 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

The candidates in senor four were taken to visit important geographical sites in alignment with the Uganda Ministry of Education's requirement that students be taken for study tours so that they have an opportunity to correlate theories with realities in the field. At the end of the course, students are expected to answer compulsory questions on geography and agriculture that are related to any field studies that were conducted. Students enjoy these moments because they are full of fun and learning. In 2017, students visited the Lugazi Tea Estates, Mabira Forest, and landing sites on Lake Victoria.

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 about 420 OVCs and former street children to obtain basic primary education or undergo 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.

2017 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, and children are encouraging their peers to attend. Teachers are also paid on time, so they remain encouraged and motivated in their work.


common plants
Things we use to clean our bodies
razor blade
scissors
towel
domestic animals
cow
dog
cat
sheep
rabbit
goat
common accident
knocked by a car
burning
falling
cutting
people
birds
animals
plants
Imam
priest
HUT
A UNIPORT
Sign post
uniform
mouth
hand
cooking
digging
fish
A GRANA

Buwate Sports Academy, Kampala

Background

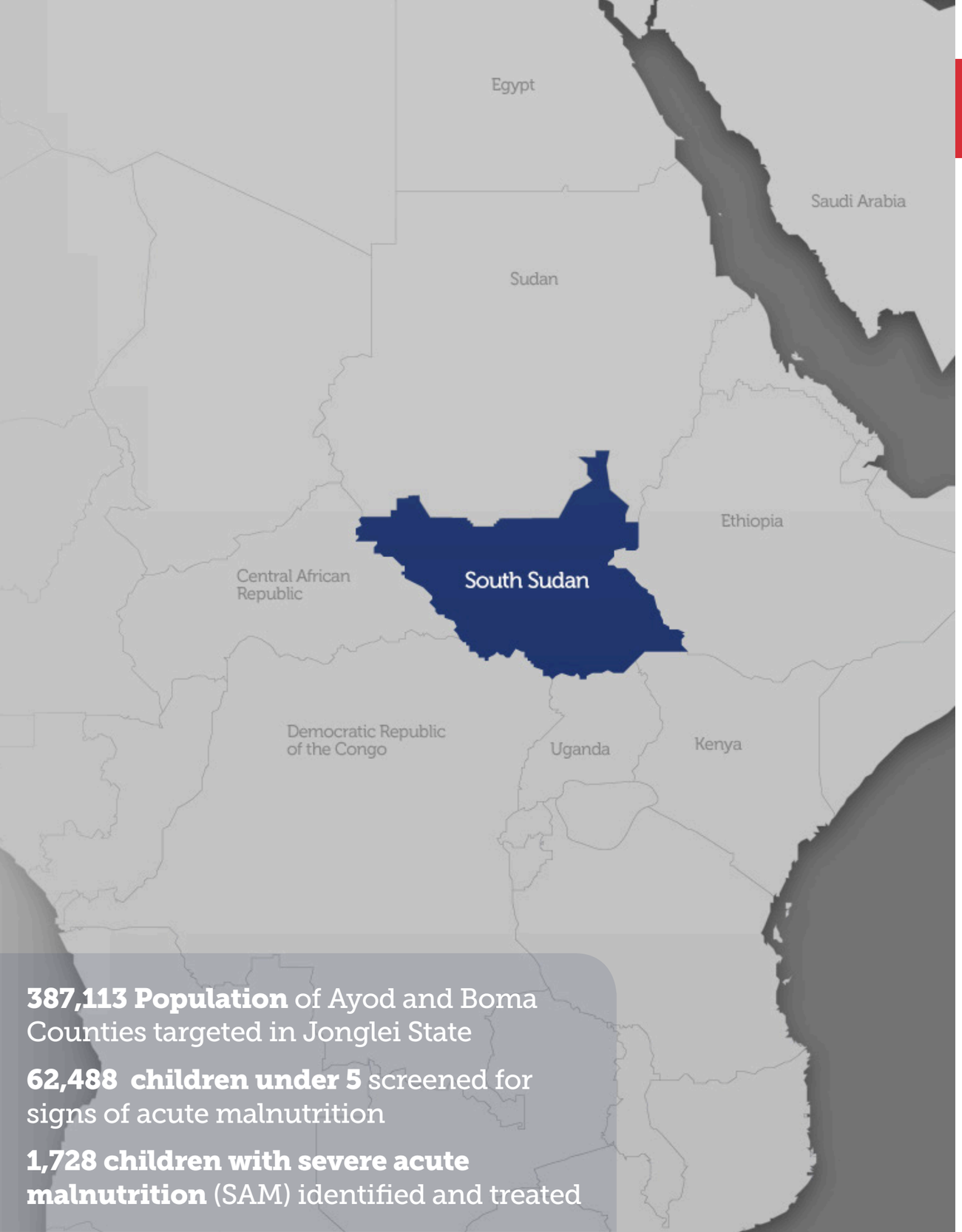
In early 2013, RMF, in cooperation with Italy's Associazione Devoti Madre Teresa Per I Bambini, started funding the Buwate Sports Academy. Buwate Sports Academy is a supervised sports club and activity group for children living in and around Buwate Village, Kira Town, Kampala District. Buwate Sports 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 receive 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 gatherings, the youths also receive 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 has improved due to the goods we were able to provide. The move to secure land and set up an onsite health clinic, a vocation training center, and a stadium is still ongoing. Currently, the academy is still using the playgroup of a community primary school.

2017 Activity Summary

- Schoolbooks were purchased and distributed to orphaned and vulnerable children across the three terms of the schoolyear. The 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 and do small jobs to earn income 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 and increased the number of children staying in school.
- RMF maintained our support of five staff members that help run the academy. These include three sports coaches, one tailoring instructor, and one hairdressing instructor.
- Food, charcoal, and cooking oil were purchased and one afternoon meal provided for all Buwate Sports Academy children and youths each day during training.
- 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, such as balls, uniforms, shoes, and goalkeeper gloves was purchased, enabling the children to fully participate in training sessions that effectively develop mastery of soccer skills.
- School fees for the children on sponsorship were fully paid. This support has helped to improve education in the community of Buwate. In 2017, 23 academy children completed their primary level studies and will be joining secondary school, 2 completed the Uganda Certificate of Education (UCE), 2 completed the Uganda Advanced Certificate of Education (UACE), and 27 students completed examinations to advance to the next class.
- Throughout 2017, Buwate Sports Academy continued to provide vocational training in hairdressing and tailoring, helping single mothers and young women unable to complete their education to obtain livelihood skills. This was a resolution determined through community dialogues. This year, the department graduated 48 trainees.
- Training materials were purchased for the vocational training department, as well as additional tailoring and salon equipment. This has enabled training to progress effectively. The vocational training classroom was wired and electricity connected, which now allows the instructors to use electric tools and appliances for the salon.
- The tailoring department successfully registered progress by securing a contract to sew school uniforms for City Quality Primary School. The proceeds from this work are used to purchase more training materials and will help the tailoring department move towards self-reliance.
- Buwate Sports Academy conducted special sports galas to mark important international and local events, including Independence Day, World AIDS Day, United Nations International Day of Peace - Global Peace Games for Children and Youth, International Women's Day, Easter holiday games, Independence Commemoration Games, and Christmas holiday games, among others. These galas provide an avenue for teaching children important human values, such as respect for all life, non-violence, understanding through listening, preserving the planet, sharing with others, respect for women's rights, and the value of education.
- Buwate Sports Academy children were taken to different soccer camps during school holidays, with the farthest being conducted in Mityana: Watoto Wasoka Soccer Camp. This was an exciting event for the children because it was far from Buwate.
- The boys' team from Kireka had the opportunity to attend some training sessions with international coaches from Ghana.
- Buwate Sports Academy was able to pay registration fees for the Christmas Cup so that the children could participant in the tournament.
- Wages and incentives for the support staff members were paid on time.
- School visits were conducted to meet with the students in their school setting and encourage them to study hard as way of improving their lives.


UNIQUE
GARMENTS



387,113 Population of Ayod and Boma Counties targeted in Jonglei State

62,488 children under 5 screened for signs of acute malnutrition

1,728 children with severe acute malnutrition (SAM) identified and treated

South Sudan

RMF-UNICEF Malnutrition Treatment, Prevention and Outreach Program

Initiatives

- RMF-UNICEF Malnutrition Treatment, Prevention and Outreach Program
- Juba College of Nursing and Midwifery (JCONAM)
- Juba Teaching Hospital Support
- RMF-UNICEF Integrated MNCH and PMTCT in Ayod and Pibor Counties

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.

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 bridged 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 underlining causes.

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, IMA World Health, World Children's Fund, LDS Charities, UNDP, 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 healthcare providers for all target areas. The total estimated populations of Ayod and Boma are 192,937 and 204,176, 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 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) with 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) and those discharged from the OTP, and moderate 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 caregivers of SAM children admitted to the Stabilization Centers.

During the months of February and March 2017, armed conflict between the Juba government and SPLA-IO in Ayod disrupted services in RMF nutrition centers, mainly Mogok, Katdalok, and Yian. The facilities were vandalized, and all the items including nutrition supplies looted. The three affected sites were closed and a number of people displaced following the insurgency. RMF then entered into a partnership with the United Nations Development Programme (UNDP) in order to adequately respond to the deteriorating situation in Ayod due to external shock. Action Against Hunger (ACF) also supported the response through restoration of nutrition services in RMF's Mogok treatment center in the fourth quarter of 2017.

2017 Update

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Major Achievements in 2017

1 new OTP/TSFP center was established in Koutang, Ayod County, providing quality CMAM/IYCF services.

The Mogok nutrition treatment center (OTP/TSFP and SC) was re-established in the fourth quarter with support from ACF.

6 existing stationary OTPs/TSFPs (3 in Boma and 3 in Ayod) and 1 Stabilization Center (SC) in Ayod were maintained and improved, continuing to provide quality CMAM/IYCF services in addition to the new and re-established sites.

36,100 and **26,388** children under 5 years of age were screened for signs of acute malnutrition in Ayod and Boma counties, respectively.

1,018 and **710** children with severe acute malnutrition (SAM) were identified and treated in the OTPs in Ayod and Boma, respectively.

2,473 and **663** children with moderate acute malnutrition (MAM) were identified and treated in the TSFPs in Ayod and Boma, respectively.

69 SAM children with medical complications were referred to and received treatment at the SCs in Ayod County.

85% of SAM children enrolled in the feeding program were cured.

18,923 and **7,699** pregnant and lactating women (PLW)were screened for signs of acute malnutrition in Ayod and Boma, respectively.

1,919 and **572** MAM pregnant and lactating women were referred and treated through the TSFPs in Ayod and Boma, respectively.

11,246 and **9,626** mothers and caregivers received appropriate IYCF key messages in Ayod and Boma, respectively.
15 IYCF mother-to-mother support groups (9 in Ayod and 6 in Boma) were trained and supported.

228 and **165** community mobilization sessions were conducted in Ayod and Boma, respectively.

35 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 focused on screening criteria.
1 nutrition SMART survey was conducted in Ayod County.

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.

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 (primary healthcare centers) 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. The overall goal of this project is to reduce maternal, neonatal, and child morbidity and mortality through strengthening the healthcare system to provide quality maternal, neonatal, and child health services in the assigned counties.

2017 Update

RMF continued to provide quality maternal, neonatal, and child health services at both Pibor and Gorwai PHCCs throughout the first two quarters of 2017. When UNICEF funding ended in July 2017, RMF was forced to limit our MNCH/PMTCT services to Pibor County; however, RMF continues to provide nutrition services in both counties, and we are pursuing funding from IMA World Health and donors in hopes of restoring much-needed MNCH and PMTCT services at Gorwai PHCC.

Major Achievements in 2017

Pibor and **Gorwai** PHCCs (primary healthcare centers) were maintained and continued to provide quality maternal, neonatal, and child health services throughout the first two quarters of 2017. After July 2017, our MNCH/PMTCT services continued at Pibor PHCC.

The **cold chain system** established by RMF in Pibor PHCC was maintained for safe storage of vaccines to promote effective immunization services for children under five and women of childbearing age.

The **team** coordinated with UNFPA, which provided reproductive health commodities to support the reproductive health component of the program in Pibor and Gorwai.

8 vaccinators were trained on EPI.

13 healthcare workers were trained on FANC, PNC, and PMTCT.

8 healthcare workers were trained on BEmONC.

814 women of childbearing age received TT, TT2+.

192 pregnant women received IPT 3+.

258 pregnant women received a 4th ANC visit.

1,465 pregnant women were dewormed.

1,193 pregnant women were counseled and tested for HIV.

154 skilled births were conducted.

2,661 eligible children were dewormed.

2,829 eligible children were provided with vitamin A supplementation.

22,011 patients received OPD curative consultations.

Juba College of Nursing & Midwifery (JCONAM)

Background

South Sudan's maternal mortality 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. The WHO recommends that a skilled attendant be present at every birth, since midwives can prevent up to 90% of maternal deaths where they are authorized to practice their competencies and play a full role during pregnancy, childbirth, and after birth.

Since the signing of the Comprehensive Peace Agreement (CPA), South Sudan has struggled to provide efficient, quality reproductive health care to its population, with less than 10% of deliveries occurring in the presence of a nurse, midwife, or doctor. There is a serious shortage of skilled birth attendants, in particular qualified midwives, in South Sudan, a country with a population of 10.46 million, projected from 2008 population census. The Ministry of Health estimated that it will take close to 66 years for South Sudan to establish a professional and sustained capacity to address the maternal mortality issues in the country.

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, Gurei, 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. 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 into 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 and 23 midwifery students) progressed to their final year, completing the course in June 2017 and graduating on July 26, 2017. 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.

Number of students in the program at the end of 2017:

YEAR	NURSING STUDENTS	MIDWIFERY STUDENTS	TOTAL
Year 1 (2017 intake)	44	41	85
Year 2 (2016 intake)	25	33	58
Year 3 (2015 intake)	15	15	30
TOTAL	84	89	173

2017 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 have been running without essential pharmaceuticals, consumables, and equipment, increasing mortality and affecting the quality of students' practical training, since JCONAM students normally complete their training at Juba Teaching Hospital and primary healthcare centers in Juba.

In addition to the security and resource challenges faced by JCONAM's students and staff, the limited facilities at JCONAM continued to be shared with students from Kajo Keji Health Training Institute of Central Equatoria and the University of Upper Nile, following their relocation due to armed conflict in their areas. 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 in 2017

RMF supported the graduation of the 2014 intake: **30** nurses and **23** midwives, who graduated on July 26, 2017 and have joined the nursing and midwifery workforce.

In collaboration with the South Sudan Ministry of Health, RMF supported the recruitment of Juba College of Nursing and Midwifery's 2017 intake: **44** nursing and **41** midwifery students, who joined the college in August 2017.

RMF continued to support JCONAM's human resources capacity by employing a highly experienced South Sudanese midwifery tutor.

RMF conducted training on Respectful Health Care (RHC) for the third-year students (2015 intake: **15** nursing and **15** 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 Psychological First Aid training for the third-year students (2015 intake: **15** nursing and **15** midwifery students).

RMF procured and provided essentials 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 assurance in the implementation of nursing and midwifery curricula in the diploma program.

RMFs team also coordinated activities and participated in meetings/workshops with UN agencies and NGOs supporting JCONAM and other national health training institutes.

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.

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 population census conducted in 2008) and 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 now dilapidated and in great need of upgrades and renovations, which would create an environment conducive to healing for patients and their community, as well as improving 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 our 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 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 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 services for the Maternity unit, providing internet access to doctors and nurses and enhancing the HeV project; support of high speed Wi-Fi internet 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 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 Minster 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.

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 10.46 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.

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

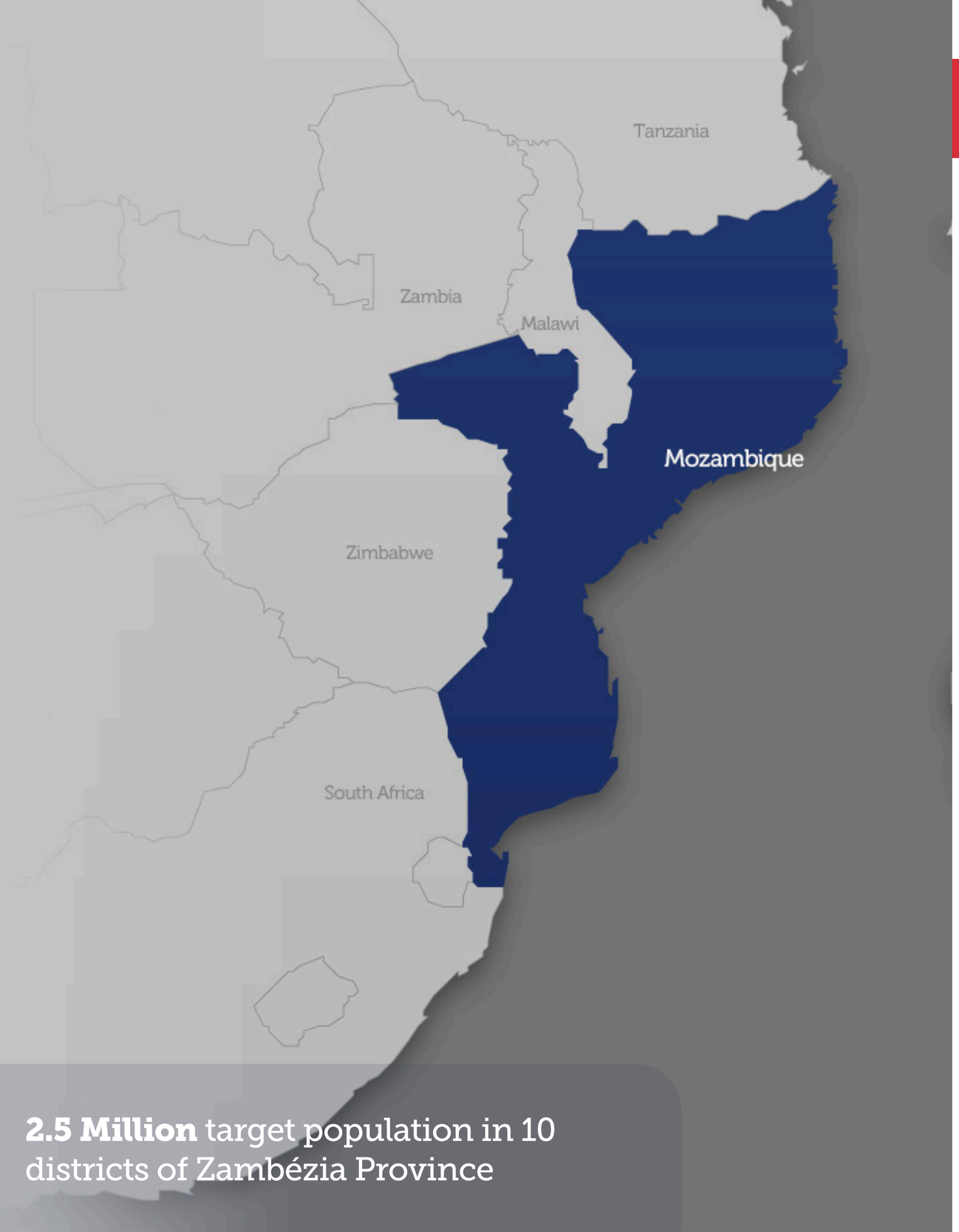
1. **Schoolteachers:** 17 primary and secondary schoolteachers from 10 schools were mobilized with the support of the Central Equatorial State Ministry of Education. The 17 teachers completed three main course units designed for Psycho-Trauma Support. The training was conducted by a ESA consultant psychologist 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.
2. **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.
3. **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.

