

Global Health Partnerships



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



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Year in Review

Global Health Partnerships (GHP) has been providing health care and humanitarian aid in Kenya since September 2007. The Kenya project, called the Kisesini Community Health Project, consists of the Kisesini clinic (Dispensary) and the community projects that focus primarily on village-based maternal and child health. The project serves a population of approximately 30,000. This report covers the GHP fiscal year of July 1, 2012 - June 30, 2013.



History of GHP in Kenya

The clinic in Kisesini was started by a Kenyan women's basket weaving co-op. The women saved some of their basket income to construct a rudimentary building in the village of Kisesini. GHP raised the funds to complete the facility and purchase the equipment and supplies. As planned, the clinic was designated a Government of Kenya (GOK) facility. GOK can only provide for the salaries of the RN staff and only some basic medicine and supplies. GHP arranged the training of a network of lay community health workers (CHWs) who work in their villages to improve child health. GHP purchases additional essential medicine and supplies, continues to train CHWs, and sends medical teams twice a year to do volunteer work and teaching.

Clinical Services at the Kisesini Clinic

The Kisesini clinic is a first-level (“dispensary”) health facility that is part of the government of Kenya (Ministry of Health) public health system. Three nurses who receive a government salary provide the primary care services, including normal vaginal deliveries. Nicholas Mutuku is the nurse-in-charge and the volunteer coordinator of GHP projects. The other two nurses are Vincent Makau and Theresia Waeni Makau. During the 2012-2013 fiscal year there were a total of 11,506 patient visits to the clinic;. There were and 50 deliveries (births). The patient ages range from newborns to the very elderly. The medical services that are provided include preventive care as well as treatment of a wide variety of acute urgent problems and chronic illnesses. The preventive care includes immunizations for children and adults, growth monitoring of children, prenatal care for pregnant women, and family planning services. During the fiscal year there were 834 visits for family planning services (depoprovera and oral contraceptives), 320 visits of pregnant women receiving prenatal care (for 132 patients), and 2,035 children given deworming treatment. Acute urgent problems include infectious diseases such as respiratory and skin infections, parasite infections, diarrhea, and HIV infection. Chronic illnesses that managed at the clinic include asthma, high blood pressure, diabetes, epilepsy, mental health illness, and arthritis.

As a Government of Kenya health facility, the salaries of the Kenyan nurses who work at the Kisesini clinic are paid by the Ministry of Health, and medications and medical supplies are also provided by the government. However, the medicine and supplies are inadequate for the number of patients that are seen, with the exception of vaccines and family planning supplies. GHP purchased essential medicine and medical supplies when the government supplies were not adequate in amount or if they were not available. Most of the purchased medicines are antibiotics, analgesics (painkillers), anticonvulsants (for epilepsy), and antihypertensives (for high blood pressure). The Ministry of Health does not provide laboratory services for Kisesini clinic. Some lab tests, such as tests for HIV, anemia, syphilis, urine and parasite infections, are very important for good quality patient care, so GHP provides those services by purchasing the lab supplies and paying the salary of a lab technician (approximately \$250 monthly). An important service provided by GHP that would not otherwise be available is the emergency transport of patients with serious medical problems, including childbirth complications, using the GHP ambulance to a district hospital for a higher-level care (surgery, blood transfusion, neonatal care, etc.). The cost of emergency transport and maintaining the vehicle (a Toyota Land Cruiser, modified to serve as an ambulance) is the largest expense category for the GHP fiscal year, and it is an essential life-saving service.

In July 2012 and March 2013 GHP teams of health care professionals and students traveled to the Kisesini project site (at their own expense) to assist with patient care, public health work and implementation of community projects. In addition to the community project work discussed below, the GHP volunteers (family medicine and public health doctors and students) worked with the Kenyan nurses, providing patient care and improving the skills and knowledge of the local staff.

