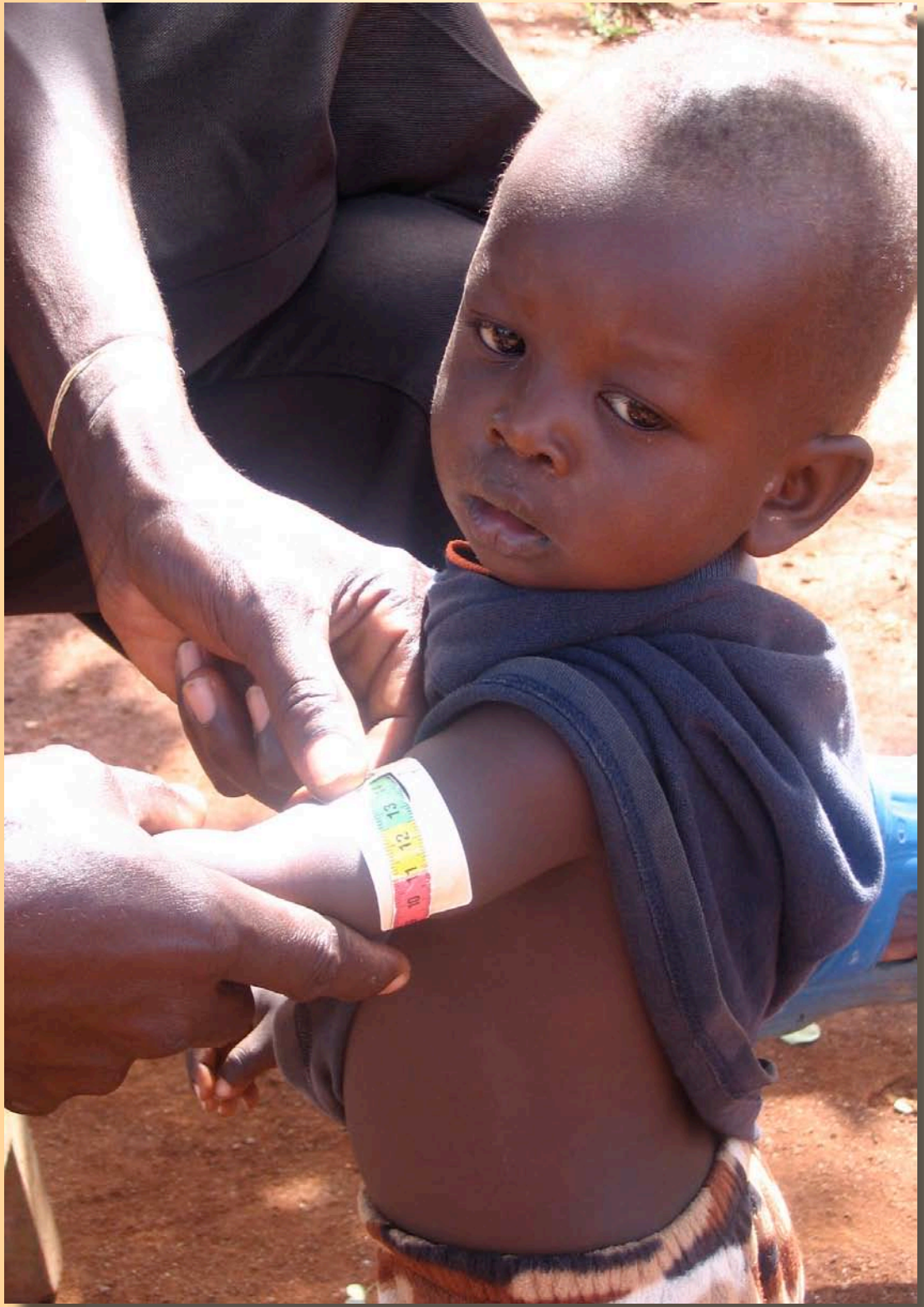
Annual Report 2010

GLOBAL HEALTH PARTNERSHIPS

INTERNATIONAL PROGRAMS OF HUMANITARIAN AID AND HEALTH CARE

Kenya Project
Uganda LifeStitches Project

Table of Contents



President's Letter

The past year has been an exciting, productive, and challenging one for Global Health Partnerships (GHP). This Annual Report describes the accomplishments that were achieved in Kenya and Uganda, made possible because of your generous support. This publication is our "First Annual Report." The pages that follow describe how donor dollars were translated to positive action in our projects. The accomplishments in Kenya include the provision of essential medical care to an increasing number of patients at the Kisesini clinic which we support; the treatment and prevention of childhood hunger and malnutrition, the implementation of a village outreach project that has improved the care of pregnant women and young children, and the successful (and challenging) provision of transport for medical emergencies and other essential patient care. In Uganda, the accomplishments include completing the sewing workshop building which will triple the project's capacity to train new members and increasing our production programs that generate income for the mothers.