2017 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 have been 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.

Juba Teaching Hospital 2017 Updates:

- 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 essential medicines and medical supplies to Juba Teaching Hospital, thanks to a donation from Direct Relief International (DRI), which helped cover gaps at the hospital.
- Refurbished the hospital's broken septic tank.
- 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. In the fourth quarter of 2017, however, the entire maternity block was demolished for the purpose of constructing a new, modern maternity facility.
- Supported human resource at the Maternity unit through payment of 1 registered midwife's salary.
- Supported human resources at the Gynecology department through payment of 1 registered nurse's salary.
- Continued to support the additional 3 cleaners stationed in the Surgical Emergency department, ensuring proper cleaning and maintenance of hygiene in the ward and its surroundings.
- Procured and provided adequate cleaning materials for the cleaning of Surgical Emergency ward.
- 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.
- 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.
- Facilitated and coordinated meetings with the MOH, UN agencies, and partners on how to improve services at JTH.
- Conducted a needs assessment in the Obstetric and Gynecological ward for RMF support.
- Coordinated and contracted an expatriate from Kajo Keji Health Training Institute to analyze and produce the report for the qualitative part of Maternal Near-Miss audit conducted at Juba Teaching Hospital.
- Funded the installation of a prefabricated office space for the Juba Teaching Hospital (JTH) Pharmaceutical unit, following a request placed by JTH administration after the displacement of the unit due to ongoing construction within the hospital.
- Conducted three days of training on Respectful Health Care (RHC) and Psychological First Aid for the United Nations Volunteers (UNV) midwives and JCONAM students working in the Maternity department of Juba Teaching Hospital.
- Continued provision of high speed Wi-Fi internet service for RMF's Juba office on the premises of Juba Teaching Hospital, providing internet access to healthcare staff at the hospital, facilitating research, and improving continuous medical education.



2.5 Million target population in 10 districts of Zambézia Province

Mozambique

Mobile Clinic Project

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 midsized 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.

Initiatives

- Mobile Clinic Project

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 seasons of 2016 and 2017, 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 2017. The direct target population for the Mobile Clinic in 2017 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.

2017 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.

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.

Throughout 2017, RMF continued to support operations of the Mobile Clinic as it now supplements government health services in Zambézia, one of the most populous provinces of Mozambique.

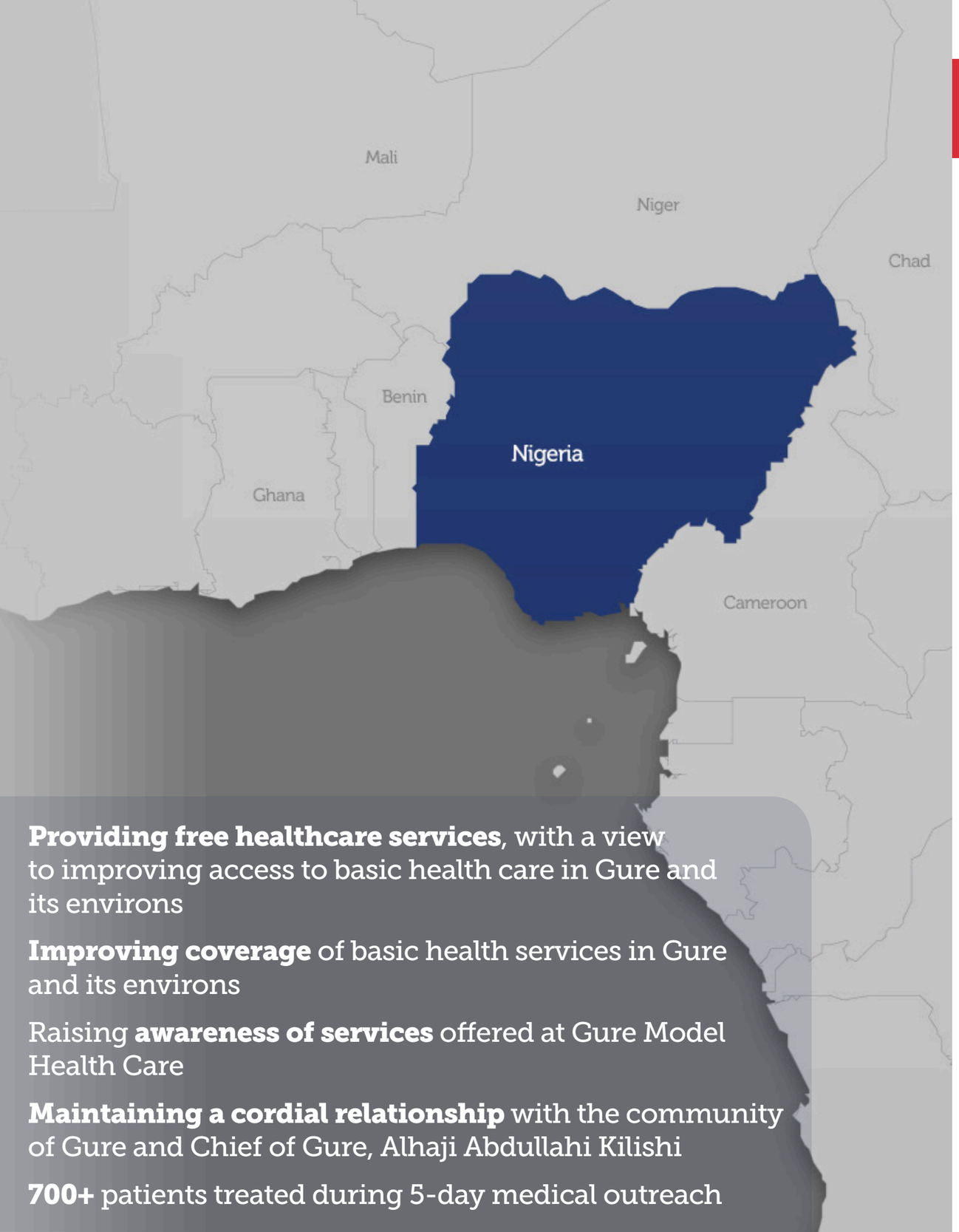
The following services were previously included in the support package that the Mobile Clinic provided (with funding support from PEPFAR):

- 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 heath 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

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.



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

700+ patients treated during 5-day medical outreach

Nigeria

Healthcare Project, Gure

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.

Initiatives

- Healthcare Project, Gure

Real Medicine Foundation has been active in Nigeria since 2006, first working to provide pediatric care to the estimated 15,000 young children living in the shantytown of Makoko in Lagos State. 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, we then began 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 2009, 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 from the Rep. 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.

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.

2017 Update

From May 1–5, 2017, RMF hosted a free health week at Gure Model Health Centre. Mobilization/sensitization activities and planning began eight weeks in advance to ensure community participation and successful implementation of the event, and one week before the scheduled outreach, RMF Nigeria's project coordinator purchased the necessary medications, basic equipment, and consumables to be used. The free curative, preventive, and health promotion services mainly benefited the host community of Gure and six neighboring communities: Sinaguru, Sanre, Kpegobi, Yorudaku, Bassa, and Tubiguru. However, patients living far from the health center (over 50 km away) were also served.

During the 5-day outreach, more than 700 patients were treated, besides those who benefited from health promotion and preventive health services. The most commonly treated illness was malaria, with 414 cases. Immunizations were also administered, including polio, measles, pentavalent vaccines, and HBV1, and vitamin A supplements were provided. The community and health stakeholders of Gure were very pleased with the services and offered their thanks and support to RMF through a letter from Chief of Gure Alhaji Abdullahi Kilishi.

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, coordination, and sustainability of basic health services in Gure and its environs throughout the year
- 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 and preventive services such as immunization
- Maintaining a cordial relationship with the community of Gure and Chief of Gure Alhaji Abdullahi Kilishi

450 food packages distributed to internally displaced persons

150 families most in need (over 900 people) to benefit from 6-month emgency food assistance

Somalia

Famine Relief

Background

3.2 million people are facing acute food insecurity as Somalia remains in a severe, protracted drought. The failure of the most recent March through June seasonal rains (or Gu rains) has resulted in a third consecutive season of very poor harvest prospects, limited regeneration of pasture, widespread shortage of water, and reduced rural employment opportunities. In some parts of the country, insurgent activities have further impacted economic activity. With the decline in employment, families no longer have the capacity to buy a subsistence level of food to meet their nutritional needs. Preliminary results of the post-Gu rains food and nutrition analysis indicate overall cereal production across all of Somalia is expected to be 50 percent below normal. Livestock herds have been reduced by 60 percent. Further compounding the crisis are rising food prices, which directly affect food access for poor and displaced households.

These factors have prolonged the crisis and left large numbers of Somalis—agro-pastoralists, farmers, and pastoralist communities—destitute. Between November 2016 and May 2017, more than 700,000 people were displaced by drought after being forced to flee in order to reach lifesaving assistance. Between now and the end of 2017, the number of people experiencing emergency levels of food insecurity is anticipated to increase.

Initiatives

- Famine Relief

2017 Update

In June 2017, RMF distributed 450 food packages to IDPs (internally displaced persons) in Ceelasha Biyaha, Somalia. Our first distribution consisted of 150 food packages containing pasta, canned tuna, and dates. Each package held enough to feed a family of 6 for 10 days. During our second outreach, we successfully distributed 300 food packages. Each of these packages contained enough food to feed a family of 6 for 5 days. The food packages were distributed to benefit malnourished children in particular, and to allow the people to celebrate Iftar, breaking their fast with nutritious foods.

RMF will continue responding to the immediate emergency food crises and needs of drought and conflict-affected communities through the provision of a food voucher system for 150 households within two identified districts. These efforts—implemented with support from LDS Charities and in partnership with local nongovernmental organization SAACID (Somali, meaning "to help")—will further assist in mitigating displacement to distant areas. According to the United Nations Statistical Working Group, each Somali household averages 6.3 people. This initiative will support over 900 people monthly, for a period of six months. The beneficiaries are comprised of new and destitute IDPs fleeing from government and Al-Shabab clashes and interclan fighting.

Target districts:

- Kahda District, Banaadir Region, Western Mogadishu
- Adale District, Middle Shabelle Region

Kahda District of Banaadir Region is the largest host area of IDPs from three regions, namely Lower Shabelle, Bay, and Bakol. Adale District is a small, coastal, semi-arid rural district that depends on rainfed agriculture, pastoralism, and fishing. It was hit particularly hard by the drought of 2011, where all pasture was depleted with most pastoral families losing 80–100 percent of their herds. Adale has suffered from drought in three consecutive seasons and hosts IDPs fleeing from Al-Shabab.

The intervention will begin in January 2018 and provide a food package once per month to each of the 150 households. Each package will include the following supplies:

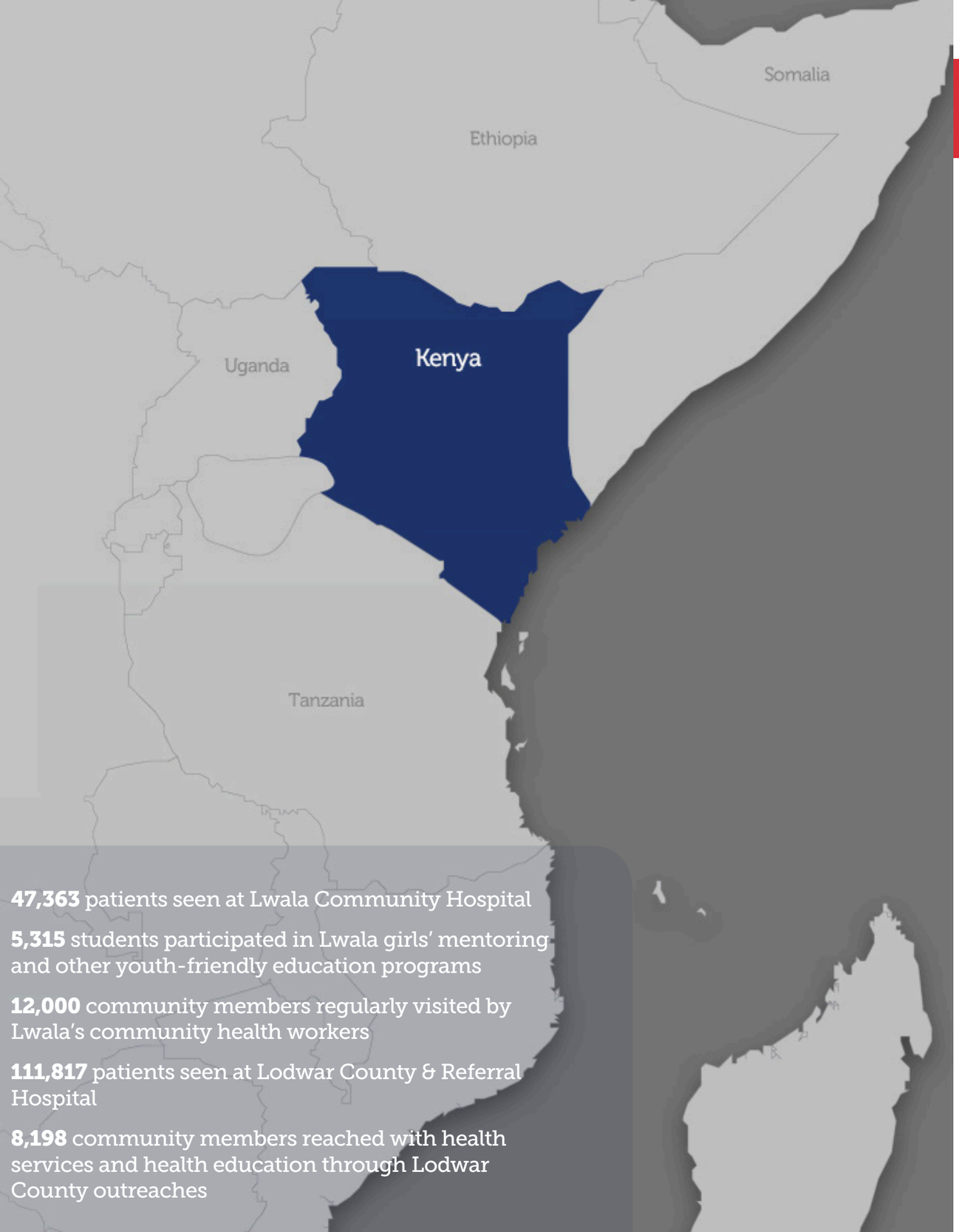
- 50 kg of rice
- 25 kg of wheat flour
- 5 kg of pulses
- 25 kg of sugar
- 5 liters of cooking oil

Vulnerable families are selected by community elders and local authorities, together with the project implementation team. The voucher system will be comprised of a ration card distribution that will allow households to independently access additional household needs from the market.

The implementation team will confirm the identification and selection, as well as facilitate the sensitization of intended recipients. Following this process, there will be registration of recipients. A tender will be put out to select the best quality and price of food items, and facilitation of the voucher system will follow.

The program was designed in partnership with local target communities, nongovernmental organization SAACID, and other local authorities and will continue to engage the various stakeholders throughout project implementation. We will thus help to sustain 150 vulnerable IDP families (about 900 beneficiaries) in Adale and Kahda districts by improving their food intake and meeting dietary needs, ultimately supporting these families' efforts to regain health and self-sufficiency.

Source: https://commons.wikimedia.org/wiki/File:UPDF_celebrate_Tarehe_Sita_in_Somalia_09_(6840607831).jpg



47,363 patients seen at Lwala Community Hospital

5,315 students participated in Lwala girls' mentoring and other youth-friendly education programs

12,000 community members regularly visited by Lwala's community health workers

111,817 patients seen at Lodwar County & Referral Hospital

8,198 community members reached with health services and health education through Lodwar County outreaches

Kenya

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, 39 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 30,000 people who are able to access health care at the Lwala Community Hospital by foot or short motorcycle transport.

Initiatives

- Lwala Community Hospital
- Lodwar Clinic and Mobile Medical Outreach
- Lodwar County & Referral Hospital

2017 Update

Lwala Community Hospital

- In 2017, RMF-supported Lwala Community Hospital has seen the largest number of patients since its inception. 47,363 patient visits were provided, an increase of almost 1,000 visits compared to 2016. These numbers are meaningful, because they show a continued 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 continues to focus on quality of care. Quarterly case reviews are carried out with Vanderbilt University Medical Center clinicians, and of 63 facilities assessed by USAID's PEPFAR program, Lwala ranked highest. We are also proud to report that 93% of our patients said they would recommend Lwala to a friend.
- 6,457 adolescent reproductive health visits were provided, with the goal of promoting healthy practices, preventing teen pregnancy, and lowering the risk of HIV-transmission.

Community-Led Health

- 12,000 community members, mainly under-5 children and mothers, were regularly visited by Lwala's 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 effort to get under-5 children immunized, leading to a rate of 96% 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 57% (DHS 2014).
- Almost 3,000 households were screened for nutrition vulnerability, and 800 individuals were enrolled in gardening and nutrition training, accessing seed inputs and individualized follow-up.
- We have been able to virtually eliminate mother-to-child transmission of HIV for the third year in a row, with 98% of HIV-exposed infants supported by Lwala testing negative 18–24 months after birth.
- 3,000 individuals participated in our annual 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.
- As a result of Lwala's water, sanitation, and hygiene training and promotion events, 332 new latrines were constructed in the community.

Maternal Health

- 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.
- We saw an 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 9,291 CYP in 2017, an increase of almost 4,000 CYP from 2016.
- Lwala also saw an increase in prenatal care attendance, with 78% of women attending four or more antenatal care visits in 2017, a 17% increase from the previous year and well over the county average of 56% (DHS 2014).

Youth Achievement

- Lwala collaborates with 13 government-run primary schools engaging with school management, teachers, students, and local youth leaders. 5,315 students participated in our education programs in 2017.
- Lwala supports girls who dropped out of school due to early pregnancies through mentorship and school re-entry support.
- Lwala continues to provide sanitary pads and school uniforms to build the self-agency of girls to remain school.
- In 2017, children completing primary school in this area were 52% girls and 48% boys, a significant step towards gender parity; in 2010, only 37% of children completing primary school were girls.
- During the previous year, Lwala had launched an e-reader program. Three pilot Class 6 classrooms received e-readers for each student, reaching 135 total students. The preliminary findings of a research study on the one-to-one model of the e-reader program show a 19% improvement in literacy in program participants compared to the control group.
- A similar study was started for our new library model launched in 2017 to determine if the same literacy outcomes can be achieved at a lower cost per student. A follow-up program assessment was conducted in October 2017, and we found that results were more moderate compared to the one-to-one model but still encouraging. We are anticipating a multiplied impact the second and third years of the program.

Economic Empowerment

- After a successful 6-year partnership with Development in Gardening (DIG), this gardening-based nutrition program was handed off to the Lwala team. The Lwala team has fully integrated nutrition programs into our community health and clinical model.

Beneficiary Profiles

Client enrolled in HAWI project comes to terms with his new HIV status

Evans is a married, middle-aged man with two children. After getting sick, he visited RMF-supported Lwala Community Hospital, where he was tested and counseled on his HIV-positive diagnosis. Despite this diagnosis, Evans refused to believe that he had contracted HIV. After his condition deteriorated, he visited the hospital for further testing. Still ignoring the clinician's recommendation, Evans requested to be discharged and refused to enroll in antiretroviral therapy.