Village-based Community Health

Confronting Hunger and Child Malnutrition



Malnutrition (undernutrition) is an important underlying cause for many childhood deaths, and results in growth, neurological and development problems of the surviving children. Child malnutrition is a common problem in the target region of the GHP Kisesini Project, and it has been exacerbated by a drought and the related food insecurity. In Kenya's Eastern Province, where the Kisesini project is located, the most recent government survey found that 25% of the children were underweight. The rate of growth stunting, which is an indicator of chronic (long-

standing) malnutrition, was 33%, the highest in all of Kenya. A survey of the Kisesini project target area in 2009 that was conducted and funded by the University of New Mexico (UNM) for GHP, found that 27% of the children were underweight and 39% were growth stunted. In response to the worsening hunger and child malnutrition, GHP initiated a therapeutic feeding project to treat malnutrition. This community-based program provides treatment in the child's home, rather than in a hospital or a centralized 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) or PlumpySup for those less severely affected. During the fiscal year a total of 79 malnourished children received care in the therapeutic feeding program; 19 children were treated with Plumpy'nut for severe malnutrition and 60 children were treated with PlumpySup or Unimix. In addition, 9 malnourished pregnant women were treated with Unimix.



GHP has been distributing food relief to families that are most in need. During the past year 18 families, selected by the community health workers and Kenyan nurses (with input from GHP volunteers), received a monthly food ration of corn and beans, at a cost of approximately \$750 per month (\$42 per family per





GHP also has implemented a project for *prevention* of the pervasive problems of hunger and child malnutrition. Food insecurity is a serious problem in the arid and semi-arid lands of Kenya where the GHP projects are located. GHP has started a project to improve local food production using a revolving loan fund. This food security project includes community gardens, poultry houses for egg production, and a CHW education program for mothers about child nutrition and hygiene. This agriculture/nutrition project for the



prevention of child malnutrition provided an interest-free loan to groups of villagers to start their agriculture project, and they repay the loan with proceeds from the sale of their products. A variety of nutritious food is now being produced locally. As the loans are repaid, new groups will be offered loans for similar projects. An additional important component of this project is the education provided to mothers of young children about nutrition and hygiene. The education sessions are conducted in the villages by community health workers who have been trained by GHP. Frequent episodes of diarrhea from contaminated water are an important contributing cause of child malnutrition, and a cause of childhood death. For the prevention of diarrheal disease, the nutrition & hygiene education program includes the distribution of a water bucket with spout and chlorine solution for water treatment, and soap for hand washing. A study of the effectiveness of this project to prevent child malnutrition is being conducted by the University of New Mexico.

Village Outreach



Outreach clinics deliver preventive health care services to the more remote villages of the catchment area where access to care is limited for many families. GHP supports weekend outreach clinics that focus on maternal and child health such as immunizations for children, family planning services, prenatal care, and treatment of child malnutrition. The GHP outreach clinics are conducted on two weekends each month and are coordinated by the community health workers. During the 2012-2013 fiscal year, GHP funded 18 outreach clinics that were

staffed by the Kenya nurses, with occasional assistance by GHP volunteers. The services provided include 207 immunizations, 174 doses of vitamin A supplements for children, 326 deworming, 800 children growth and nutrition assessment, 251 women were provided with family planning services (Depoprovera injections and birth control pills), and 119 prenatal care visits for pregnant women. The cost of each outreach clinic is approximately \$80.