In addition to the generous donors who provide the funding for the GHP projects, we are thankful for the committed health care professionals and University of New Mexico students who donated their time and expertise to teach and work with our Kenyan and Ugandan partners. They traveled (at their own expense) to help with patient care, education, public health efforts, economic empowerment, and evaluation of the impact of our projects.

Starting a project to help the poorest in African countries is a laudable goal, but it must include ongoing assessment of effectiveness. We are committed to the monitoring and evaluation of our GHP projects so that our efforts, and most importantly your contributions, are shown to have a positive impact on the health and well-being of the African families who are served by the projects. The surveys of the villages and the monitoring of child mortality that are described in this Annual Report have been conducted with that objective in mind. Our partnership with the University of New Mexico Health Sciences Center (UNMHSC) gives us an opportunity to conduct an objective evaluation of the GHP projects. The UNMHSC evaluations of GHP's work found evidence for significant improvements in the care of pregnant women and young children.

As we look to the future of the work of Global Health Partnerships, the Board of Directors will continue the ongoing program assessments, seeking sustainability of successful projects and addressing the challenges as they arise.

Visit our web sites for ongoing updates on these plans and news about the Kenya and Uganda projects: (www.GHP-USA.org). Your comments or suggestions are welcome and can be communicated via our email web addresses.

Global Health Partnerships is a young nonprofit organization that relies on the contributions from individuals and the work of volunteers. We are deeply appreciative of your past support, which has permitted us to reach the poorest persons in Kenya and Uganda to perform humanitarian work that reflects our mission.

Mission Statement

Global Health Partnerships (GHP) is a non-profit organization of medical professionals and other volunteers who work in developing countries as partners with local community organizations and health care providers to improve the health and well being of the poor and marginalized throughout the world.

Governance

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Year In Review

Kenya

The Kisesini Community Health Project has continued to provide high quality primary care and outreach services to the Kamba ethnic communities, an impoverished population of subsistence farmers in eastern Kenya. The project is a partnership with the Kenya Ministry of Health, and strengthens the existing (but weak) government health infrastructure that provides care to the rural poor.

Accomplishments

Kisesini clinic

The number of patients who seek medical care at the Kisesini clinic has been rapidly increasing. During the first half of the fiscal year (July to December 2009) an average of 715 patients were seen per month. For the last 3 months of the fiscal year the number of patients increased to 1,228 per month. The age of the patients range from newborns to octogenarians. As expected, infectious diseases are common, including skin and respiratory infections, parasite infections, pneumonia, diarrhea, and HIV infection. Chronic illnesses are also common and tend to be neglected in poverty-stricken countries like Kenya due to a lack of resources. Hypertension (high blood pressure), diabetes, epilepsy, mental health illness, arthritis and other chronic health problems can cause a great deal of disability and suffering.

"During the first half of the fiscal year an average of 715 patients were seen per month. For the last three months of the fiscal year, the number increased 1,228 per month."

Many of the patients seen in the Kisesini clinic are treated for these chronic problems, and they would receive little or no medical care if GHP were not providing the appropriate medications. Many children receive their immunizations in the clinic, thanks to the clinic's solar-powered vaccine refrigerator provided by GHP. Their mothers and other women come for family planning services, which are in high demand. During the past year an increasing number of women have been arriving in labor to deliver their baby at the clinic. Every week there are a few patients with a medical emergency who need urgent transport using the GHP ambulance to a district hospital for surgery, blood transfusion, or other higher-level care.

In July 2009 and March 2010 a GHP team of health care professionals and students traveled to the project site (at their own expense) to assist with patient care and public health tasks. They worked side by side with our Kenyan partners who are the permanent staff for the clinic. Nicholas Mutuku, the Kisesini clinic nurse who is responsible for the day to day patient care, is a very competent clinician, but he greatly appreciates the teaching provided by the experienced GHP physicians who have visited.

Kenya (cont'd)

Confronting Hunger and Child Malnutrition

According to UNICEF 13% of Kenyan children die before reaching 5 years of age (2008 data). Malnutrition (undernutrition) is the underlying cause for more than half of those childhood deaths. A GHP survey of Kisesini Project villages in 2007 found that 15 % of the children under 5 years of age were underweight. A drought struck eastern Kenya in 2008 and continued through most of the period covered by this report. Food insecurity, always a problem in this semi-arid region, became much worse and caused an increase in hunger and malnutrition. A survey of the Kiseini Project villages in March 2009, conducted (and funded) by the University of New Mexico (UNM) for GHP, showed a worsening of the childhood malnutrition problem, with 27% of the children underweight. In response to the worsening hunger and child malnutrition, GHP initiated a project to treat malnutrition using a therapeutic feeding program that has been proven to be effective in other African countries. This community-based program provides treatment in the child's home, rather than in a hospital or a therapeutic feeding center. The treatment uses Plumpy'nut® (a fortified peanut-based product) for the most severely affected children, and Unimix® (a fortified corn-soy flour blend) for those less severely affected. Approximately 160 children (25 with severe malnutrition) were treated in the GHP program, with excellent results. Most of the children have recovered completely, and there were no deaths. The best results in medical reports from other countries achieved a 4% mortality (death rate) for children with severe malnutrition, so the Kisesini Project was remarkably effective.