One day at home, Evans heard loud music from a nearby market. He was too weak to go to the event but could hear fellow community members talking about HIV, telling their stories about how they overcame fear and stigma to seek treatment. Evans thought about his own fear, especially about what his wife and children would think—would they disown him? He never thought that HIV would be a battle he would have to fight. As Evans continued to listen, he asked his son to tell the event organizers that he would like to speak with them.

Evans learned about the HIV and WASH Integration (HAWI) program through a community health worker who had helped mobilize the community for the event. Evans joined the program willingly, after hearing such positive feedback from his community members. The community health workers and clinical staff worked together to help Evans disclose the diagnosis to his partner, always available to provide support as needed. He says, "I thank God for the step I made to visit the Lwala Community Hospital almost two months ago and for my wife's acceptance of my new HIV status. I now live stronger and healthy, free from illnesses that previously affected me. They do not haunt me anymore." He continues, "However, it hurts me to think of the wasted resources during my denial period. If I could turn back the hands of time, I would have disclosed my status to my family members much earlier and probably protected the family from wasting their time and resources."

Since enrolling in the HAWI program, Evans has regained his strength and now works in his kitchen garden. His wife and the community health worker ensure that Evans adheres to his daily antiretroviral treatment. Their family lives close to Lwala Community Hospital, and Evans looks forward to regular clinical appointments and medication refills. The positive impact that HAWI has had on his life inspired him to become an advocate in the community. Evans supports community members who are in denial of their HIV status and encourages everyone to seek care.

Vera Awuor Onuko

Vera Awuor Onuko is a 13-year-old girl attending Tuk Jowi Primary School. As a young girl living within the North Kamagambo region, she is vulnerable to teen pregnancy, sexual and gender-based violence, and sexually transmitted infections. Over holiday breaks, this risk increases, as the youth have more opportunities to engage in sexual activities outside of a nurturing school environment.

Vera feared this heightened pressure, unsure how to confidently say "No." To learn how to protect herself, she attended RMF-supported Lwala Community Alliance's Better Breaks program. Over one week during the holiday break, mentors educated Vera and other pupils on sexual and reproductive health and self-agency to build confidence and reduce risky behavior. Applying these tools, Vera now uses assertive eye contact and communication to resist pressure to date boys. She recognizes her own self-worth and rights as a young girl, intending to build positive relationships that do not endanger her well-being. Vera no longer feels threatened by teen pregnancy and is confident she will continue her education, using stress management and goal setting to achieve in school.

In her words, "I am so happy that I have improved my education. I now have confidence to talk before people and even recited a poem in front of the whole group. Though I now feel safe from becoming pregnant, other girls may not. I want all youths to attend Better Breaks to learn how to abstain and stay in school." With this knowledge, she believes that teen pregnancy, early marriage, and school dropout can be avoided. Vera is excited to participate in future Better Breaks programs and vows to spread this knowledge to her peers to better their lives.

Lodwar Clinic and Mobile Medical 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, providing much-needed health care and mobile outreaches to communities not traditionally served by the healthcare system in Kenya.

Our medical services became 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 to migrate approximately every four months, and a new group of villagers arrives about every four months; therefore, we provide 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 began 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.

2017 Update

Thanks to RMF's funding of outreach staff, health consultations, supplies, transportation, and logistics, the Turkana Central Ministry of Health (MOH) has been empowered to reach rural populations that would otherwise have difficulty accessing medical services. This has resulted in marked health gains for remote and nomadic communities, who often looked to witchdoctors for treatment rather than traveling long distances to access health care. From February to December 2017, 132 integrated outreach activities were conducted, providing consistent care and health education 12 of the most remote regions of Turkana.

- 8,198 community members were reached with public health messages and health education. Public health education continued to be conducted at the beginning of every clinic day, as well as individual teaching on specific cases in the course of treatment. We have found that health education is the best way to prevent common diseases, and these talks have been well received by the community.
- 7,579 children and pregnant and lactating women benefited from nutrition services. Severely malnourished cases were diagnosed using mid-upper arm circumference (MUAC) and managed at various health facilities linked to the outreach sites.
- 2,112 children and pregnant and lactating women received vitamin A supplementation, and 2,278 clients received deworming services.
- 5,193 patients were treated for ailments such as malaria, respiratory tract infections, urinary tract infections, skin conditions, and eye infections. This has contributed to a reduction in mortality caused by these conditions.
- Vaccination against childhood diseases is a vital activity during our medical outreaches. Many of the diseases that occur in Turkanaland are preventable, and it has been the effort of every stakeholder engaging in medical care to make sure that children within our catchment area are immunized in order to save their lives. During 2017, we fully immunized 500 children, and additional children benefited from various immunizations such as OPV3, Penta 1, Penta 3, and Measles 3.
- 764 pregnant women received antenatal services, including tetanus toxoid vaccination, IFAS, and vitamin A supplementation, in addition to health education. Thanks to these outreaches, both ANC attendance and immunization coverage improved as compared to the same period in the previous year. The sub-county also saw a rise in safe deliveries, which almost doubled from the previous year.

Lodwar County & 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. 2017 marks the 7th 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. RMF continues to support Lodwar County & Referral Hospital, helping ensure that the facility is fully supplied and able to perform its functions well.

2017 Update

- 111,817 patients were seen at Lodwar County & Referral Hospital (formerly Lodwar District Hospital) during 2017, with an average of 9,318 patents 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 2017. 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. Implementation is set to begin in 2018.

Beneficiary Profiles

Ekimat Ekwolo

Age: 8 years old
Sex: Male
Residence: Kambi Mawe

History:
Ekimat was admitted through the comprehensive care clinic with complaints of chest pain, fever, anemia, and HIV/AIDS. Ekimat's mother had attended the antenatal clinic at Lodwar County and Referral Hospital, and he was delivered successfully at the hospital according to the Kenya Ministry of Health standards. Ekimat had also received all immunizations as per the guidelines. Ekimat is the firstborn in a family of three children. His father died when Ekimat was 4 years old, and since then, his mother has been taking care of the family, relying on well-wishers and government support for survival. The family lives in Kambi Mawe.

The boy appeared very ill on admission: his temperature was 39.5 degrees Celsius, with two febrile convulsions, difficulty breathing, and lack of appetite. He then went into a coma, still with a high temperature and producing thick mucus from the mouth.

Diagnosis: Pneumonia and HIV/AIDS
- Full hemogram/ESR
- Chest x-ray

Treatment:
Ekimat was put on oxygen, and his condition remained unstable. He was monitored for four hours, and because he could not eat, he was given F75 through a nasogastric tube.
- Ceftriaxone 150 BD
- IV phenobarbital, 45 mg/kg, 48 mg loading dose for maintenance at 15 mg/kg/OD =17.5
- Intravenous fluids -320 ml/24hrs, 5% dextrose and Ringer's lactate
- Calpol syrup 2.5 ml TDS
- Amikacin 35 mg OD

Ekimat's condition remained unstable for 2 days, and he was kept on oxygen. The boy stabilized on the third day: his temperatures was now normal, and he could eat a little. Thanks to RMF for the emergency drugs that helped save Ekimat's life. His mother and the pediatric staff were very grateful and happy.

AMERICAS

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

500 community health promoters trained

122 health clubs established, with over **1,100 members**

Haïti

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

Initiatives

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

Orthopedic Surgical Program

Background

RMF continues our Orthopedic Surgical Program in Haïti, 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 five 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 Haïti'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.

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 relocated from the Lambert Santé Surgical Clinic in Pétion-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.

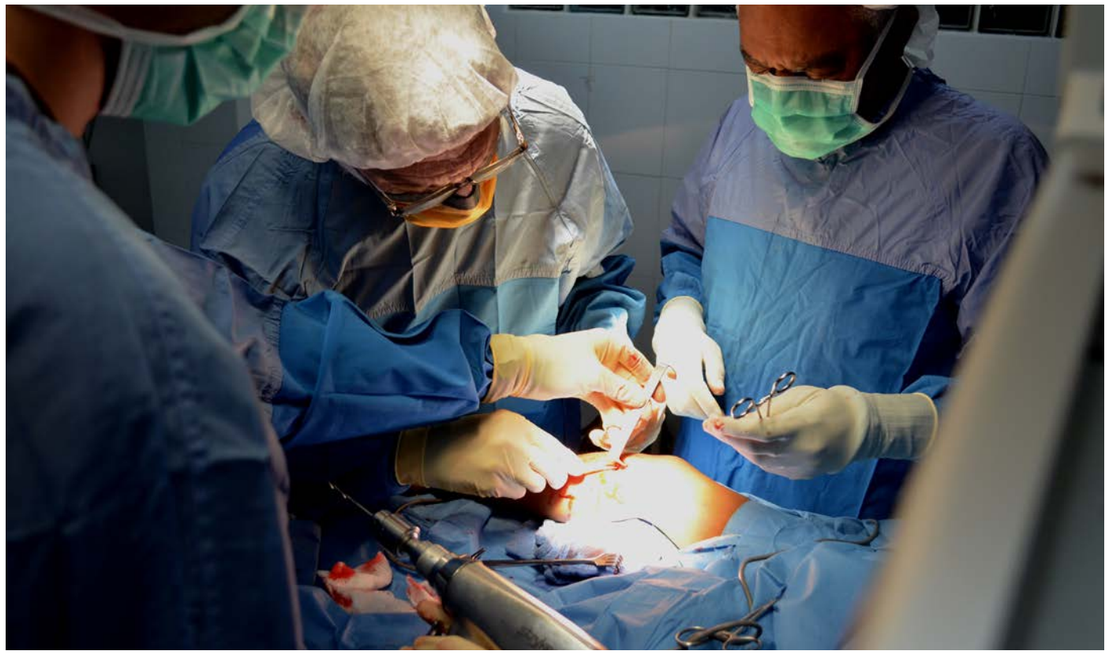
2017 Update

So far, over a five-year period, 75 children and young adults have received preoperative biological and imaging screening, specialized elective orthopedic surgery, postoperative follow-up visits and wound dressings, and radiographic assessments to treat their conditions. These comprehensive treatments, from screening to final healing, have been made possible at a small fraction of the cost, allowing these children to gain mobility and confidence that will help to improve their future, as well as their contributions to society.

Selection and screening of new patients continued throughout the end of 2017, but the first previously selected 10 children could not be treated during the December vacation because of social and civil unrest in the capital and provincial towns during the last month of 2017, coupled with the reluctance of the children's parents to have their child taken out of school during the required 2- to 3-week postoperative period.

We took the time, however, to seek as planned additional sources and partners to promote the orthopedic surgical program component of CORE. Our team met with Minister of Health and Population Dr. Greta Roy- Clément, who was very interested in the whole project and connected us to other relevant public institutions which could benefit from the services we offer.

Beneficiary Profiles



2017: 4th Edition of Program, Part 2

The second part of the orthopedic surgical program's fourth installment was launched in April 2017, and selection of the first 10 patients were finalized mid-June. 9 children and 1 adult are part of this first group treated between June and July at the Centre Hospitalier Sainte Marie (CHSM). This group included some patients already screened and treated by the program, for whom a second surgery was required, as well as new patients selected through the St. Vincent Clinic and new primary and rehabilitation care facilities. Screening of the next 10 patients also began, and 5 additional were selected for surgery in August. Next are four case studies chosen from the first ten children to benefit from the surgical program this year:

Medgine Olivier, 13

Medgine is a 13-year-old girl who has been an orphan as long as she can remember. At age 2, she was lucky to be placed in an orphanage funded by a Dutch organization, where the owner of Coeurs pour Haïti (Hearts for Haïti) took her under his wing and began actively looking for funding to allow Medgine to have surgeries.

When he learned about the orthopedic surgical program, he found in our services exactly what he was looking for to help this disenfranchised girl.

Medgine, who was then 12 years old, suffered from severe bow-legged deformity of both her lower limbs. The deviation, affecting the thigh and shinbones, was diagnosed as caused by rickets, a vitamin D deficiency, very easy to prevent with daily supplements, but much too often observed in rural Haïti, mostly for lack of proper health education. Her femurs and tibias are curved as a result and need to be corrected surgically to offer normal alignment and ambulation.

After the first surgery on her right side in 2016, Medgine showed very satisfactory results in realignment of her lower extremity and started physical therapy to strengthen her right thigh and leg muscles and prepare for surgery on the left side. We were able to perform this second procedure in June 2017, again with a very suitable outcome. With follow-up x-rays showing early signs of bone healing, Medgine was referred to start physical therapy to prepare for walking on her newly corrected legs.

It was a completely changed girl who came in for her follow-up visit, after her cast removal 2 weeks before. Medgine's wound had completely healed after her second surgery in June 2017. She could now see how her legs were realigned and, most of all, she could see how her dream had come true.

Fletcher Saintil, 9

Fletcher Saintil is a 9-year-old, very sweet boy. He is the third child of a family of four children and was born afflicted by a severe deformity of the lower extremities, more pronounced on his left side. Fletcher's condition appears to be due to an illness called Blount's disease.

His parents are very modest in origin and means, and they initially sought treatment at an outpatient clinic devoted to such conditions in downtown Port-au-Prince.

St. Vincent Clinic, where Fletcher was being seen, is currently unable to provide any kind of surgical treatment for the children that they see regularly for outpatient services. Thus, Fletcher was sent home without any solution to his deformity. He was among the 20 children selected for the (2014–2015) orthopedic surgical program installment and scheduled in the second session of 10 surgeries, but he was prevented from being treated when the orthopedic surgical program ran out of funding at that time. Later in 2016, difficulties in contacting his parents prevented him once more from being selected when the second half of this program was finally completed.

This time around, thanks to funding provided by LDS Charities, Fletcher was able to be called back and screened once last time to finally find a solution to his long-standing deformity. He and his father could barely contain their joy when they got the call to come in for screening.

8 weeks post-surgery, Fletcher had regained full mobility of his knee and ankle and was ready to start physical therapy to begin using his newly corrected leg.

Nekelida Joseph, 9

Nekelida is a 9-year-old girl, the third child in a family of four children. She was born afflicted by the same type of severe lower extremity deformity as Fletcher, but only on her right side.

Her parents also sought out care initially at St. Vincent Clinic in downtown Port-au-Prince, before being referred to RMF's orthopedic surgical program when staff at St. Vincent Clinic informed the family that surgical resources were not available at the clinic.
Nekelida was among the last of the 10 children to be treated during this session, and a realignment osteotomy of her shinbone was performed with overcorrection of her deformity to prevent recurring deviation and loss of reduction and a long leg cast was applied to properly immobilize her lower extremity.

3 weeks after her surgery, Nekelida's cast and sutures were removed, and a removable splint was applied to allow passive physical therapy until her next visit. Our young patient seemed very happy with the way her leg looks now.

Berline Masse, 8

We met Berline back in 2012, after she was evaluated at St. Vincent Clinic following an initial surgery done at the University General Hospital in Port-au-Prince. She was afflicted by a bow-legged deformity of both lower limbs since birth and had received a corrective operation at the University General Hospital with apparently unsatisfactory results.

When we first saw Berline, who was then 8 years old, we were impressed by her resilience and her smile. She shared that her deformity was the cause of much teasing and sometimes harsh remarks from children she knew, and although sadness could be seen on her face as she was telling us about being teased, her smile was never far and came back so fast, it lit up the room.

We first tried a delayed result procedure on Berline's legs by impairing growth on one side of her shinbone in 2013. She was supposed to be reevaluated in 2014, but despite our best efforts, when we tried to reach Berline's mother 6 months after the surgery, we could not get in touch with her. We were finally able to reach her in 2015, 2 years after Berline's surgery. She apologetically told us that she had been afraid of another surgery. Later, she did not come back for the follow-up visit we had scheduled with her.

We lost track of Berline again and could not reconnect with her parents before the end of 2016. It was not until June 2017 that Berline's mother came back voluntarily to Dr. Beauvoir's office with her now 12-year-old daughter. Berline's left lower limb had been almost completely corrected, but the right leg showed a severely worsening condition, and as it is common with Blount's disease, her growth cartilage had prematurely closed.

An osteotomy was performed on Berline's severely deformed right leg to correct both the bowing and rotation of her shinbone. Very satisfactory results were obtained postoperatively, and Berline was discharged. She was the last of the first 10 patients treated through our orthopedic surgical program in 2017.

Conclusion

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 six 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 six-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:

- Educational component: Providing long-term educational activities directly in the communities, teaching at-risk populations about global hygiene as a means to understand and prevent communicable diseases and epidemics, as well as disaster preparedness
- Surgical component: Improving and exponentially developing specialized and increasingly complex surgical procedures, for both children and adults in need of such secondary or tertiary care
- Emergency care: Subsidizing increased access to emergency care at CHSM Hospital, a modern facility where every patient will be received, stabilized, and also treated through comprehensive care coverage models
- Family care: Subsidizing medical and surgical treatment of identified and/or at-risk families with low or no income and offering them year-long access to primary and secondary care at CHSM Hospital
- Disaster response: Organizing and implementing fast and pre-organized response missions into areas struck by natural disasters and epidemics, while developing proactive steps in the communities reached by CORE
- Mobile clinics: Improving regular outreach missions into numerous communities and expanding the coverage of the project incrementally

The efficiency of the project resides in its interwoven design; each component of our six-pronged approach remains linked with the others and has the potential to strengthen and provide substance to each aspect and the project as a whole.

Educational programs and mobile clinics, while developing preventive and primary healthcare services, will also allow an entry point in numerous communities where patients for the surgical program may be identified, while paving the way towards a better organized disaster response in communities we have already visited and permitting early stabilization and transportation of trauma patients back to CHSM's facility for treatment.

Emergency care will allow coverage of specialized surgeries and emergency treatment of life-threatening medical conditions for groups with very limited access to this level of care, while bolstering the coverage provided through families sponsored in the family care component, and more.

All components of the CORE project are connecting cogs working together to provide empowering education to prevent communicable diseases, family and emergency care to treat conditions endemic in target communities, surgical care to increase the level of services available to low-income families, mobile clinics to bring health care directly to communities and secure regular monitoring of health indexes, and finally, a disaster relief program already in place and quickly deployable when needed.

Two of the envisioned 6 components of this community outreach project were fully developed between the summer of 2017 and the first months of 2018, as the healthcare education and orthopedic surgical programs have continued to move forward and made great advances.

Heath Education Component

The end of 2017 saw the completion of our first healthcare education mission, where we focused our efforts on establishing viable health clubs in communities reached through the development of the ADYS program (Ale Di Yo Sa, literally translated "Go Tell Them This"). This initiative, part of the KPS project (Konesans Pou Sove Lavi, literally translated "Knowledge to Save Life"), was initially implemented through Adventist and non-Adventist churches in 2016, and is now, with the supervision of RMF and support of LDS Charities, making strides to reach more localities as part of the CORE project.

The population reached during this first 6-month healthcare education mission consisted of approximately 120,000 inhabitants of 10 selected communes and municipalities in the western and southern departments of Haïti, where 122 health clubs were successfully established and implemented. The health clubs remain self-sustainable and available for further development, as the messages communicated are kept alive and constantly renewed by creating and distributing work tools and popularizing important knowledge in our "good health habits through songs" audiovisual messages.

This innovative healthcare message delivery system is simple and efficient. During implementation of the health clubs in the communities, the outreach teams sang and taught 10 folk songs to the children and adults registering and participating in the club's activity. These very catchy tunes and easily remembered messages cover a wide range of health topics, spreading knowledge, precautions, and safety measures on breastfeeding, child development, hygiene, nutrition, diarrhea, family planning, protective measures, respiratory diseases, HIV/AIDS, vaccination, accidents, and natural disasters.