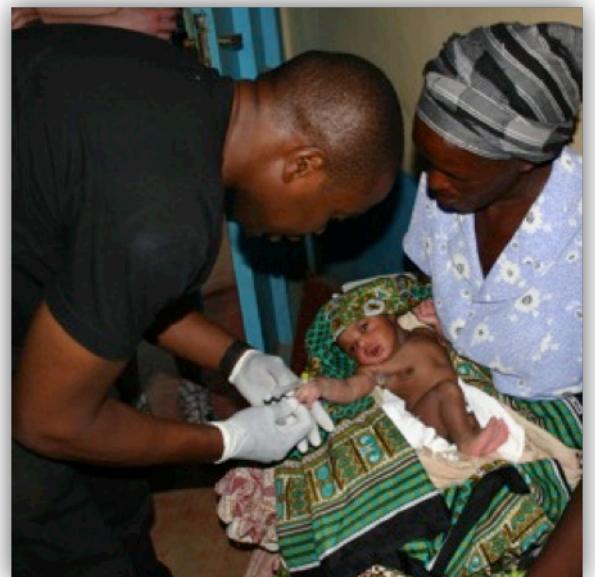


Improving Newborn Health Care



In Kenya the child mortality rate (the number of children who die before 5 years of age per 1,000 live births) has been high, but there has been considerable improvement over the past few years. However, there has been very little progress made on the death rate of young infants during the first month of life (known as the neonatal period). About one third of child (under-5) deaths occur during the neonatal period, and most of those neonatal deaths are in the first week of life. GHP has implemented a project of home visits by CHWs for newborn infants, as recommended by UNICEF for low income countries like Kenya. Two GHP volunteer professionals, Dr. Allison Livingston (pediatrician and neonatologist) and Dr. Angelo Tomedi (GHP President and UNM Family Medicine physician) conducted a training program for 20 community health workers (CHWs) to establish the newborn home visitation project for the villages of the GHP catchment area. The CHWs visit the newborn infants 3 times during the first week of life, taking their temperature, counting their breathing rate, looking for early signs of infection so that prompt treatment can be arranged. During the past fiscal year the CHWs visited 700 newborn infants. All three of the CHW visits were

completed for over 90% of the infants. There were 3 neonatal deaths, all during the first week of life. This very low mortality rate of less than 0.4% (3/700) is much better than the overall rate of 3% for Eastern Province of Kenya. A description of this project has been published in August 2012 in the *Journal of Tropical Pediatrics* (citation: *A Community Health Worker Home Visitation Project to Prevent Neonatal Deaths in Kenya*. Allison Livingston; Angelo Tomedi; Alison Campbell; Carol Morales; Mutuku A. Mwanthi. *Journal of Tropical Pediatrics* 2012; doi: 10.1093/tropej/fms034). <http://tropej.oxfordjournals.org/cgi/reprint/fms034?ijkey=1JQTXlspXri8kBt&keytype=ref>



Safe Childbirth



In Kenya and other African countries many women die during childbirth. The medical complications of childbirth can also cause serious problems for the mother as well as for the newborn infant. A skilled birth attendant (a nurse, midwife or doctor), providing timely and appropriate management of medical complications, has been shown to prevent maternal and neonatal death and serious health problems. In the region of Kenya served by the GHP Kisesini project, skilled birth attendants are only available in health facilities (clinics, health centers, hospitals). The most recent government survey in 2009 found that 43% of

deliveries in Eastern Province were attended by a skilled birth attendant. In Yatta District (which includes Kisesini) the percentage has been even lower at 20%. Increasing skilled birth attendance for deliveries is a high priority of the Yatta District health officers as well as GHP. A traditional birth attendant (TBA), often with little or no training, attends many of the births in the villages. After conducting meetings with TBAs, GHP developed a plan for a project with the goal of increasing the number of skilled birth attendant deliveries in Kisesini clinic and Katangi Health Center, which are the two health facilities that serve the catchment area of the Kisesini Community Health Project. The TBAs are paid a “per diem” (to cover transportation and meal expenses) of 200 Kenya Shillings (approximately \$2.50) if they bring their pregnant clients when they are in labor to a health facility so that the delivery can be assisted by a skilled birth attendant.



GHP also arranged for additional training for the nurses who work at the facilities in order to improve their ability to manage complications of labor and delivery. During the first 12 months of this project (2011-2012) there was a 113% increase in the number of skilled attendant births in Kisesini and Katangi. The number of deliveries has continued at that higher rate during the past fiscal year. The ongoing GHP costs are approximately \$200 per month.



Dental Care in Kisesini



In rural Kenya access to dental care is very limited and expensive, and out of reach for the poor. The pain and suffering from untreated toothaches and dental abscesses are common. GHP has supported a weekend dental clinic in Kisesini in order to meet this need. GHP purchased dental equipment and supplies and has arranged for a Kenyan dentist to conduct the dental clinics. There were 7 Saturday dental clinics that provided care for 381 patients. Many of the patients had long-neglected dental problems, and many tooth extractions were performed. All patients were

given instructions in preventive oral health and provided with free toothbrushes and toothpaste.



2013 Financial Review

Revenue:

Contributions	\$ 99,348.47
Grants	\$ 23,107.07
Investment Income	\$ 27.27
Total Revenue	<u>\$122,482.81</u>

Expenses:

Program Expenses (total expenses)	\$69,834.38	(98.00% of
Fundraising	\$ 154.00	
Management and other misc. expenses	\$ 1,550.17	
Total Expenses	<u>\$71,538.55</u>	





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GHP is a 501(c)(3) non-profit
organization

Our dream is to assist every pregnant
mother in the Kisesini health facility
service area in a safe, professionally
attended birth. Join us in building a
birthing center for these deserving families.