In addition to the malnutrition treatment project, GHP distributed food relief to families in many of the villages that were most severely affected. All children who were 6 to 20 months of age (the age when they are most vulnerable to the harmful effects of hunger) in 20 villages were given a food ration that included high-quality foods such as eggs, milk, and millet. A family ration of maize (corn) and beans was also distributed. The effectiveness for the prevention of child malnutrition was the focus of a UNM study that is described below.

Village Outreach

Preventive health care, e.g. immunizations for children, family planning for women, and screening for malnutrition, can save lives and prevent serious illness. However, because of the remote location of many villages that are served by the Kisesini Community Health Project, women need to walk with their children for hours in order to seek these services in Kisesini clinic. GHP is supporting maternal and child health outreach clinics to improve access to these vital preventive interventions. The village outreach visits are scheduled on two Saturdays each month, and are coordinated by the Community Health Workers. The plan has been to target the most isolated villages in order to maximize the cost effectiveness of the project. As many as 200 women and children line up for care on a single Saturday.

"In response to the worsening hunger and child malnutrition, GHP initiated a project to treat malnutrition unsing a therapeutic feeding center."

Evaluation And Monitoring

The GHP plans for monitoring and evaluation of the project began in August 2007, one month before the inauguration of the Kisesini clinic, when a survey was conducted of every household in 9 villages that were selected at random from the 75 villages served by the Kisesini Project. During the survey every child under age 5 years was weighed and measured to determine malnutrition rates, and many health indicators and behaviors were assessed, such as the rate of diarrhea, the treatment and prevention of diarrhea and malaria, and the frequency and quality of care for pregnant women. In March 2008 and March 2009 a team from the University of New Mexico Health Sciences Center repeated the survey (using UNM funds) in order to evaluate the impact of the Kisesini Project, including the work of the community health workers and the village outreach. The findings from the study include the following:

- The use of mosquito nets for malaria prevention for children increased from 70% to 88% after the community health worker (CHW) program was initiated
- There was significantly less diarrhea among the children in the households that the CHWs visited, and the appropriate use of oral rehydration solution and zinc for diarrhea treatment increased significantly
- After the CHW and outreach programs were started, the care for pregnant women improved. There were significantly more prenatal visits; HIV testing increased (from 40% to 82%); use of mosquito nets for malaria prevention increased (from 54% to 66%); and use of iron/folic acid supplements increased (from 74% to 96%)

Another study conducted by UNM researchers evaluated the effectiveness of a GHP food supplement program for the prevention of child malnutrition. The growth and malnutrition rates of children who received a ration of locally available foods (e.g. eggs, milk, millet) in 20 villages were compared with the children in 20 villages where no food supplements were distributed. The food distribution was successful in that all families reported receiving the designated amount of the food ration.

The growth of the children significantly improved, and there was significantly less malnutrition among the supplemented children compared to the control (not supplemented) group. Acute malnutrition ("wasting"), which is the most dangerous type, was completely eliminated (0% versus 9% in the control group).

A UNM team from the Masters in Public Health program is developing a village-based child mortality surveillance project in order to monitor the progress of the Kisesini Community Health Project in prevention of early childhood deaths. The CHWs are maintaining records that are entered into a database. The first reports from this project will be available next year.

"The growth of the children significantly improved, and there was significantly less malnutrution among the supplemented children."

New Initiatives

The number of women who die in childbirth and the number of newborn infant deaths are very high in Kenya. GHP has been developing plans with the Kenya Ministry of Health and local community leaders to address these important problems. The evidence available from other countries point to two approaches that can improve maternal and newborn health. The first is to increase the number of births that are attended by a skilled professional (e.g. nurse or midwife) who can treat complications of childbirth when they arise. GHP is working with traditional birth attendants in the planning of an outreach and education program with the objective of increasing the number of births in health facilities. This approach will also require increased transport capability. The second approach is to develop a home visitation program for newborn infants. A volunteer UNM neonatologist is helping with the planning of a GHP project to train community health workers to assess newborns during their first week of life using a home visitation model that was shown to be effective in other countries.

Ecomomic empowerment of women has great potential to improve the health and well-being of families and communities. The Kisesini clinic began through the efforts of a women's basket-weaving group. GHP is planning to extend the social enterprise model from the Uganda Life Stitches project in order to benefit and support the women artisans in Kenya.

"GHP is working with traditional birth attendants in the planning of an outreach and education program with the objective of increasing the number of births in health facilities."

Year In Review
Uganda LifeStitches

Prevention Mother to Child Transmission (PMTCT) is a cornerstone in the battle against the HIV/AIDS epidemic in sub Sahara Africa. Ninety percent of children living with HIV/AIDS acquire the infection from their mothers during pregnancy, birth or breast feeding. PMTCT medical programs include antiretroviral prophylaxis for the HIV/AIDS mothers before delivery and for the infant after delivery as well as a controlled breast feeding regimen. At the Uganda LifeStitches Project, we think of PMTCT as: one mother, one child, one chance. LifeStitches' goal is to maximize this 'one chance' by using economic empowerment to break down the AIDS-related stigma barriers which prevent pregnant women from enrolling in PMTCT programs.