More than 1,100 people registered in the newly established health clubs, and education kits were distributed to all the clubs created in the following locations: Les Cayes, Cavaillon, Saint-Louis-du-Sud, Léogane, Gressier, Carrefour, Croix-des-Bouquets, Tabarre, Port-au-Prince, and Pétion-Ville. In addition to regular activities, Global Handwashing Day was celebrated on October 15: the program launched community activities in the locations where the outreach team was implementing the health club that day, including Port-au-Prince, Pétion-Ville, and especially Carrefour. Through education and demonstration, a total of 6,000 hands were washed. Among the other accomplishments of the program, a weekly radio show discussing health topics and interviewing healthcare professionals has been implemented and continues to broadcast on a regular basis. The program also played a key role in the realization of a mass awareness activity: the 2017 Health Festival. The event was sponsored by the Ministry of Health and Population, and numerous organizations and institutions participated, benefitting an estimated 700+ attendees, who received valuable information on preventive health measures and learned about our health outreach program and educational songs.

Surgical Component

As previously stated, RMF's Orthopedic Surgical Program has been successful in Haïti for the past 5 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 75 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 Haïti, this program is paramount in rendering seriously impaired young Haïtians more functional and participative in their communities.

Family and Emergency Care Component

An integral component of the Community Outreach and Rehabilitation Effort (CORE) project is family care, and RMF Haïti's goal is to implement a program which will provide access to comprehensive and quality care to selected Haïtian families through a careful process of selection, fitting the criteria chosen to render them eligible to benefit from this component.

Capitalizing on Centre Hospitalier Sainte Marie's family care program: Familles en Santé (Healthy families), we aim to sponsor an initial 1,500 carefully screened low or no-income families in this program and progressively increase the numbers of RMF-sponsored subscribers to reach 3,000 families by 2019. The prepaid package of this coverage will include outpatient, hospital, and even minor surgery services a total of 6,000 Haïtian families of up to 5 members (2 adults and 3 children).

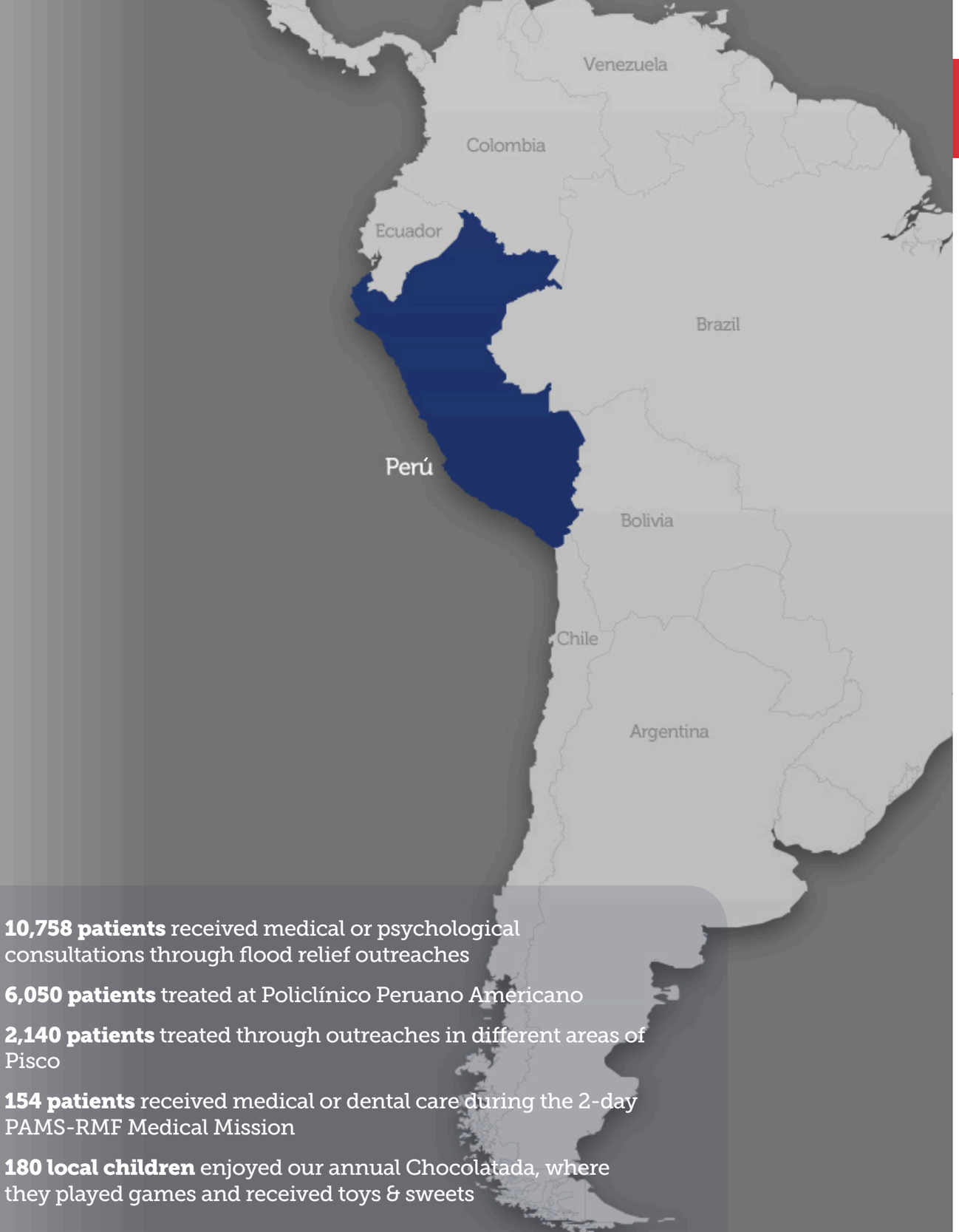
The cost for this package is evaluated at a monthly contribution of $50.00 per family, with a 10% co-pay for the services provided to each family member subscribed to the program, which will cover outpatient consultations, basic outpatient biological and imaging exams, and oral medications for outpatient treatment protocols. Any additional family member (child) will require a $10.00 additional fee. This program, coupled with the emergency coverage program, can effectively provide access to and delivery of quality health care for these usually forgotten members of the target Haïtian population.

For the emergency care program, rather than targeting specific age groups and maladies as we are doing for the surgical component, we came to the conclusion that allocating an emergency fund would be the best option to support all treatments provided by Centre Hospitalier Sainte Marie (CHSM) to low and no-income patients that visit the emergency room. This option would also best serve the goals of making emergency care readily available to these specific populations at risk, while trimestral or quarterly reports will be provided by CHSM, detailing the patients treated thanks to this emergency fund.

Moving Forward

Our goal between 2018 and 2019 is to ensure the accomplishment of the following activities:

- Treat 120 surgical cases by end of 2019.
- Continue implementation of our innovative health education program during the whole year, relying on the creation and facilitation of health clubs in the targeted communities and the popularization of our "good health habits through songs" audiovisual messages.
- Add implementation of our family and emergency care components, offering these services to more than 6,000 families of up to 5 members, including an emergency package through a dedicated fund for this subsidized population of up to 30,000 people with low or no income.
- Develop mobile health clinics in all the communities reached by CORE. This is to be accomplished in the long-term, implemented by continuing to establish key groups (health clubs) in all these regions, where our disaster response unit will follow through and implement rapid and standardized responses in case of catastrophe.



10,758 patients received medical or psychological consultations through flood relief outreaches

6,050 patients treated at Policlínico Peruano Americano

2,140 patients treated through outreaches in different areas of Pisco

154 patients received medical or dental care during the 2-day PAMS-RMF Medical Mission

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

Perú

Policlínico Peruano Americano

Initiatives

- Policlínico Peruano Americano
- Perú Flood Relief

Background

In 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.

2017 Update

Ten 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. This mode of operation is in alignment with RMF's overall vision to empower communities through knowledge, encourage co-responsibility where possible, and build longer-term self-sustainability.

In 2017, we provided medical attention to 6,050 patients at RMF's health clinic, Policlínico Peruano Americano. Of these, 1,903 patients were infants and children (age 0–14 years) and 1,058 were seniors (age 60 or older). We also provided laboratory work, ultrasounds, EKG examinations, and other diagnostic services.

With the flooding in February and March of 2017, there were 217 cases of dengue reported in San Clemente, the district where RMF Perú has our main clinic. RMF distributed 1,000 bottles of insect repellent to residents and patients of San Clemente as a preventive measure. State institutions were responsible for fumigation, and RMFP was the only organization that provided free distribution of insect repellent.

During October, November, and December 2017, RMF Perú's team conducted medical campaigns in different areas of the province of Pisco, including Villa Tupac Amaru and Independencia District. Through these outreaches, we provided free health services and medications to 2,140 patients. Similar to our flood relief program, RMF worked with local authorities and medical professionals to ensure safe and successful outreaches.

RMF Perú maintained a cordial partnership with the Peruvian American Medical Society (PAMS), welcoming Dr. Hugo Tapia and his team to San Clemente for the PAMS-RMFP Medical Mission.
This year, for the eighth time, we hosted the PAMS-RMFP Medical Mission. The mission ran for two days: August 14–15, 2017. In addition to RMF Perú's team, services were provided by four medical doctors, three dentists, and one social worker. During the two-day mission, we were able to see 154 patients, of which 111 received medical care and 43 received dental care. We also gave out free medicine, which was provided by PAMS, and performed laboratory tests, such as screening for kidney diseases. From year to year, the PAMS mission also donates material goods to RMF's Policlínico Peruano Americano. This year, they donated one laptop and one nebulizer to contribute to the implementation of services at the clinic.

180 local children attended RMF Perú's Chocolatada Christmas celebration, which was successfully organized again this year. 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 enjoyed a Christmas show and received a gift, sweets, and soft drinks.

Perú Flood Relief

Background

Since December 2016, flooding and mudslides in Perú have caused at least 90 deaths, damaged an estimated 150,000 homes and businesses, and caused extensive damage to infrastructure and crops. Northern Perú has been most affected, as well as the capital city of Lima. In a live broadcast to the nation, Perú's president, Pedro Pablo Kaczynski, stated, "There hasn't been an incident of this strength along the coast of Perú since 1998." Many flood victims are from poorer areas, where their makeshift homes were quickly overrun with mud and water.

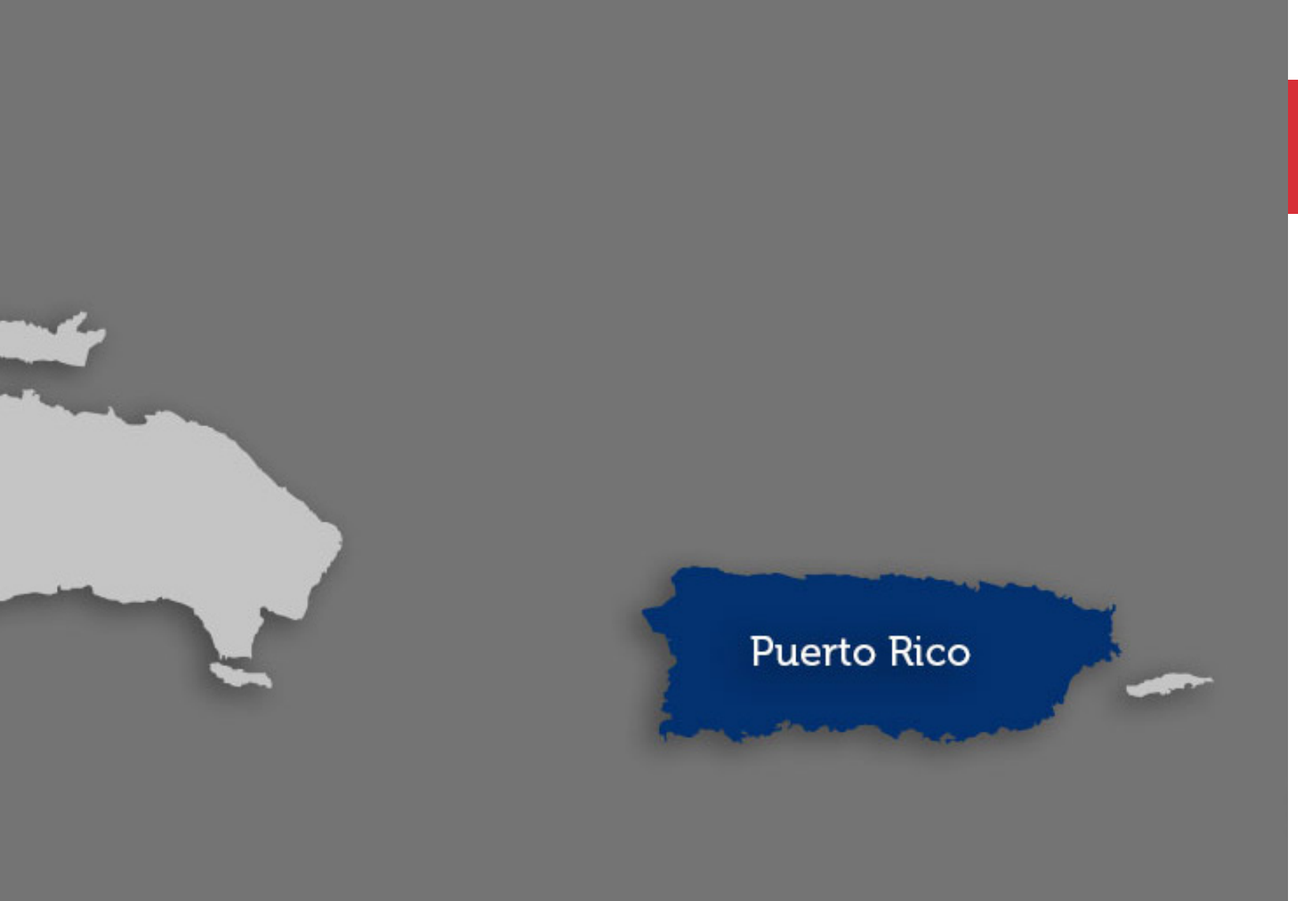
After flood waters receded, mud and stagnant pools of water remained, causing a rising number of dengue and Zika cases. On May 27, 2017, the well-respected Peruvian newspaper, El Comercio, reported that per the Ministry of Health, there have been 44,971 cases of dengue registered this year in Perú—27,000 more than during the same time period of 2016. Cases of Zika have been less common, with 23 reported in Lima as of June 1, 2017. With the approach of winter, the cold weather would help lower cases of mosquito-borne illnesses; however, people in poor towns and neighborhoods (typically hit hardest by the flooding and landslides) were in need of shelter and warm blankets.

2017 Activities

In January 2017, RMF's Policlínico Peruano Americano began serving as a base of operations to collect and distribute food, clean water, clothing, and other supplies for flood victims. Although San Clemente, the poorest district of Pisco, where RMF Perú is based, had been affected by the flooding, our team knew that the most devastated areas were farther north. In May 2017, after several planning sessions, meetings with authorities, and trips to assess areas affected by the flooding, RMF Perú decided to focus our flood relief efforts on several affected towns northeast of the capital city of Lima: Barba Blanca, Huinco, San Pedro de Casta, Santa Eulalia, and surrounding communities in need of aid. Thanks to the support of LDS Charities, we were able to implement 105 days of health outreach, providing medical and psychological consultations to 10,759 people in flood affected communities, as well as medicines, insect repellent, mosquito nets, hygiene kits, warm blankets, and drinking water to those most in need. All services and supplies were provided to community members free of charge.

- Supplies were purchased in-country, including basic medical equipment, medical supplies, medicines, insect repellent, mosquito nets, blankets, drinking water, and other supplies, as well as essential items to assemble hygiene kits.
- Outreaches were advertised on local radio stations or through word of mouth, and our team coordinated with local municipalities, churches, and schools to ensure effective and efficient operations.
- RMF Perú's outreach team, consisting of 2 medical doctors, 2 psychologists, 1 nursing tech, 1 pharmacy tech, and 3 logistics/coordination team members implemented all activities.
- In addition to serving 10,758 people through outreach clinics in flood affected communities, the team conducted health education sessions in local schools, distributing insect repellent and educating children on the prevention of dengue and Zika. Psychology group workshops were also provided at both outreach clinics and schools.
- 3,775 bottles of insect repellent were distributed to schoolchildren and community members.
- 1,581 blankets were distributed, with priority given to the elderly and families living in temporary shelters.
- 480 containers of water were distributed in communities where safe drinking water was not readily available.
- 251 hygiene kits were distributed, containing a T-shirt, socks, underwear, soap, shampoo, towel, flashlight, and diapers when appropriate, with priority given to the elderly, girls from a children's shelter, and families living in temporary shelters.
- 25 mosquito nets were distributed in Barba Blanca, a small mountain community where 15 families were still living in tents.

From the RMF Perú team: We closed the year with more than 16,000 patients receiving medical care. 2017 was a satisfying year for the members of the RMFP team, who visited other departments of Peru and helped to spread the humanitarian work of our organization, carried out thanks to the contributions and donations from people of altruistic spirit, for whom we are very grateful.



292,917 hurricane victims targeted through new initiative

250 pounds of basic medications and supplies initially distributed

5 municipalities visited during initial needs assessment

Partnerships formed with local medical facilities and ties strengthened with governement and NGO representatives on the ground

Puerto Rico

Hurricane Maria Relief

Background

On September 20, 2017, Category 4 Hurricane Maria hit the US territory of Puerto Rico. The winds, 155 miles per hour at landfall, completely wiped out the island's power grid and phone towers. A flash flood emergency was declared in central Puerto Rico, and the island experienced record flooding. Prior to the hurricane, Puerto Rico's infrastructure was weak, and the storm left the small island crippled. Across the island, cities reported collapsed bridges and severe damage to roadways. Many homes, businesses, and public buildings were also damaged or destroyed. As of December 2017, much of Puerto Rico remains without power, clean water, or sufficient medical supplies.

Without access to safe drinking water, locals are resorting to using contaminated water, and the risk of viral epidemic outbreaks of chikungunya, Zika, dengue fever, and malaria have increased due to the large amount of stagnant water remaining after the flooding subsided. The few hospitals still operational on the island are struggling to care for the sick and running very low on supplies and medications. In the coming months, there will be a further deterioration of living conditions in heavily affected areas, especially for the elderly and those living with chronic illness. Although some assistance has arrived, residents are learning to improvise without power or running water. Those living in remote areas waited the longest for help from emergency responders and now face a steep road to recovery.

Initiatives

- Hurricane Maria Relief

VEGA ALTA, PR

RMF

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2017 Update

Soon after Hurricane Maria's devastating passage through Puerto Rico, RMF sent a team to conduct a needs assessment, distribute 250 pounds of initial medical supplies, and form local connections. Our team traveled to 5 hurricane affected towns from October 4 to October 10, 2017. During this period, current priority needs were identified, including key partners and health facilities. The primary locations for RMF's work will include Dorado, Vega Alta, Vega Baja, Morovis, and Ciales, while medical outreach clinics will target Jayuya, Naranjito, Comerío, and Corozal—all municipalities directly in the path of Hurricane Maria.

After our initial needs assessment in October, RMF Founder and CEO Dr. Martina Fuchs visited Puerto Rico from December 1 to December 9, 2017, strengthening ties with local authorities, medical professionals, and organizations. RMF then began working closely with Dr. Luis Gonzalez Bermudez, who oversees 5 medical facilities in the Vega Alta municipality. Thanks to support from LDS Charities and individual donors, we began supporting the operations of these 5 health clinics and hospitals, and Dr. Martina Fuchs will return in February 2018 to guide our Puerto Rico team as per next steps of the program. Through RMF, the clinics will also receive essential medical supplies from Direct Relief International (DRI).

RMF's planned response will include the following activities:

- Provide an adequate environment for urgent medical consultations and delivery of regular primary health care services for displaced as well as host communities.
- Prioritize early detection, diagnosis, and treatment of emergency and/or life-threatening injuries and other health conditions such as diarrhea, fever, and respiratory infections, among others.
- Expand access to vaccinations.
- Implement health promotion programs in remote areas to teach at-risk and general populations water sanitation techniques, personal hygiene, and avoidance of communicable diseases.
- Provide medical referrals and facilitate transfer of patients, with family escort, through ambulance and/or other transportation services to secondary and tertiary as required.
- Partner with local organization Life Force, which provides a comprehensive ambulance system throughout Puerto Rico.
- Establish an organized referral and counter referral protocols, involving a contra deal to provide essential resources such as fuel and servicing, as well as medical supplies.

United States

Background

At home in Los Angeles, Real Medicine Foundation has initiated outreach programs at several locations in underserved areas of greater Los Angeles 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. When Hurricane Harvey devastated parts of the Caribbean and United States, RMF also initiated a psychological trauma support program to help communities during long-term recovery efforts in the southern United States.

Initiatives

- Florence Western Medical Clinic
- Family Care Center
- Hurricane Harvey Psychological Trauma Support Program

Florence Western Medical Clinic, South Los Angeles

Background

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, for example, 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 23 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 2017, 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.

Family Care Center, Downey, South Central Los Angeles

Background

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.

Hurricane Harvey Psychological Trauma Support Program, Southern United States

Background

Category 4 Hurricane Harvey hit the coast of Texas on Friday, August 25, 2017. By Wednesday, some areas had received over 47 inches of rain and flooding, and by Thursday, August 31, 2017, the storm had killed at least 44 people and damaged or destroyed 48,700 homes. 350,000 people, many uninsured, have registered for disaster assistance.

For many survivors, the fear, trauma, and loss experienced during Hurricane Harvey will result in emotional scars that may last for years to come. Long after the water has receded and homes have been rebuilt, the stress and anxiety that accompany disasters of this size and scope will remain. Research indicates that suicide rates, substance abuse, and violence frequently increase in the aftermath of community-wide disasters. Putting life back together in the form of a "new normal" is an emotionally overwhelming process. Our project focuses on communities in the affected areas to help minimize the "disaster after the disaster" and get community members back on their feet.

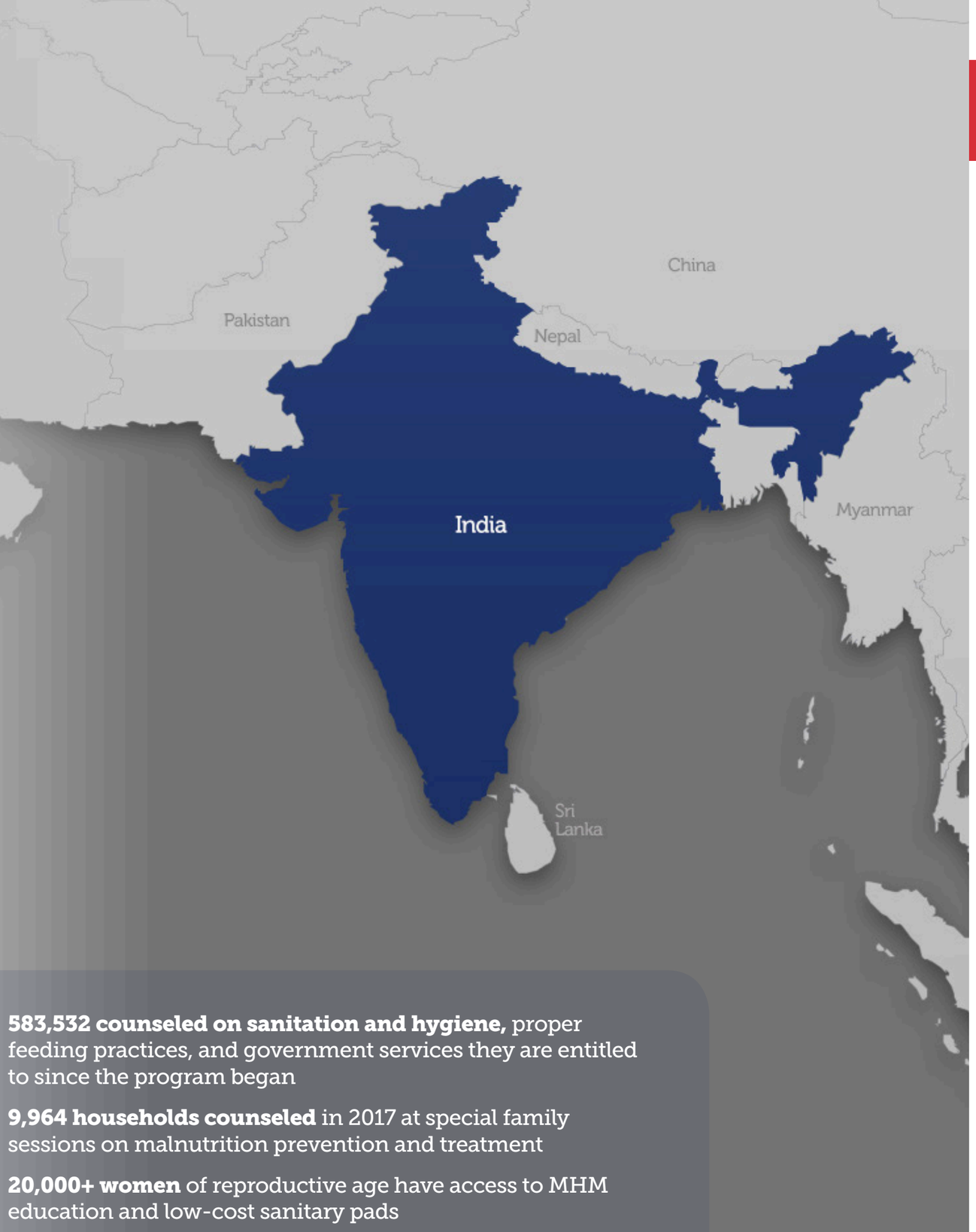
Real Medicine Foundation has an excellent track record in psychological trauma support. We believe that "real medicine" focuses on treating the person as a whole, providing medical/physical, emotional, social, and economic support. To care for victims of Hurricane Harvey, we are collaborating with Organizational Resilience International (a partner since Hurricane Katrina) to implement a 3-phase psychological support project for Hurricane Harvey victims in the Houston area.

Source: https://commons.wikimedia.org/wiki/File:Texas_National_Guard_(36678092442).jpg

In order to reach as many people as possible and to assure the delivery of services specifically designed and targeted for the recipients, we are working closely with representatives of the Christian Church in the Southwest (CCSW), an organization covering New Mexico, Texas, and parts of Oklahoma. The RMF team has begun providing consultations to ministers across the affected area, and will be offering several trainings to ministers and religious leaders from around the impacted area over the coming months. The trainings are designed to help leaders recognize some of the long-term impacts of traumatic events and to offer resources and tools so they can better support their community members. Additionally, we will be available to provide support and resources to community members and leaders during our multiple visits to the area. We will provide these services in English and Spanish in order to help address the needs of many predominantly Spanish-speaking congregations.

By working with ministers, community leaders, and community members in this way, providing them with support and additional training to help others, RMF will multiply the effect of our psychological support project and help strengthen whole communities.

ASIA



583,532 counseled on sanitation and hygiene, proper feeding practices, and government services they are entitled to since the program began

9,964 households counseled in 2017 at special family sessions on malnutrition prevention and treatment

20,000+ women of reproductive age have access to MHM education and low-cost sanitary pads

India

Malnutrition Eradication and Treatment

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 eighth 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 60 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 seven 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.

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. In 2016, 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.

Initiatives

- Malnutrition Eradication and Treatment
- Social Enterprise

2017 Update

RMF India continues to work with rural communities of Madhya Pradesh and position its program for scale. In the third quarter of 2017, we expanded our work to 10 villages in Pati block of Barwani district, increasing the target population by over 15,000. During the course of the year, 19,013 community members received counseling on malnutrition prevention and treatment, and 315 acutely malnourished children were successfully treated. Thanks to the consistent, caring visits of RMF's locally recruited Community Nutrition Educators (CNEs), lives have been saved, and the nutrition status, health education, and overall wellbeing of community members in 60 villages have been positively impacted.

Summary of accomplishments over the past year:

- 583,532 counseled on sanitation and hygiene, proper feeding practices, and government services they are entitled to since the program began
- 9,964 households counseled in 2017 at special family sessions on malnutrition prevention and treatment
- 3,869 individuals participated in 524 community counseling sessions
- 1,371 meetings held with Anganwadi workers, other stakeholders, and community members of self-help groups
- 99 children with SAM successfully referred for lifesaving treatment at Nutrition Rehabilitation Centers
- 216 MAM cases improved to normal

Beneficiary Profiles

Kalibai

Real Medicine Foundation India provides humanitarian support to underprivileged communities through field coordinators known as Community Nutrition Educators (CNEs). Each RMF Community Nutrition Educator works in 10 villages with the help of government departments like Women and Child Development, the Health Department, and panchayats (village councils).

CNEs educate families and communities about maternal and child health by using IEC materials (flipbooks) in one-on-one and single-family counseling secessions.

On December 16, 2016, CNE Akila visited the most remote village of Barwani district, Raigun, during her field visits. As her routine activity, she met with the Anganwadi worker and community members for a discussion of malnutrition in the community. After the discussion, CNE Akila followed up with a young woman named Kalibai, because she had come back to the community after a long time of traveling. She was pregnant and had now completed her 8 months of pregnancy; she would be delivering any time in the next month. The CNE asked Kalibai's husband about her maternal and child protection card. This MCP card is given by an ANM to record progress from the registration of a pregnant woman to postnatal care and child immunization records, anemia, any other complications that the mother had, and the expected date of delivery.

After seeing this card, CNE Akila noticed that Kalibai had 4.4 mg/dL hemoglobin value in her body. The CNE checked Kalibai's eyes and nails, and they were completely white. She also noticed edema. The CNE asked Kalibai about iron and folic acid (IFA) tablets, but she had not taken them because of vomiting. CNE Akila made Kalibai's family and husband aware of her severe anemia. The CNE told them that if Kalibai's anemia was not treated in time, then the mother and child might die or the child could have a low birth weight.

To avoid these severe problems, the government has established a blood bank in each district hospital. This supply is available free of cost from the government. After blood transfusions, the child and mother would be safe and healthy.

CNE Akila suggested admitting Kalibai to the district hospital immediately, but her husband refused to admit her to the hospital, because he was unfamiliar with the district hospital and admission procedures. The CNE called an ASHA (local accredited social health activist) and the Anganwadi worker to make them aware of the health status of Kalibai. They also requested that Kalibai be admitted to the hospital, but still the husband refused. CNE Akila educated the family about the district hospital facility and the admission procedure and provided counseling about care and nutritious food during pregnancy, but again Kalibai's husband did not agree. Akila asked the ASHA and Anganwadi worker to keep a close eye on Kalibai's health and to call the ambulance anytime, whenever she needed it.

CNE Akila reported to RMF India's headquarters about Kalibai. Rakesh Dhole (Program Manager, RMF India) decided to visit the village of Raigun to meet with Kalibai's husband.

The next day, Rakesh, along with Nilesh (RMF staff) and CNE Akila, visited Raigun to meet with Kalibai and her husband Kamlesh. Rakesh discussed the situation with CNE Akila and the Anganwadi worker and checked the MCP card. Our team asked Kalibai's husband about his reason behind refusing admission. Kamlesh told us,

"We both are illiterate and have never gone to district place and even not seen district hospital yet. We don't know the procedure of admission and blood transfusions. I don't know how to admit and how to get check-ups in hospital. That's why I am refusing to admit her."

Rakesh told him not to worry, because an ASHA is in the village. The ASHA would call the ambulance and go along with the family. She would help in all basic formalities at the hospital. You just have to call the ASHA. RMF's team also would like to help the family in the hospital. Now Kamlesh was happy and agreed to admit his wife to the district hospital and asked RMF's team to meet with him at the hospital the next day.

The next day, Kamlesh went to the district hospital with Kalibai and the ASHA, then called RMF's team. Rakesh and Nilesh reached the district hospital immediately, then helped the couple with admission and blood transfusions. The doctor admitted Kalibai for three to four days due to her severe anemic condition. RMF's team continued to follow up in the hospital. On December 20, 2016, Kalibai was discharged from the hospital.

On January 4, 2017, CNE Akila visited the village of Raigun and followed up with Kalibai. CNE Akila checked her MCP card and found Kalibai's hemoglobin values increased. Now Kalibai was normal and healthy.

Kalibai gave birth to a healthy little girl on January 22, 2017 in the government hospital. Now Kalibai and her husband Kamlesh are happy and well aware of the government hospital facilities. They have thanked CNE Akila and the rest of RMF's team for their support. The baby is now 3 months old and healthy.

Ankita

Bijasan has a population of 1,385, and most people there engage in work related to farming and labor associated with it. As part of governmental service delivery, there are 2 Anganwadi centers, a primary school, and a health sub-center located in the village. The distance to the nearest Nutrition Rehabilitation Center (NRC) is 25 km; it is located at the district headquarters.

Ankita is 12-month-old girl who belongs to the Bhilala community. Her family includes her 26-year-old father, Vinod, and her 23-year-old mother, Punam. The family's economic status is below the poverty line. Ankita's parents are daily wage earners, whose meager earnings help cover the household expenses one way or another.

This village is within Real Medicine Foundation's malnutrition prevention and management program coverage area. RMF's Community Nutrition Educator (CNE) assigned to the village conducts home visits as part of her responsibilities, screens children for signs of malnutrition, and helps manage moderately and severely malnourished children in cooperation with government front-line community workers, Anganwadi workers, and others.

During one such recent routine field visit on January 5, 2017, RMF's CNE screened Ankita for malnutrition. It was distressing that the child's mid-upper arm circumference (MUAC) was found to be 11.2 cm, indicating that she was a severely malnourished. Worried, the CNE wanted to determine what had led to Ankita's case becoming so severe.

The CNE was told that Ankita was born at home and weighed 2.5 kg at birth. Ankita was not breastfed immediately after birth. Her mother started breastfeeding her the day after, continuing up to 9 months. She was also given jaggery water. Beyond her 10th month, Ankita was given complementary foods, such as cookies, toast, and finger chips, etc. She was becoming ill because her mother wasn't aware of the right time and method of starting complementary feeding for the child. The CNE was also told that Ankita suffered from recurring episodes of diarrhea. The result was that by the time she was screened, Ankita had reached a state of severe malnutrition and looked thin, pale, and weak.

RMF's CNE shared Ankita's case with the concerned Anganwadi worker, and they both reached out to the family and provided counseling, which included their recommendation for the immediate referral of the child to a Nutrition Rehabilitation Center (NCR) for the proper care and support that she required. The family was also made aware of the services the NRC would provide, which would also partially offset the wage loss that the family would suffer during Ankita's stay at the NRC. The CNE and Anganwadi worker's repeated sessions of joint counseling and persuasion helped to address family's fear and inhibition about taking Ankita to the NRC. The family also received assurance from these two Swasthya Sahelis (Catalysts of Change) that their food and stay at the NRC would be taken care of. However, Ankita's father still would not agree to take the child to the NRC.

The CNE and Anganwadi worker then decided to treat Ankita at home. RMF's CNE counseled the mother to properly feed her child with nutritious foods four times a day, wash her hands with soap before feeding the child, and use clean utensils for feeding her. The CNE further counseled, "You can give her food and fruits in small pieces, pulse, rice, bread, you can also feed her supplementary nutrition packets provided by the Anganwadi center. The government is providing two packets per week to severely malnourished children." After their discussion, the CNE asked Ankita's mother to bring food for her daughter, then demonstrated how to feed the child properly. Ankita started to eat, and the CNE asked the mother to follow her instructions to make Ankita healthier. The mother agreed to do this.

The CNE and Anganwadi worker continued to make regular follow-up visits and give counseling to Ankita's mother about nutritious foods. On October 30, 2017, the CNE screened Ankita again with the MUAC tape. Her MUAC was 13 cm. Now Ankita is healthy like other normal children. Ankita's mother thanked the CNE and Anganwadi worker and asked to continue meeting regularly when the CNE comes to Bijasan. She also thanks Real Medicine Foundation.

Vidhya

Vidhya is a 12-month-old girl from the village of Bijasan in Barwani district of southwestern Madhya Pradesh, India. The village is 25 kilometers away from Barwani district headquarters and approachable by state highway.

Most village families are engaged in agriculture, while others work on a daily wage basis. Vidhya's mother works as a farm laborer in the fields.

Vidhya has seven members in her family: her father, mother, and four sisters. Vidhya is the sixth member of her family. Her father, Kishore, is 37 years old, and her mother, Rukma, is 34 years old.

On January 25, 2017, RMF India District Coordinator Deepmala Cholkar and CNE Mamta Awase found that Vidhya was suffering from severe acute malnutrition (SAM). Her mid-upper arm circumference (MUAC) was 10 cm. RMF's Deepmala and Mamta discussed Vidhya's history with her family. Her father, Rukma, explained that he has six daughters, and Vidhya is the small one. She was born at home and given initial breastfeeding within two hours. Her weight was 2.5 kg at birth. Vidhya received exclusive breastfeeding for six months, but due to the early next pregnancy of her mother, Vidhya has not been eating properly and was not started on complementary feeding after six months. She eats only cookies, toast, and snacks.

CNE Mamta explained Vidhya's nutritional status to her parents and informed them about the causes and consequences of malnutrition. She then referred Vidhya to the Nutrition Rehabilitation Center (a medical and nutritional care unit that manages cases of severe acute malnutrition) at Barwani district headquarters. However, Vidhya was not admitted to the center because her mother had to take care of her other 5 children at home. She said, "Who will be taking care of them after me?"

Due to the family's situation, and because Vidhya is 12 months old, CNE Mamta decided to facilitate the young girl's recovery at home by providing counseling to her family on complementary feeding. She counseled Vidhya's mother on complementary feeding and advised that the young girl be fed home-based, prepared breakfast food 2 times a day, a bowl of food 3 times a day, and breastfeeding as she requires. CNE Mamta also advised the mother to feed Vidhya supplementary foods provided by the Anganwadi center in the village. Vidhya's mother agreed to feed her as CNE Mamta advised.

CNE Mamta has continuously followed up with Vidhya and her family whenever she visits the village and has given counseling to her mother on a balanced diet, hygiene and cleanliness practices, complementary feeding, and more. As of May 5, 2017, Vidhya's MUAC has improved to 12.3 cm; now her nutritional status is classified as moderate acute malnutrition (MAM). CNE Mamta continues making follow-up visits and working to help Vidhya regain her health.

Social Venture: Real Medicine Enterprises

Background

In 2016, RMF began preparations to pilot our social enterprise model. Through our existing network of Community Nutrition Educators (CNEs), RMF first conducted a survey of 50 tribal villages that the project would 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 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).