ACCOMPLISHMENTS

Completion of the Workshop Building

The LifeStitches Workshop is built on land donated by the Arua Regional Hospital located adjacent to the Ministry of Health (MOH) Maternal and Child Health Building and PMTCT clinic building. Initial building construction began summer 2008 and the foundation, walls, roof and internal walls were completed with the funds available. The Workshop members continued to work in borrowed space in the hospital laundry for the next two years. Work began anew for the completion of the building in June 2010. Workshop members are scheduled to move into the new building by December 2010; formal dedication will occur March 2011.

With the new space completed, the Workshop will go from a two sewing machine capacity to an 8-10 sewing machine capacity. The new building will have a small office space and sale shop as well as a toilet and storage/stock room. Land behind the Workshop will be converted to a working garden where the mothers can sit and do hand work outside during good weather. The Workshop space will double as a sewing and training classroom.

Increased Marketing—US and Uganda

In 2009, the first napkin sale model in the homes of volunteer LifeStitches party Hostesses across the US began. Four parties were hosted in fall 2009 with near sell-outs of our products prior to the end of the Holiday season! This proves to be a 'win-win' model for people who want to contribute to the LifeStitches project.

LifeStitches products are also sold in the US at the Peacecraft Fair Trade Store in Albuquerque, NM (www.peacecraft.org); and in the Ugandan capital, Kampala, at Banana Boat African crafts stores (www.bananaboat.co.ug.)

New Initiatives

Solidifying the Collaboration: LifeStitches Workshop and PMTCT Ministry of Health (MOH) Medical Program

Any HIV positive woman who has participated in the Uganda West Nile District's Ministry of Health PMTCT medical programs is eligible to join the Arua Regional Hospital PMTCT Peer Support Group and then become a member of the LifeStitches Workshop. A Workshop member will serve as PMTCT liaison to interface with mothers who present to the MOH PMTCT medical program. Her job will be to encourage interest in joining the Workshop and the PMTCT Peer Support Group. Membership dues for PMTCT Peer Support Group will be underwritten by Global Health Partnerships for any mother wishing to join both organizations.

Updating the LifeStitches Sewing Workshop Model

LifeStitches will be moved into the finished workshop space by December 2010. With the completion of the sewing workshop building, we will have greatly increased our workspace capacity and production potential. This is a tremendous improvement over the one electric and the one pedal machine we were once limited to in the fall of 2008!

We can now focus on increasing product production and training of mothers. US volunteers who are experienced in sewing workshop development and social enterprise management will be joining the LifeStitches team and visiting the workshop early 2011. Their role will be to facilitate capacity building and development of the workshop. We will assist workshop leaders identified by the mothers to develop leadership, teaching and entrepreneur skills.

Micro Entrepreneur Program

We wish to help as many Workshop mothers attain financial independence as possible. Driving this will be a new entrepreneur training and savings opportunity available after six to nine months of participation in the Workshop program. In partnership with a US volunteer, a team of Workshop members and local Ugandan consultants who are experienced in micro-enterprise programs will spearhead this endeavor.

The program will consist of nine to twelve months of involvement which will include the following: an initial selection and orientation process, focused entrepreneur training, additional income generating opportunities, and a regular supervised savings program to prepare for a successful independent micro-enterprise venture. Follow-up support will be provided to new graduates as part of this program and will assure the success of their new business ventures.

"With the completion of the sewing workshop building, we will have greatly increased our work space capacity and production potential."

Uganda LifeStitches (cont'd)

Challenges

There has been a steady increase in local fabric prices at the Arua fabric market since the recession began in 2008. To date, LifeStitches has been able to maintain a stable price for our products and stable income for the women while maintaining our baseline high quality cotton fabrics from which our products are made. We are moving to find ways to purchase fabric stocks which would be stored in Arua and enable us to plan and predict production a year in advance.

We are often asked whether there is electricity. And we reply: "most of the time." The hospital grounds and the Workshop are on the Arua municipal power supply. However, 2009 saw several brief power outages and one prolonged delay of three consecutive months! The Workshop is geared to operate both with electric irons and sewing machines and pedal sewing machines and charcoal irons. When power outages do occur, the women are left with only the non-electric options.

We are very grateful to the Arua Regional Hospital staff who loaned the Workshop space in the hospital laundry these past two years pending the completion of the Workshop building construction. However, working conditions have been cramped and required the mother to create a team approach. With shared Workshop time provided, all members have fair access to production of goods to generate income.

We are beginning in January 2011 a computer-based and confidential demographic file of Workshop membership. Simple Microsoft Excel© data entry skills will be taught to mothers in order to enable them to keep their own registry of Workshop participation. All records will be maintained without personal identifiers.

The Workshop will be fortunate to have a volunteer videographer from the United States who will be able to visit the project site in early 2011 and film interviews with Workshop participants. This undertaking will begin the qualitative outcome documentation of the impact the Workshop social enterprise program has on the mothers' lives and the impact the program has on decreasing AIDS-related stigma. Plans are underway to compliment this evaluation with a quantitative outcome description to be put into place in 2011.

"The Workshop will be fortunate to have a volunteer videographer from the United States who will be able to film interviews with workshop participants."

Uganda LifeStitches (cont'd)

Evaluation and Monitoring

Outcome Evaluation/Documentation of the Project

Individual informal interviews with the Workshop members were conducted in September 2010. The following summaries give some indication how the Workshop income was used by the members.

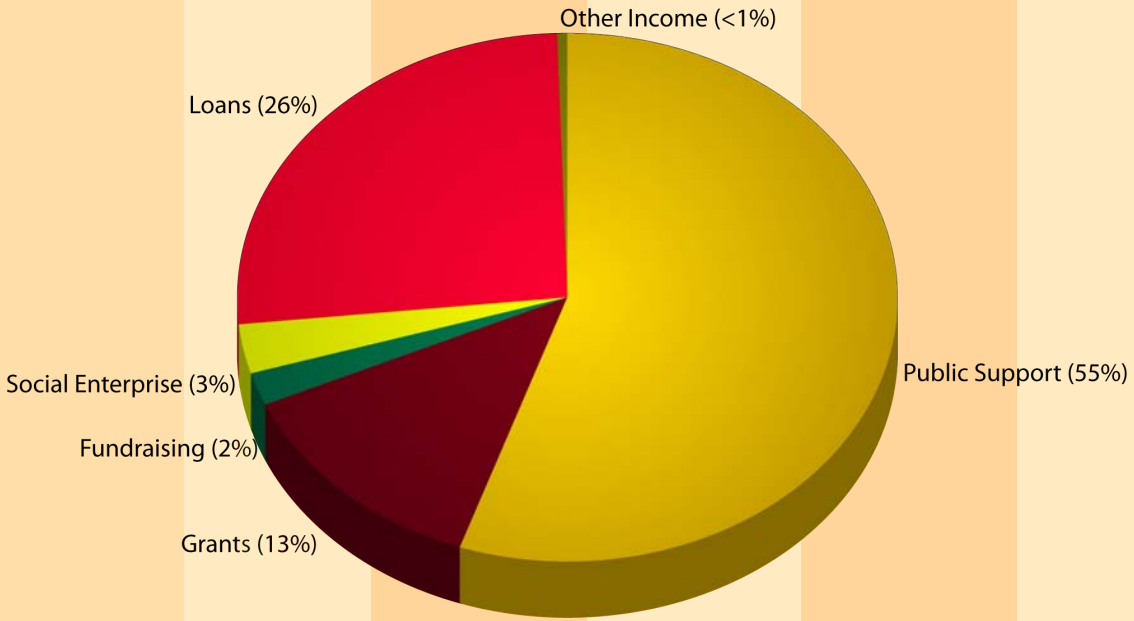
Uneci has been a member of PMTCT Peer support group for five years and a Workshop member for two years. She has one 3 year-old child who is HIV negative. Income from the Workshop is used for additional garden planting which provides for Uneci's family and her parents. She was also able to purchase two goats which she raises.

Night has been a member of PMTCT Peer Support Group for 9 years. She has four children, ages 16, 14, 11 and 8. Night's 8 year-old son was born in the PMTCT medical program and is HIV negative. This child is blind and Night pays his boarding school fees at the Damuni Primary School with her income from the workshop.