The project is also informed by the needs observed and expertise gained through our Adolescent Girls Outreach Program, which ran through October 2015, reaching 1,966 adolescent girls in 67 schools across 3 districts of Madhya Pradesh. 19 CNEs were trained for the program, and girls were taught about health and menstrual hygiene, including the changes that are normal to experience physically, emotionally, and socially when transitioning from childhood to adolescence. Girls were also given the opportunity to ask questions, find their voice, and understand their feelings, which leads to the self-confidence they need in order to become powerful women. Thanks to lessons learned during the successful implementation of this program, as well as the needs assessment survey conducted in 2016, RMF India's team is well positioned to implement this new social venture. 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.

2017 Update

In January 2017, Real Medicine Foundation started implementing our social venture program in 50 villages of Barwani block, soon expanding to include 10 villages of Pati block, Barwani district. RMF India's CNEs, known as "Swasthya Sahelis" (Catalysts of Change), make regular visits to villages, meeting with women and girls of reproductive age to speak with them about menstrual cycles and traditional practices that women follow during menstruation. Swasthya Sahelis also counsel women and girls to adopt hygienic practices and use sanitary napkins, helping them to break myths and misconceptions about menstrual cycles, such as avoiding outings during menstruation and untouchability.

RMF's Swasthya Sahelis are successfully helping to create awareness, teaching village women and girls to use sanitary pads to protect themselves from yeast infections, RTIs (reproductive tract infections), fibroids, etc., and they discuss the drawbacks of unhygienic clothes that women and girls are using during menstruation. Swasthya Sahelis also lead sessions in schools and hostels to raise girls' awareness of menstrual hygiene management (MHM) and encourage them to use sanitary pads during their menstrual cycle.

Summary of accomplishments over the past year

- 60 villages reached with menstrual hygiene management (MHM) education and low-cost sanitary pads
- 20,000+ women of reproductive age have access to MHM education and low-cost sanitary pads
- 3,227 women and girls counseled during 2017
- 3,000 women and girls adopted the use of sanitary pads
- 22,589 low-cost sanitary pads sold, increasing project sustainability by generating INR 73,540 gross revenue

Now, Real Medicine Enterprises is planning to start a manufacturing unit to produce low-cost sanitary pads and scale up the activities to reach other districts of Madhya Pradesh, educating more tribal women and adolescent girls on menstrual hygiene management.


शास. हाई स्कूल सजवानी
जिला- बड़वानी
आदिवासी विकास विभाग द्वारा संचालित
ईको क्लब
शास हाई स्कूल सजवानी
जिला- बड़वानी
तंबाकू एवं धुम्रपान निषेध क्षेत्र

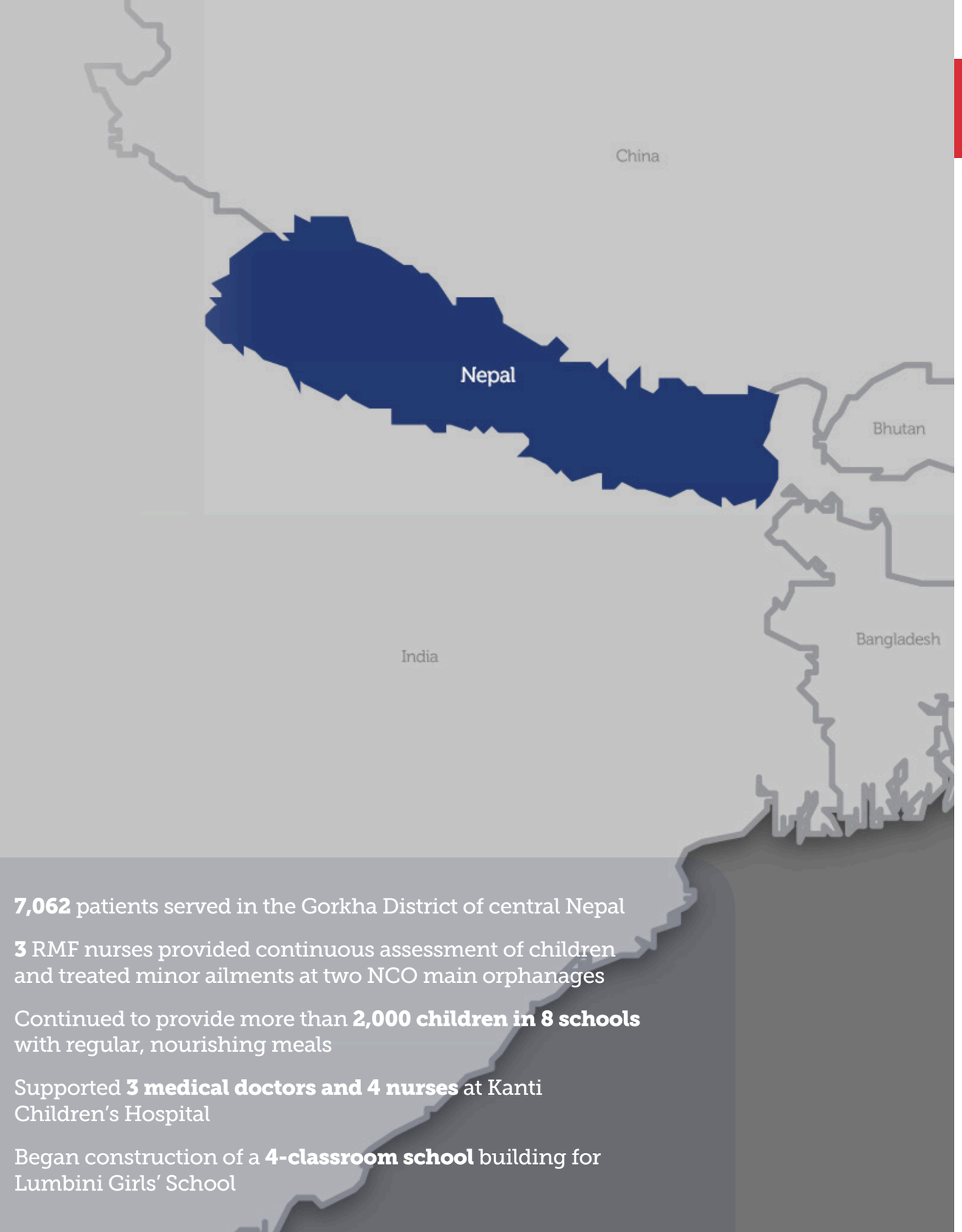
Bhagwati

This is a story about change: change in the management of menstrual cycles in the tribal village of Kasrawad. The village is located in Barwani district of southwestern Madhya Pradesh, India, where RMF has started Real Medicine Enterprises, piloting a social venture to educate tribal women on menstruation and provide them with low-cost sanitary pads.

Bhagwati Bai is a 40-year-old woman living in a joint family in Kasrawad. Bhagwati always used a piece of cloth during her menstrual cycle. Because of this practice, she had to face many problems like rashes, infections, changing wet cloths more than twice a day, and fear of stains on her clothing. She didn't know about sanitary pads. However, RMF India's CNE Mamta Awase visited the village, met with Bhagwati, and counseled her on the use of sanitary pads during menstruation, making her aware of the benefits of pads and drawbacks of unhygienic cloths.

Bhagwati agreed to try sanitary pads, and she bought them from CNE Mamta at INR 25 for 7 pads, which is a low-cost and affordable price for rural women, as compared to market prices. Bhagwati started using sanitary pads in place of cloths, and now she feels comfortable and free from the problems that she previously faced during menstruation.

Now Bhagwati is happy, and she helps CNE Mamta to educate other tribal women and adolescent girls on the use of sanitary pads during menstruation. Today, most of the adolescent girls and women in the village are purchasing sanitary pads from CNE Mamta and using them. CNE Mamta has sold 32 packs of sanitary pads in Kasrawad to date, effecting positive change in the lives of the village women.



7,062 patients served in the Gorkha District of central Nepal

3 RMF nurses provided continuous assessment of children and treated minor ailments at two NCO main orphanages

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

Supported **3 medical doctors and 4 nurses** at Kanti Children's Hospital

Began construction of a **4-classroom school** building for Lumbini Girls' School

Nepal

Initiatives

- Earthquake Relief
- Orphanage Support
- Model Village
- The B Project
- Kanti Children's Hospital
- Kavre Community Outreach Program
- Partnership: MOHP, UNFPA, WHO & GIZ for Midwifery Education
- Lumbini Girls' School
- Palpa Community Health Department
- Nepal Flood Relief Program

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 about 29.4 million 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).

Nepal's progress in education, gender equity, and health is made more difficult by frequent natural disasters. The Nepal Disaster Report 2017 (NDR 2017), produced by the Ministry of Home Affairs through a joint initiative with UNDP and DPNet-Nepal, reports that over 80 percent of the population is vulnerable to natural hazards, including floods, landslides, windstorms, and earthquakes, making Nepal one of the 20 most disaster-prone countries in the world. Furthermore, compared to 21 cities located in similar seismic zones, Kathmandu is at the highest risk worldwide in terms of human impact.

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

NEPAL

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 Nepal, with 9 active initiatives, 30 staff members, and 14 partner organizations providing disaster relief, education support, health systems strengthening, and more. RMF Nepal's office is located in the capital city of Kathmandu, and projects are managed by RMF Nepal's in-country teams.

RMF Nepal's current initiatives:

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, Lumbini
Kavre Community Outreach Program
Palpa Community Health Department Support
Nepal Flood Relief Program

Partner organizations:

Nepal Children's Organization
Ministry of Health, Nepal
UNFPA
MOHP
GIZ
WHO
National Academy of Medical Sciences
Kanti Children's Hospital
Namo Buddha Municipality
United Mission Hospital
Karuna Girls' School
BHORE Nepal
Itahari Municipality
Seven Summits Women

Mobile Village Project

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.

2017 Update

During 2017, the main focus of our Model Village Project has been health systems strengthening and outreach. The RMF Health Clinic was opened in January 2016 and is supported by 3 RMF staff members, including an experienced clinical officer, auxiliary nurse midwife, and clinic assistant. The RMF Health Clinic is the only health facility providing consistent care to the people of Arupokhari and nearby villages. The popularity of the clinic and overwhelming response of the community have made the project highly successful, and plans are underway to construct a permanent, earthquake resistant clinic in 2018. The design has been approved by RMF headquarters and includes rooms for OPD, a birthing center, laboratory, pharmacy, and waiting area. The new clinic building will be constructed on a 1,526-square-meter plot of land that was donated by local authorities.

RMF Health Clinic accomplishments in 2017:

- 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, ensuring availability throughout the year
- The RMF Health Clinic continued 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.
- Maintained capacity of the RMF Health Clinic by continuing to support 3 staff members: an experienced clinical officer, auxiliary nurse midwife, and clinic assistant

- 7,062 patients were served during 2017, an increase of 900+ beneficiaries from the previous year. 3,557 patients were female and 3,505 male, with the clinic serving an average of about 589 patients per month.
- Among the 7,062 patients seen at the RMF Health Clinic, 1,178 were treated for respiratory diseases (the leading health problem), followed by 1,048 patients treated for skin infections, 865 for digestive system diseases, 732 for accidents/fall injuries, and 721 for a fever.
- Made house calls for patients who could not leave their homes
- Conducted health outreaches, including educating 400 local schoolchildren at 3 schools on health and hygiene. During these outreaches, schoolchildren also participated in practical sessions to learn proper handwashing techniques.
- Conducted an oral health outreach, which benefitted 36 community members
- Conducted a counseling session on Teej, a fasting festival celebrated by Nepali women, during which some women become ill due to fasting. RMF's clinical officer counseled 105 women on fasting and related health issues, including diabetes, as well as heart and gastrointestinal problems.
- Maintained the local Clinic Management Committee to ensure community ownership and eventual independence. 11 meetings were held during 2017.
- 5 monitoring visits were conducted by RMF Nepal's country office, helping to ensure the quality of services and continuous availability of health workers and medicines.

RMF's future plans in Arupokhari, Gorkha:

- The local authorities have provided 1,526 square meters of land for the construction of a new clinic building and a fully equipped birthing center. A large portion of the population will benefit from the birthing center, and its presence will contribute to reducing maternal and neonatal mortality and morbidity in this remote, mountainous area.
- The design for the new building includes rooms for OPD, a birthing center, laboratory, pharmacy, and waiting area. RMF is aiming to provide health services in this new building by the end of 2018.
- 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.
- RMF plans to hand the clinic over to the community once it can sustain services by itself.

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.

2017 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)
- In 2017, a library system was set up at Balsudhar Primary School and Shree Bachhalamai Primary School. Several hundred books were purchased and book codes set up so the children can borrow books. Story reading sessions are also conducted, which the children enjoy.

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 children by protecting and promoting their rights, as well as providing residential care to about 500 orphans and at-risk children from all ethnicities and backgrounds throughout Nepal.

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.

2017 Update

In 2017, RMF continued 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 three registered nurses residing at NCO's Naxal and Sifal children's homes. Our nurses serve a total of 100–200 children living at these homes. Numbers vary as new children arrive and others are adopted; however, there are about 70 children being sheltered in Sifal and 100 in Naxal at any given time. RMF nurses are especially dedicated to caring for infants, physically and mentally disabled children, and those who are sick.

2017 Accomplishments

- 1,154 children received medical treatment during 2017. Of these, 1,006 children were treated by RMF's nurses and 148 were supported with funding and advocacy for tertiary care.
- Responded to NCO's request by providing 1 additional nurse to support Naxal and Sifal homes; at present, RMF is supporting 3 residential nurses at the homes.
- RMF nurses continuously assessed the children's health, monitored their growth and development, and provided treatment of minor ailments.
- Accompanied seriously ill children to different hospitals and cared for them during their hospital stay
- Referred children to RMF for funding when their diagnosis and treatment are too expensive for NCO to provide
- Initiated several health camps at these two NCO homes in collaboration with other organizations and volunteers, including the Tripureshwor Lions Club, which provided a dental, eye, and general health camp that served 180 children and 44 NCO staff members. RMF nurses attend the camps with the children to ensure smooth implementation and provide a calming, familiar presence for the children.
- Arranged for the children's immunizations and administered vaccines provided by the local government health center
- Initiated the celebration of special days, such as World Environment Day, National Children's Day, Education Day, and more
- Provided education related to environmental sanitation, personal hygiene, and waste management, as well as menstrual hygiene education for adolescent girls at NCO homes
- Provided health and nutrition education for the children and staff, especially house mothers of the NCO homes
- Provided simple counseling and emotional support to the children
- NCO administration reports reduced hospital expenses for the children, thanks to the continual care provided by RMF nurses.
- NCO has publicly expressed appreciation for RMF's support and is looking for areas where RMF can support further to make a significant difference in children's lives.

Kanti Children's Hospital Support Program

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 500 beds, with only 350 beds in service due to resource constraints. 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, when large parts of the hospital buildings were damaged, there was a great need for equipment and capacity building for better health service delivery.

In response, RMF donated more than $400,000 worth of medicines and medical supplies to Kanti Children's Hospital and began supporting Social Action Volunteers (SAV), an NGO that provides various support programs to long-term care 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. After strengthening this support through SAV for two years, in 2017, RMF shifted our focus to providing much-needed additional medical staff and equipment to the hospital.

2017 Update

During 2017, RMF continued our long-term support of Kanti Children's Hospital, shifting our focus to supporting human resources and strategically providing the hospital with necessary equipment and facilities.

2017 accomplishments:

- With the Ministry of Health acting as liaison, RMF formed an official partnership with the Kanti Children's Hospital Development Board.
- Began supporting 7 staff members, consisting of 3 medical doctors and 4 nurses
- 660+ patients treated in the Cardiac ICU by RMF medical officers
- 1,493 patients triaged in red and yellow zones by RMF nurses
- 1,186 patients treated by RMF nurses in the Medical ward
- Provided Kanti Children's Hospital with 10 ICU beds, which were installed in the Pediatric ICU during the last week of December 2017. An official ceremony will be conducted in January 2018.
- RMF's support was deeply appreciated, as expressed by both the Medical Director and Chief Nursing Administrator of Kanti Children's Hospital.

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-Tern 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

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 Sciences (BMS) programs.

2017 Update

The BMS program was launched in late 2016, and two universities are now implementing the program: the National Academy of Medical Sciences (NAMS) and Kathmandu University (KU). Altogether, 15 students are enrolled in the Bachelor of Midwifery Sciences (BMS) program at the two pioneering universities, with 9 students at NAMS and 6 at KU. Enrollment in the new BMS program has been initially low, due to cost and the perception of midwifery as additional training for nurses, rather than an independent profession in Nepal. However, as the high standards of the BMS program gain recognition throughout the country and the government of Nepal establishes placements for graduating midwives, we are confident that enrollment will rise and strong cadres of midwives will significantly increase safe motherhood throughout the country.

During 2017, RMF's support focused on strengthening the program at NAMS, maintaining partnerships, and planning for the future:

- Provided a full scholarship to 1 first-year BMS student at NAMS and announced a scholarship for 1 student each year
- Provided 13 display racks for the midwifery skills lab and 2 display cupboards for the library at NAMS, as well as one 12-door steel locker to support NAMS students' clinical studies at Paropakar Maternity and Women's Hospital, Thapathali
- Provided birthing simulators, MamaNatalie and Neonatalie, for BMS students to learn and practice birth skills and management of hemorrhage at NAMS
- Organized a special ceremony, Handover of Support Materials, at the National Academy of Medical Sciences (NAMS), Bir Hospital Nursing Campus
- Participated in celebration of International Day of the Midwife on May 5, 2017 Participated in the Consultative Workshop on Midwifery Education Training Package organized by Nepal Nursing Council to formulate a training package for midwifery educators
- Participated in all external development partner (EDP) and national stakeholder meetings, both as an attendee and as the host. 3 national stakeholder level meetings and 5 EDP meetings were held in 2017.

RMF was asked to support the establishment of a midwifery skills lab at Karnali Academy of Health Sciences (KAHS), Jumla, which is planning to implement the BMS program in one of the remotest parts of Nepal.

The Programmatic Arrangement of Partnership was signed by representatives of all the consortium's partner organizations, including RMF, during a special signing ceremony.

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.

2017 Update

- Girls from all religions, castes, and backgrounds continue to be welcomed and attend Karuna Girl's School.
- Student numbers at Karuna Girls' School continued to increase yearly. 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 Nepal worked with an engineer to design a 4-classroom school building with a total area of 2,349.9 square feet, which follows all safety protocol required by the government of Nepal. Based on the design, three quotations were obtained, and Lumbini Sanskritik Associated Pvt. Ltd. was chosen as the project's construction implementing partner.
- A formal contract with the construction company was signed on July 11, 2017, and construction began in August 2017.
- RMF Nepal's team conducted quality and progress inspections at every phase of the construction. All the materials used are as recommended by the government of Nepal and relevant authorities.
- Due to the exceptionally high rainfall during monsoon season, the construction was disrupted for more than a month. However, the construction is now nearing its final stages and is expected to be completed in the spring of 2018.

Kavre Community Outreach Program

Background

Kavrepalanchowk (Kavre), one of the most underdeveloped districts of Nepal, is only a 90-minute drive from the thriving capital city of Kathmandu. Due to the hilly landscape, some areas within Kavre District take an entire day to reach and have no access to roads. RMF's project location initially included 8 villages on the other side of the Bhote Koshi River, 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 heath 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 heath 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.

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.