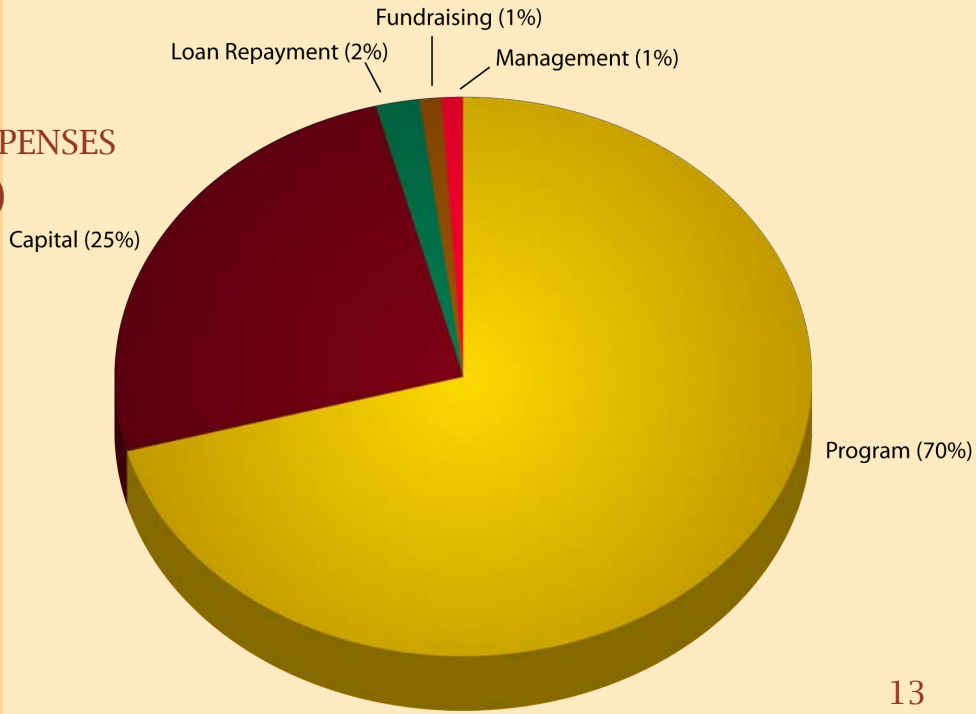
Financial Review

GHP Revenue and Expenses (Both Projects Combined)

2009-2010 Revenue (Both Projects)



2009-2010 Expenses (Both Projects)

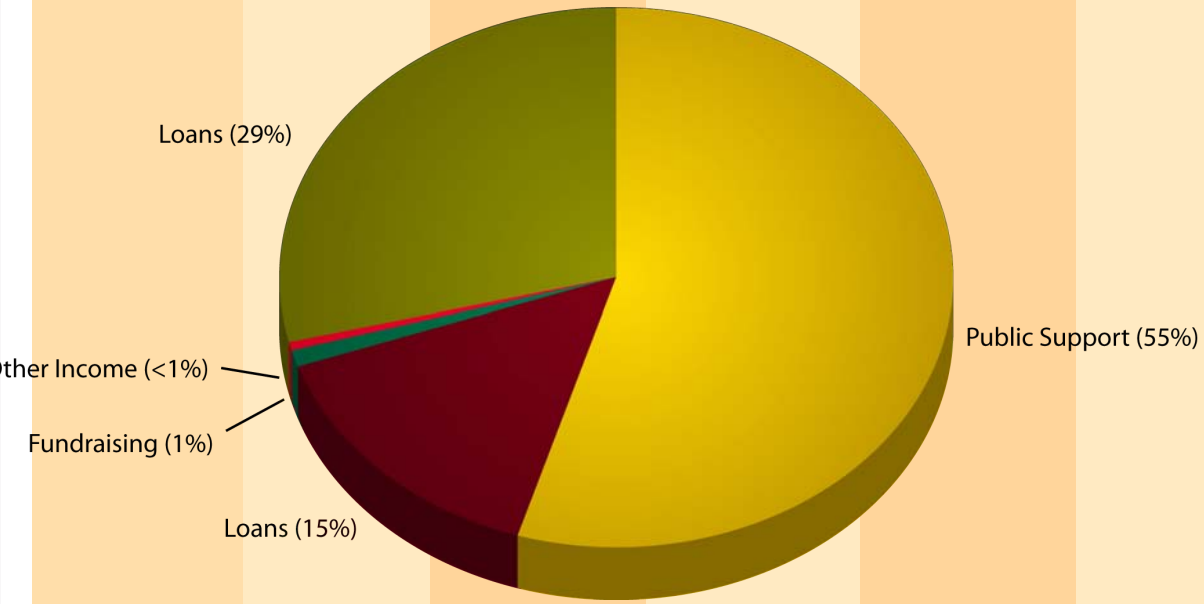


GHP Financial Activity (Both Projects Combined)

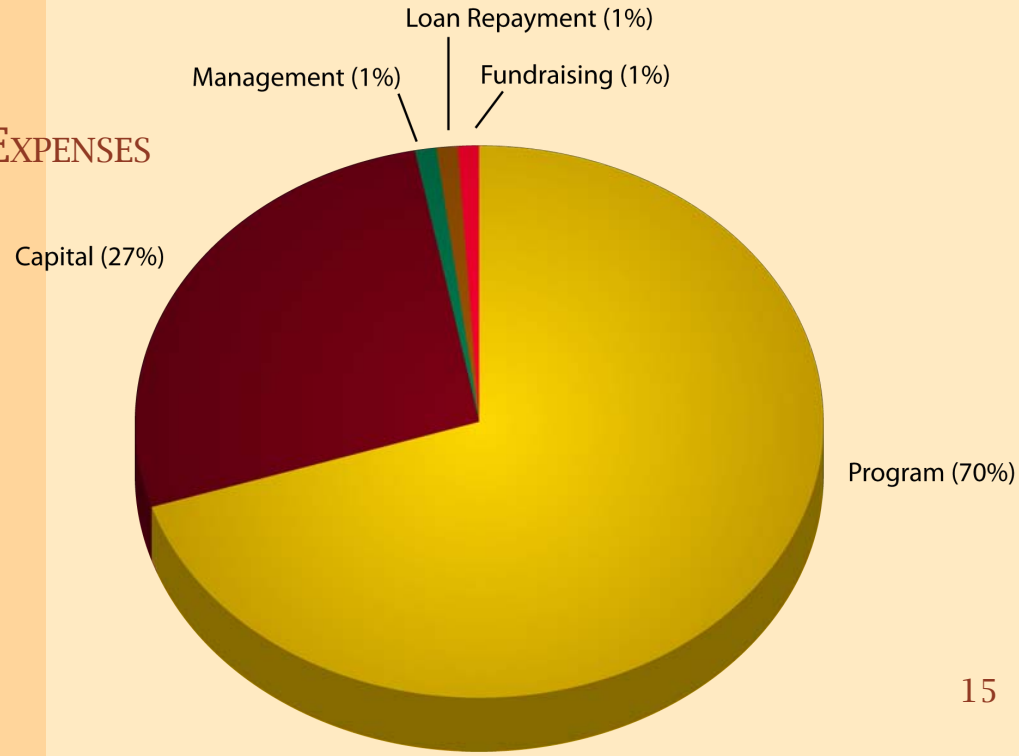
Financial Activity	
	For year ended
	June 30, 2010
Revenue	
Public Support	$105,305.64
Grants	24,620
Fundraising	4,144
Social Enterprise	5,145
Other Income	672.01
TOTAL REVENUE	189,886.65
Expenses	
Capital	$43,554
Program	123,438.22
Loan Repayment	4,000
Management	2,080.03
Fundraising	2,467.70
TOTAL EXPENSES	175,539.95