2017 Update

During 2017, RMF supported several health outreaches in Kavre District and continued to strengthen local ties and strategize for long-term health systems strengthening:

- 48 people benefitted from an RMF-supported health camp in Kavre, including orphaned girls from the Help Nepal Network Children's Home. A medical officer and health personnel from Paramedical Association of Nepal (PAN) conducted free health check-ups and a free medicine distribution program, and a local dentist taught the children how to brush their teeth and the importance of oral hygiene. Toothbrushes and toothpaste were also distributed to the children.
- 30 adolescents, including 19 girls and 11 boys, participated in an RMF-supported, one-day awareness program on menstrual hygiene, and sanitary pads were distributed to the girls.
- RMF Nepal's team visited different health centers to determine which would benefit most from our support. We chose Dapcha Health Post, an exemplary institute with many programs, as it was running a birthing center and was in crisis due to a lack of resources.
- A formalized channel of support was identified and discussed with the mayor of Namo Buddha Municipality, where Dapcha Health Post is located, and an agreement of support was made.
- The mayor also suggested that RMF help to restore health services in a closed health clinic at Lakainey, Namo Buddha, and this is under consideration.

Free Health Camp

Venue: Help Nepal Network Bal Griha, Dhulikhel.

Date: 30th June, 2017

On the occasion of the 39th anni[illegible]y of PAN

Supported By

RMF

REAL MEDICINE FOUNDATION

Organized by

Palpa Community Health Department Support

Background

Established in 1954, the United Mission Hospital Tansen has grown to serve an average of 95,000 patients per year. The hospital is well respected in Nepal, having not only gained the trust and goodwill of the people of Palpa and neighboring districts, but also of communities across the border in northern India. To further increase preventive health measures and promote good health practices, the hospital also runs a Community Health Department (CHD), which provides maternal and child health clinics, a safe motherhood program, gender/disability/disaster rehabilitation program, HIV awareness program, health service strengthening, and health promotion programs via mass media. The Community Health Department (CHD) had been funded by FELM (Finnish Evangelical Lutheran Mission), but as funding began to decrease, CHD was forced to discontinue or reduce coverage in most of their community programs.

In 2016, Hospital Director Dr. Rachel Karrach approached RMF, requesting our support to continue essential Community Health Department (CHD) programs for mothers and children under 5 years of age: the Mother & Child Health Clinic (town clinic), Satellite Mother & Child Health Clinic Program, and the Child Nutrition and Rehabilitation Center. In August of that year, RMF Nepal Grant and Finance Manager Gaurav Pradhan traveled to Palpa, where he met with Dr. Karrach and saw the programs in action. Soon after, RMF agreed to partner with United Mission Hospital Tansen to support maternal and child health in Palpa District.

2017 Update

Real Medicine Foundation signed a formal agreement with United Mission Hospital Tansen and began supporting the mother and child health clinics in June 2017. RMF's support has revitalized the CHD, which had been declining due to lack of funds. RMF continues to support the mother and child health clinics with human resources and administrative expenses.

- RMF supported the Mother & Child Health Clinic (town clinic) with 4 staff members, including 2 MCH nurses, 1 clinic assistant and 1 cleaner.
- 1,629 women have received antenatal care since RMF began supporting the clinic.
- 2,498 children under 5 years of age have received health services.
- 272 HIV-positive and vulnerable families were counseled on the prevention of mother-to-child transmission of HIV (PMTCT).
- 1,905 patients received health education, which is a mandatory activity at the MCH Clinic. Health education is formally organized by preparing audiovisual aids and recording the number of participants, as well as their feedback regarding the session.
- Teaching sessions focus on child nutrition; antenatal care; danger signs during pregnancy, postpartum, and for newborns; hygiene; breastfeeding, and more.
- The MCH clinic in Tansen also extends its programs via 2 satellite clinics, which are run once a month in the Argali and Darlamdanda VDCs (village development committees) of Palpa District, helping to address the high demand for maternal and child health care in distant, rural areas. The goal is also to empower and strengthen these local government health posts by providing orientation and training to health posts' staff and providing much-needed medical equipment.

Nepal Flood Relief Program

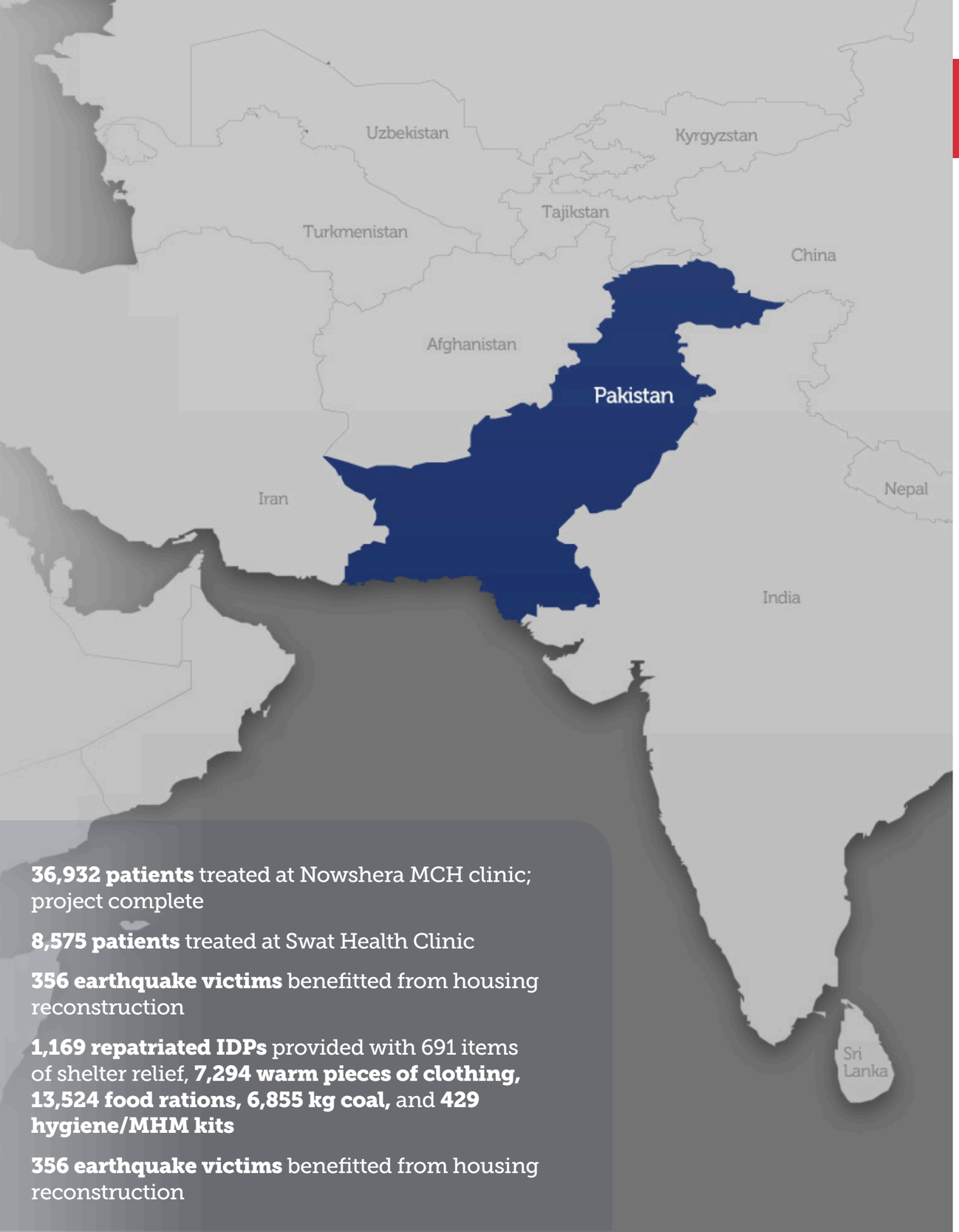
Background

During the summer of 2017, Nepal experienced its worst rains in 15 years, resulting in large-scale impacts on life, livelihood, and infrastructure across 35 of the country's 75 districts. An estimated 1.7 million people were affected, hundreds of villages were cut off from electricity and communications, 90,000 homes were destroyed, and 150 people lost their lives. The southern plains, Nepal's primary agricultural area, were most affected by the flooding. This emergency came at a time when Nepal was already struggling to recover from the 2015 earthquake, with much reconstruction and recovery work still to be done.

RMF decided to begin our flood relief efforts in the Rautahat District of the Terai region in southern Nepal, where NGO relief services had not yet been extended. The Bagmati and Lal Bakaiya rivers both flow through the district, and because of that year's exceptionally heavy rainfall, the rivers had overflown their banks and flooded much of the area. The district is home to a large number of Muslim communities (a typically underserved minority group in Nepal), and most families are farmers who lost their crops in the flooding. After providing flood relief supplies to 300 families in Rautahat, RMF also supported health services for flood affected communities in Mahottari and Sunsari districts.

2017 Update

- During August 2017, RMF provided flood relief packages to 300 affected families (1,450 people) in Rautahat District.
- Flood relief packages were comprised of a bucket with a lid and mug; dry foods and oil; chlorine solution (for water purification); personal hygiene items, including a towel, soap, sanitary pads, toothbrushes, toothpaste, a nail clipper, and comb; a flashlight and lighter; and mosquito repellent.
- RMF partnered with BHORE, a local NGO, which assisted with the distribution of relief packages and coordination with the local government for necessary approvals and permits. BHORE also provided volunteers and collected names of the heads of households who received a relief package, ensuring that each family in the targeted communities received one relief package.
- In September and October 2017, RMF expanded our flood relief work by partnering with local municipalities and organizations such as the Paramedical Association of Nepal (PAN) to support free health camps for flood affected communities in Mahottari and Sunsari districts.
- 237 patients treated in Hattilet, Mahottari
- 114 patients treated in Sunaulo Basti, Sunsari
- 90 patients treated in Khursani Khap, Sunsari



36,932 patients treated at Nowshera MCH clinic; project complete

8,575 patients treated at Swat Health Clinic

356 earthquake victims benefitted from housing reconstruction

1,169 repatriated IDPs provided with 691 items of shelter relief, **7,294 warm pieces of clothing, 13,524 food rations, 6,855 kg coal,** and **429 hygiene/MHM kits**

356 earthquake victims benefitted from housing reconstruction

Pakistan

Initiatives

- Primary & MCH Health Care
- IDP Repatriation & Rehabilitation
- Earthquake Reconstruction

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 emergency relief services and a primary health clinic for earthquake victims in Union Council (UC) Talhatta, District Balakot, RMF Pakistan formally registered with the government of Pakistan as a local, nonprofit charity. Thus began the now 12-year 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 persons (IDPs). Our female-only MCH health clinic served women of the region until May 2017, when the project was completed. 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. Currently, RMF Pakistan's health wing continues to operate in District Swat, with one central hub clinic, two satellite clinics, and monthly outreach medical camps. Since RMF Pakistan's founding, we have provided nearly 400,000 poor and vulnerable people with health services.

In 2012, RMF Pakistan, 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 UNICEF and academic partners such as the University of Alberta, Canada and Columbia University, New York, several qualitative research studies focused on menstrual hygiene management (MHM), 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 and hygiene. Our research findings provide empirical evidence for the formulation of maternal health policies and healthcare system practices in Pakistan.

MCH Health Centre in District Nowshera, KPK Province

Completed May 2017

Background

Following the disaster driven projects of earlier years, RMF's health project wing, under the umbrella of the WHO cluster, moved to Nowshera to fill in the gap of inadequate healthcare services faced by internally displaced persons (IDPs). The Nowshera MCH Centre served 36,932 IDP women and children during the project, which came to a formal close in May 2017.

The internal displacement of an estimated 5 million people had been a chronic problem plaguing Pakistan since 2004. Reasons for displacement ranged from Taliban driven terrorism, sectarian violence, human rights abuse, and natural disasters. The large majority of IDPs were from the northern province of KPK, and District Nowshera housed the largest IDP camp in Pakistan, called the Jalozai Camp. The key focus of the government was safe and voluntary repatriation of IDPs. Hence, most aid was short-term relief, such as food, healthcare, sanitation, and clean water, rather than long-term solutions. RMF Pakistan chose to address the gap in maternal child health care (MCH) via a female-only MCH center in Union Council Taru Jabba, District Nowshera from October 2013 to May 2017. In addition to providing primary health care and MCH care, it was the only primary healthcare facility in the area to provide free, routine pathology investigations and ultrasound services.

2017 Update

During 42 months of operation, from October 2013 to May 2017, the MCH clinic reached out to 36,932 patients, of which 23,954 (63.4%) were women and 12,978 (34.6%) were children. MCH related consultations were 15,101; of these, 4,115 were antenatal visits (27.2%), while postnatal visits were fewer, at 1,172 (7.7%). Family planning was sought by 737 women (4.8%), while 298 (1.9%) complained of primary and/or secondary infertility. The gynecological/obstetric complaints treated were 2,132 cases of leucorrhea (14.1%), 1,345 (8.9%) dysmenorrhea, 1,065 (5.4%) amenorrhea, 784 (5.1%) P/V bleeding/discharge, 816 (5.4%) irregular periods, 1,453 (9.6%) pelvic inflammatory disease, 396 (2.6%) ovarian cysts, 393 (2.6%) polymenorrhea, and 107 (0.7%) cases of fibroids.

The number of patients provided with primary health care was 20,903. The leading complaints were diarrhea, at 3,269 (15.6%), and respiratory infections at 3,642 (17.4%). Other common complaints were vomiting 1,523 (7.2%), dyspepsia 1,364, (6.5%), abdominal pain 1,157 (5.5%), general body aches, malaise, and weakness 2,017 (9.6%), anemia 1,748 (8.3%), urinary tract infections 1,878 (8.9%), hypertension 1,238 (5.9%), 273 (1.3%), and typhoid fever 720 (3.4%). A total of 306 patients were referred to secondary and tertiary level healthcare facilities in Nowshera and the city of Peshawar. 119 road traffic accidents (RTAs) were treated at the center with first-level first aid, while non-RTA injuries were 120 cases.

The pathology lab conducted 5,614 tests. These included urine pregnancy tests (1,146, 20.4%), blood hemoglobin level tests (1,191, 21.2%), routine urine tests (752, 13.4%), blood group identification (604, 10.8%), blood glucose level (561, 10%), Widal tests for typhoid (505, 9%), and blood malaria parasite tests (393, 7%). Tests for RA factor, toxoplasma, and SGPT were collectively 449 (8%). Ultrasound services began towards the end of 2014 and remained operational for a total of 32 months. 3,520 ultrasounds were conducted, mostly for antenatal (2,077, 59%), abdominal, and pelvis investigations (1,443, 41%) and occasionally for identification of fatty liver.

In 2016, with the help of the Pakistan military, the IDP issue was finally settled and the largest phased repatriation of IDPs took place over 2016–2017. With the reducing IDP population, WHO announced withdrawal of aid services, and the Nowshera MCH project formally closed in May 2017.


RMF

Winterization Project in District Swat, KPK Province

Background

The repatriation of IDPs to their homes was assisted by a government package of Rs25,000 (US$250) in cash assistance, Rs10,000 (US$98) for transportation expenses, and provision of food rations for a month. However, this proved to be woefully inadequate. The majority of IDP families were, to start with, poor and barely living hand-to-mouth, and had now returned to bare homes. Because many are located in remote, high altitude hamlets in this Himalayan mountain area, families returning in the fall or winter season faced resettlement during the bitterly cold days of winter when temperatures fall below zero.

Families with small children and elderly members are particularly vulnerable. With unpaved roads that are blocked during heavy snow, villages become isolated for long periods, and basic needs like warmth, food, and emergency medical services are very difficult to access. The RMF team observed this situation while on the ground during the Earthquake Relief and Rehabilitation Project in Swat. Hence, with funding from LDS Charities, a Winter Relief Services and Healthcare Support Program was launched in November 2017 for vulnerable, repatriating families to assist with immediate resettlement in their homes in remote parts of District Swat.

The five project objectives include provision of relief shelter (winterized tents, plastic floor mats, and carpets), food (monthly rations with cooking supplies), warm clothing and blankets, hygiene kits (family and MHM kits), and primary health care via outreach satellite clinics. The first step was the registration of needy families, which followed an intensive 3-step protocol based on four criteria: 1) female-headed households preferred, 2) repatriation from IDP host site within the previous 2–3 months, 3) family members include young children and the elderly, and 4) single source income of Rs15,000/- (USD 150/-) or less. A total of 167 families were registered from four union councils (UCs) in the villages of Baranavi and Dabargai, UC Madyan; the village of Bashigran, UC Bashigran; Sattal, Tangoon, and Ayeen Ashoka, UC Bahrain; and the village of Chatekal, UC Beha. As an additional verification measure, head office staff visited each family individually and recorded details such as national identity card (NIC) numbers, ages of young children, and the number of pregnant/lactating mothers and menstruating women in the household. Each registered family was designated a case number, and a means of communication was established via mobile phone with the family, either directly or via a proxy, so that each family can be contacted with the timetable of our distribution days.

Following RMF's 4-step protocols of procurement, vendors from the local market of Mingora, the capital city of Swat, were contracted at the start of the project. Quality control is maintained by a verification mechanism, where randomly selected packages associated with family case numbers are opened and the items examined and counted. Only after a successful quality assurance exercise are the vendors paid the balance of their bill. Procured goods were transported to the storage facilities in the four union councils, and the first distribution took place in December 2017.

Under the first objective, the families did not require winterized tents; therefore, 167 plastic mats, 167 carpets, and 357 blankets were distributed. The food rations distributed were 6,440 kg of flour, 3,220 kg of rice, 805 liters of oil, 161 kg of tea, 322 kg of powdered milk, 805 kg of sugar, 1,610 kg of lentils, 161 kg of spices, and 161 packets of matches. Coal, a local commodity, was provided for cooking and heating; 6,855 kg of coal were distributed at 15-20 kg per family, depending on family size. A total of 161 hygiene kits and 268 MHM kits met the fourth objective. To achieve the 5th objective of primary healthcare, the process of setting up a clinic took place during the month of December 2017.

Swat Housing Project, KPK Province

Completed March 2017

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. Relief items such as winterized tents, mats, blankets, and a 4-month supply of uncooked food rations were distributed to 100 vulnerable families in two project sites of Union Council (UC) Kabal, Tehsil Matta and UC Shagai, Tehsil Saidu Sharif, District Swat. The Swat Housing Project was Phase II of a larger relief and rehabilitation project, where reconstruction of houses for victims of the earthquake who had lost their homes was carried out. This housing project began in mid-2016 and was completed in March 2017.

Before the start of the housing project, a shelter needs assessment was carried out using Oxfam GB's Guidelines for Post-Disaster Housing Reconstruction. Based on strict criteria, with preference given to single parent, women-headed households with children under the age of 12 years and the presence of elderly members, 41 houses of extremely poor and vulnerable families were selected from 15 union councils spread 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 officially launched in mid-June 2016. With 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, following RMF procurement protocols. Each house was recorded as an individual case file with its own specific contract between RMF, the builder, and the resident family. Every contract was 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 Pakistan staff based in Islamabad.

To maintain the quality of each construction project, batches of 4–5 houses were contracted out at one time, and our proposed target of reconstruction and repair of 44 houses was successfully met within 9 months. A formal handing over and closing ceremony, titled Celebrating Success with Communities, was held on March 18, 2017.

Swat Health Clinic, KPK Province

Background

Alongside other relief activities for the Swat 2015 earthquake victims, the healthcare component of the project was initiated in December 2015 and provided emergency treatment and primary healthcare services to over 8,500 patients in 2016. During the current reporting period, this clinic has continued to operate and evolved into the Swat Health Clinic.