GHP Revenue and Expenses (Kenya)

2009-2010 Revenue (Kenya)



2009-2010 Expenses (Kenya)

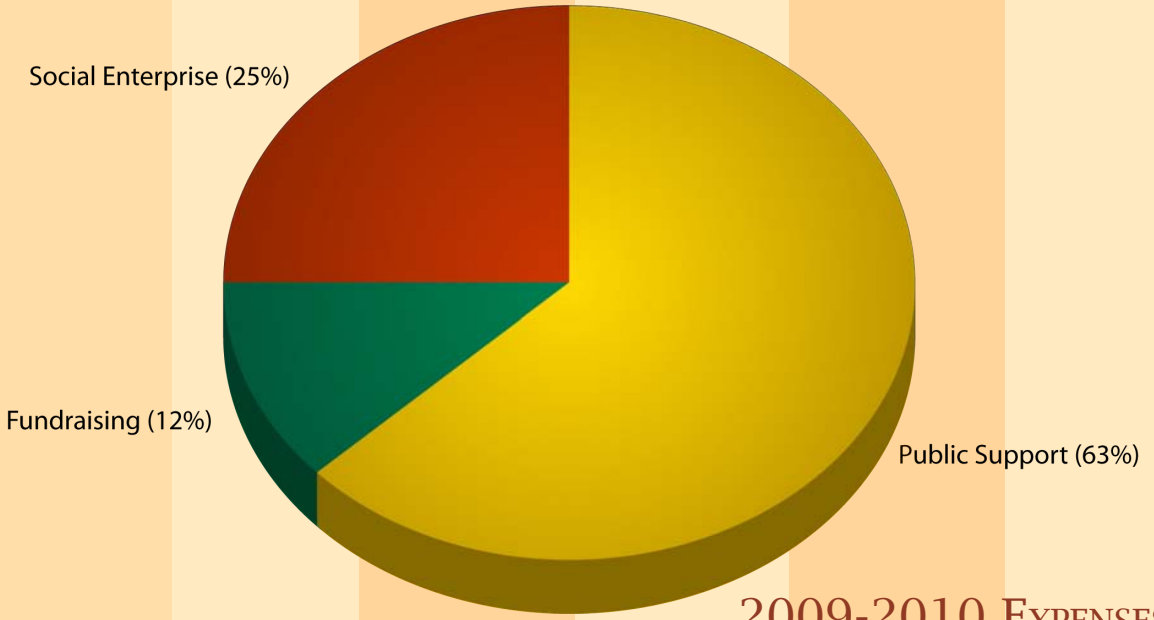


GHP Financial Activity (Kenya)

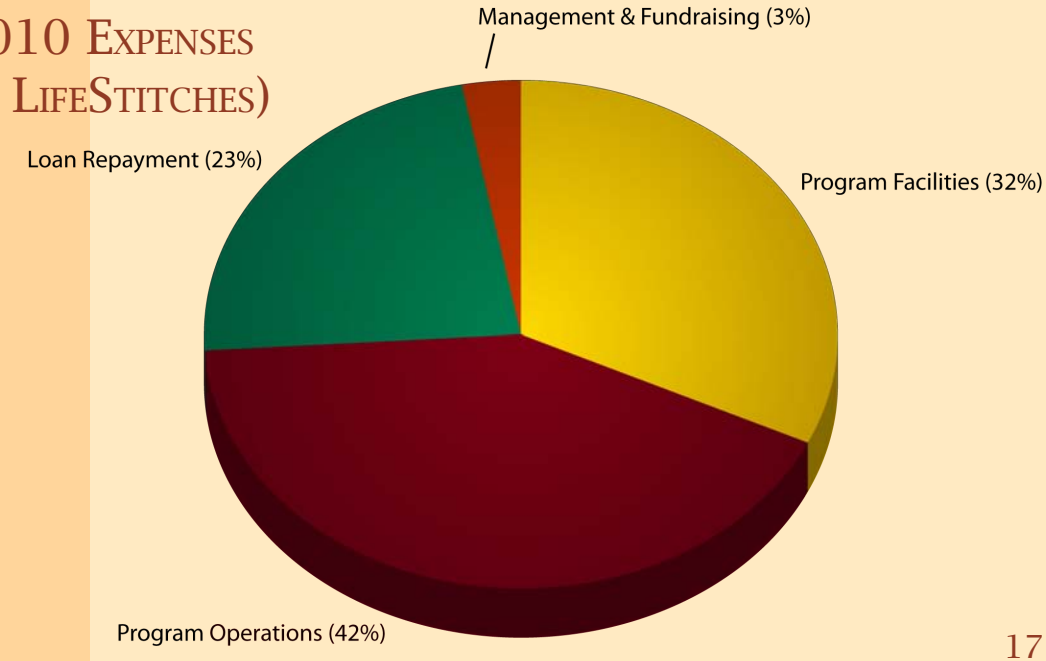
Financial Activity	
	For year ended
	June 30, 2010
Revenue	
Public Support	$92,453.64
Grants	24,620
Fundraising	1,790
Social Enterprise	-0-
Other Income	672.01
TOTAL REVENUE	167,745.65
Expenses	
Capital	$43,554
Program	113,774.22
Loan Repayment	1,000
Management	1,691.03
Fundraising	2,117.70
TOTAL EXPENSES	162,136.95

Uganda LifeStitches Revenue and Expenses

2009-2010 Revenue (Uganda LifeStitches)



2009-2010 Expenses (Uganda LifeStitches)



Uganda LifeStitches
Financial Activity

Financial Activity	
	For year ended
	June 30, 2010
Revenue	
Public Support	$12,852
Grants	-0-
Fundraising	2,354
Social Enterprise	5,145
Other Income	-0-
Loans	-0-
TOTAL REVENUE	20,351
Expenses	
Program Facilities	$4,225
Program Operations	5,439
Loan Repayment	3,000
Management	389
Fundraising	350
TOTAL EXPENSES	13,403

Partners Circle

We are deeply indebted to the following individuals who have generously contributed in kind since the beginning of our projects in 2007:

Deborah Altergott	Albuquerque, NM
Banana Boat African Crafts	Kampala, Uganda
Laura Banks	Albuquerque, NM
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Monica Carlson	Albuquerque, NM
Laura Cass	Albuquerque, NM
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Betty Skipper	Albuquerque, NM
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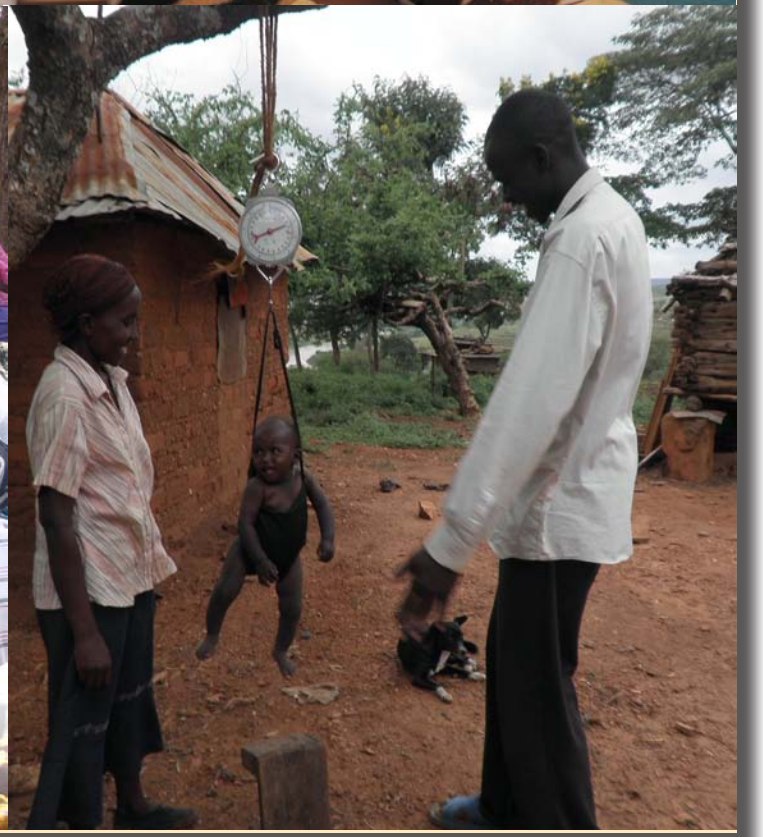
Ed Zanelli	Albuquerque, NM
Shannon Zanelli	Albuquerque, NM




GLOBAL HEALTH PARTNERSHIPS
U S A KENYA


SINGER

"After climbing a great hill, one only finds that there are many more hills to climb." -Nelson Mandela

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