Operations Model

Our approach during the relief phase was a needs-based strategy focused on communities most in need of health care, irrespective of their experience in the earthquake. Thus, the modus operandi for the clinic was a semi-mobile model, moving every couple of months from one location to another according to the need in different localities within the same district. The equipment, machinery, and accompanying materials of the clinical setup were kept to a minimum, allowing us to move easily and swiftly. This modus operandi continued into 2017; during the first six months of this year, the clinic site was located in three remote villages in UC Barikot: Odigram, Balogram, and Nagoha.

In August 2017, RMF revised the healthcare model to the new Hub-Satellite Clinic Model. In this model, the Hub Clinic is a centrally located, stationary health center, which is linked to a semi-mobile satellite clinic located in remote areas and serving 2–3 villages at a time. The satellite clinic relocates every few months, following a needs-based approach using a snowballing research technique. The range of services offered include primary health care, primary maternal and child health care, routine pathology laboratory investigations, and ultrasound services. Complications and cases that need advanced health care are referred to secondary and tertiary government hospitals in the nearest city.

2017 Project Update

The Hub Clinic is located in the village of Nagoha, UC Barikot, and the Satellite Clinic moved to two additional locations in the 5-month period: the village of Balokaly, UC Kota and the village of Najigram, UC Galagay. Working a 6-day week, from 8:00 AM to 5:00 PM, the clinics average 20–35 OPD patients per day. The combined morbidity report is as follows:

A total of 8,575 patients were served during 2017, of which 4,740 (55.3%) were adults (71.4% women and 28.6% men) and 3,835 (44.7%) were children (49.8% boys and 50.2% girls). Maternal and child healthcare consultations were 4,311, of which antenatal and postnatal cases were 145 (3.3%) and 188 (4.3%), respectively. Family planning services were provided to 345 (8%) women, while 167 (3.8%) women complained of primary and secondary infertility. Of the gynecological/obstetric cases, the most

commonly presented complaint was dysmenorrhea, at 578 (13.4%) cases, followed closely by P/C discharge/bleeding at 575 (13.1%) and leucorrhea at 549 (12.7%). Other complaints included pelvic Inflammatory disease (451, 10.4%), irregular period (409, 9.4%), and amenorrhea (268, 6.2%). Other minor ailments were a total of 636 (14.75%).

Primary healthcare consultations were 5,931, of which the most commonly presented complaints were gastrointestinal tract related (diarrhea, vomiting, abdominal pain, and gastritis) at 1,778 (29.9%), followed by respiratory tract infections at 893 (15%), and urinary tract infections at 711 (11.9%) as the third most common complaint. Other primary healthcare complaints included 403 (6.79%) cases of scabies, 381 (6.42%) cases of anemia, 305 (5.14%) cases of enteric fever, 420 (7%) cases of general malaise/ body weakness, 171 (2.88%) cases of hypertension, 48 cases of measles, and 61 cases of jaundice. Other minor ailments were classified under the category of "other" at 647 (10.9%). In addition, 73 cases of non-road traffic injuries were treated with first aid.

The pathology lab and ultrasound machine were introduced in August 2017. In the remaining 5 months of 2017, 308 routine pathology investigations were conducted, of which routine urine tests were the most commonly done (138, 44.8%), followed by Widal tests for typhoid and pregnancy urine tests at 72 (23.3%) and 51 (16.56%), respectively. Other tests conducted were blood sugar (9), hemoglobin tests (17), blood malarial parasite (4), SGPT (3), and H.Pylori (14). 114 ultrasounds were conducted, of which 67 (58.8%) were for antenatal patients. Abdominal and pelvic ultrasounds were 47 (41.2%).

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.

Menstrual Hygiene 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. During 2016, we continued implementing the project as a UNICEF partner. 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. Data was collected from rural and urban schools in six selected districts of the provinces of Punjab, Sindh, and Balochistan during 2015–2016.

2017 Project Update

After the completion of data collection in 2016, analysis was conducted and the Pakistan Girls' Puberty Book was developed.

Study 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.

The outcome of the study is the production of the Pakistan Girls' Puberty Book, which will be endorsed by provincial education ministries and brought into the school curriculum as supplemental reading material. Due to delays in the approval process, this outcome is envisioned to be accomplished in 2018.

Sri Lanka

4,000 recipients of healthcare post-tsunami

2,550 patients treated at the RMF Yayawatta Primary Health Care Clinic this year

4 children received long-term medical support

58 preschool children and students supported

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 eleventh 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.

Initiatives

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

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.

2017 Update

In 2017, our Yayawatta clinic was open for 10 days every month, seeing about 21 patients per day and an average 638 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.

2017 Update

In 2017, RMF supported 4 children through this program. 3 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 fourth 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.

M A T T

PAKSA INTERNATIO

Minhath Preschool

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 2017, 45 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 2017. 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 2017, we continued to support the school's staff salaries and supported some of the expenses of 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.

2017 Update

In 2017, 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. This was possible because she came to Sri Lanka to complete a training period for her studies.

EUROPE

30,321 health consultations provided to refugee and migrant men, women, and children

500 gender-based violence prevention kits distributed to women

375 patients provided with medical and referral services, including translation and cultural mediation, escorting and transportation to hospitals and other medical facilities

Began operating RMF's **new mobile medical clinic** in March 2017

Serbia

Initiatives

- Refugee and Asylum Seeker Support

Background

During the peak of the European refugee crisis in 2015, 10,000 refugees, asylum seekers, and migrants were using the Western Balkan route daily, passing through Serbia to reach Western Europe. Following the official closure of this route in March 2016, with Hungarian and Croatian borders closing and neighboring countries constructing walls and barriers at their borders with Serbia, the number of people crossing the country decreased considerably, from 579,518 people in 2015 to 98,975 in 2016.

In the field, these closures meant that Serbia's neighboring countries have "walled" their frontier with Serbia. Croatia does not accept any asylum seekers, Hungary allows only 200 migrants per month, and Romania, which welcomed migrants until recently, now pushes them back to Serbia. However, according to international law, any migrants should be offered asylum when they are from refugee producing countries (such as Afghanistan, Syria, Iraq, and parts of Pakistan).

The migrant population increased in 2016, as migrants continued to arrive in Serbia while exiting the country was not possible. Moreover, the harsh winter conditions from December 2016 – February 2017 caused the majority of migrants to wait until spring in government centers before trying to cross illegally into Hungary, Croatia, and Romania.

The situation today is a long-term, protracted humanitarian issue, with over 6,300 people remaining stranded in Serbia. Some refugees and migrants suffer from chronic illnesses or are injured while trying to cross the borders illegally. Others find shelter in abandoned warehouses, where they are exposed to adverse sanitation and weather conditions. Serbia's reception capacity is limited, and it is difficult to provide adequate protection services and maintain coordination between different stakeholders. RMF has been responding to the refugee crisis in Serbia since January 2016, focusing our humanitarian efforts on refugees and migrants both outside and within the system.

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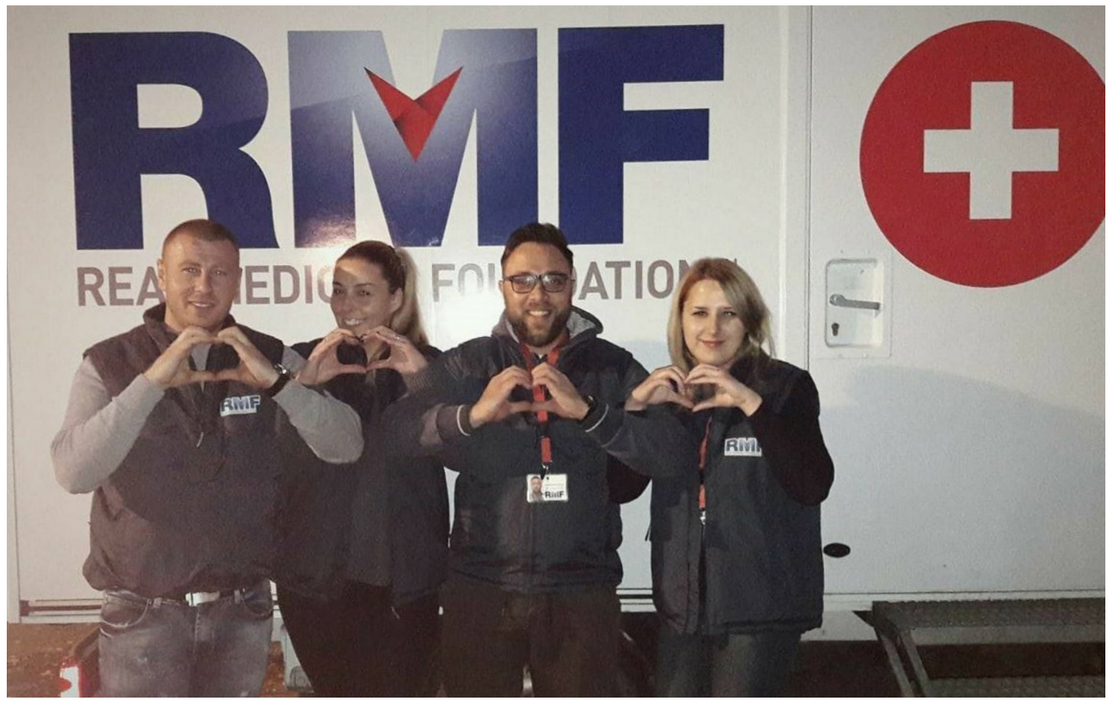
2017 Update

During the first quarter of 2017, 7,900 refugees and migrants were accommodated in government centers. However, from August 2017, the number of refugees and migrants decreased and stabilized at about 4,500 migrants. Of these, 3,950 were accommodated in government centers, and around 500 refugees and migrants are on the move, of which the majority are young men living in poor conditions in informal settlements ("the jungles") along the borders with Hungary and Croatia. RMF, the government of Serbia, and UN agencies, framed interventions to accommodate a maximum of 6,000 people. April 2017, after the presidential election, marked the acceptance of Serbian authorities to start the transition from an emergency phase to a longer-term response; construction of better infrastructure, access to education (formal school) for refugee and migrant children, and the launching of reforms supporting the integration of refugees into public systems, such as health.

Currently, among the 3,950 refugees and migrants accommodated in the 18 government centers, 51% (2,014) are males, 15% (596) are women, and 34% (1,343) are children. Considering country of origin, the majority are from Afghanistan (52%) and Pakistan (18%), while the numbers from Iraq (14%) and Syria (2%) have dropped because they have passed in priority since 2016. Recently, we observed an increase of refugees and migrants from Iran (7%) and a number of other countries, such as Morocco, Algeria, and India (7%).

On average, refugees and migrants living in government centers have been in Serbia for more than 18 months, as the only authorized exit is through the Hungarian border, which accepts 200 persons per month. The governmental centers are divided into three types: reception centers (RC), asylum centers (AC), and transit centers (TC). In theory, the RCs are supposed to be dedicated to asylum seekers, ACs to refugees, and the TCs to migrants on the move. Because most of the transit centers have fewer services to offer to their residents, RMF is working in the Adaševci TC (from February 2017) and Obrenovac TC (since April 2017).



2017 Activities and Accomplishments

- 15,438 health consultations provided to refugee and migrant men, women, and children in Adaševci Transit Centre in western Serbia.
- 14,883 health consultations provided to refugee and migrant men, women, and children in greater Belgrade and Obrenovac.
- 375 patients provided with medical and referral services, including translation and cultural mediation, escorting and transportation to hospitals and other medical facilities.
- 64+ unaccompanied and separated refugee children (UASCs) identified and referred to the Centre for Social Work.
- 500 gender-based violence prevention kits (torch and whistle, to use to attract attention) distributed to women in Belgrade and Šid.
- Provided assorted drugs and medical care, as well as hygiene packs, dignity and safety kits, and children's kits to support the response to refugees.
- Confirmed a formal partnership with the Ministry of Health in January 2017.
- Began operating a medical clinic at Adaševci Transit Centre in February 2017.
- Began operating RMF's new mobile medical clinic in March 2017, strengthening our response to the acute emergencies in the area of "the Barracks" behind the main Belgrade bus station, providing a climate-controlled (safer in winter months), versatile space from which our frontline medical workers and cultural mediators and translators could provide primary healthcare services.
- Relocated the mobile medical clinic to Obrenovac Transit Centre after May 2017, when Serbian authorities evicted residents of "the Barracks." Until then, "the Barracks" had been the largest self-organized refugee camp in Europe. As a result of this and other factors, many refugees and migrants voluntarily relocated to government shelters, including Obrenovac.
- Began designing and building a mobile dental clinic to help improve refugees and migrants' oral hygiene practices and address urgent dental needs frequently observed during medical consultations. This is the first mobile dental clinic ever built in Serbia, and it will begin taking patients in 2018.
- Began preparations for the renovation of Building 11 in Obrenovac Transit Centre, made possible by support from LDS Charities. The renovation will include a storage room, hallways, a bathroom, and sleeping quarters, as well as the project's central focus: a large room and Asylum Resource Center which will serve as inviting, safe common areas.
- Continued implementation of a winterization program, distributing additional non-food items to refugees and migrants thanks to support from LDS Charities.

RMF Serbia expanded our work substantially in 2017, confirming a formal partnership with the Ministry of Health; acquiring, equipping, and beginning operation of a new mobile medical clinic; and providing medical and protection services in Adaševci and Obrenovac transit centers, as well as continuing our outreach work in the Belgrade city center as needed. Altogether, RMF Serbia provided 30,321 medical consultations in 2017, more than doubling the number of beneficiaries reached during the previous year.

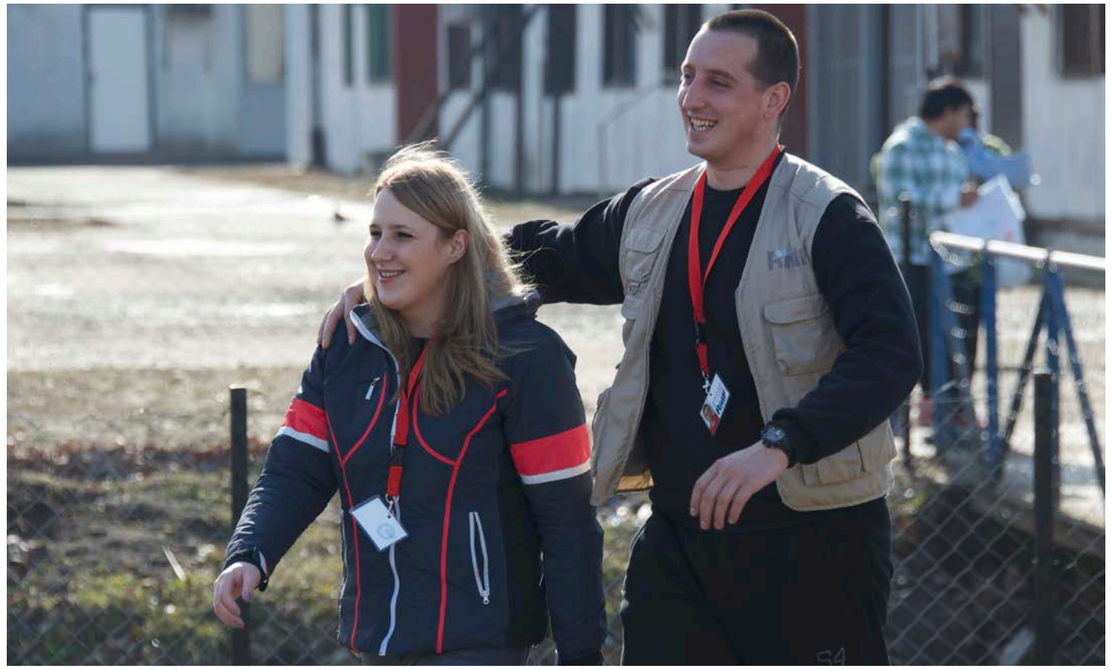
Throughout the year, RMF continued to distribute non-food items to project beneficiaries, including traveling kits for children, comprised of a small activity kit and stuffed toy to accompany them on their journey. Packs for babies were distributed, which included diapers, baby cream, powder, and hygiene items as needed. Hygiene and dignity kits for men, women, and children were provided as well; these included soap, a toothbrush, toothpaste, nail clippers, razors, sanitary pads for women, and more. 500 gender-based violence prevention kits (a flashlight and whistle) were distributed to women in Belgrade and Šid. The kits provided an opportunity for our team to remind women and girls of strategies to stay safe during their onward travel.

RMF also provides support to the local primary healthcare facilities in Šid and Obrenovac to address the body lice epidemic within government transit centers. Challenges remain in eradicating the body lice due to a lack of adequate sanitation facilities for beneficiaries, as well as a moving population. The epidemic has not been successfully contained thus far.

During 2017, the situation in the field remains very 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 are growing among refugees and migrants, and our team is mobilized to ensure rapid response to emergencies. Knife fights between refugees are becoming more common, and mental health and psychosocial support services are becoming urgent.

During 2017, RMF Serbia strengthened relationships with other partners and humanitarian actors working in the refugee crisis 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 Serbia's team and beneficiaries would like to thank our all our partners and supporters 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.



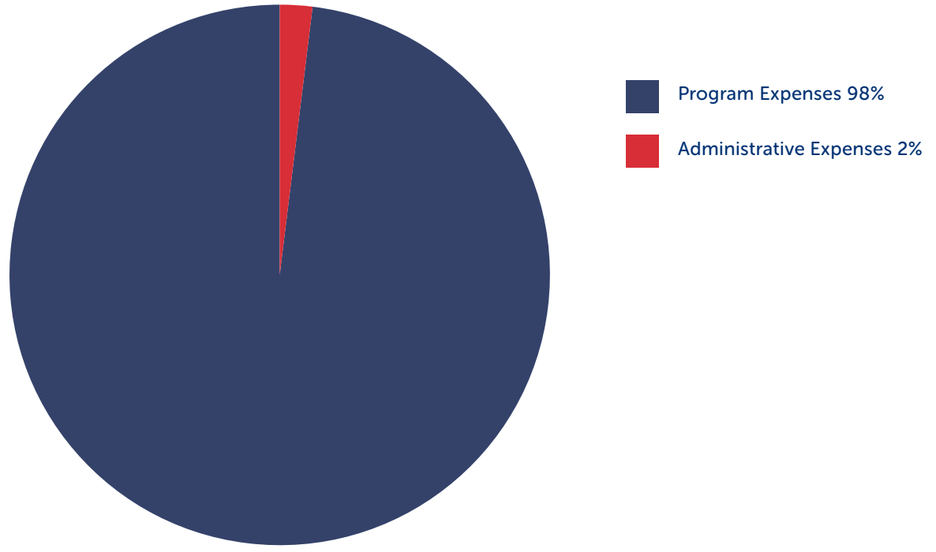
FINANCIALS PARTNERS, CONTACTS

Our Partners

Financials

IN US $	Fiscal Year 2016	Fiscal Year 2017
	$13,199,096	$15,558,576
EXPENSES		
Program Expenses	$12,874,240	$15,061,740
Administrative Expenses	$136,451	$85,476
Fundraising	$8,207	$8,376
In-Kind Expenses	$0	$0
TOTAL EXPENSES	$13,018,898	$15,155,592

International Contributions	
Contributions for RMF Germany (100% used for program expenses)	$566,740.69
Contributions for RMF Nepal (100% used for program expenses)	$19,346.74
Contributions for RMF Pakistan (100% used for program expenses)	$141,725.85
Contributions for RMF Peru (100% used for program expenses)	$54,324
Contributions for RMF Serbia (100% used for program expenses)	$5,000
Contributions for RMF South Sudan (100% used for program expenses)	$481,924.05
Contributions for RMF Uganda (100% used for program expenses)	$595,921.45



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