

Global Health Partnerships



Mission Statement

Global Health Partnerships (GHP) is a non-profit organization that provides medical care and humanitarian aid to the poor in rural Kenya with local community support. Our emphasis is on maternal and child health, child nutrition, and aid for the most impoverished families.

Governance

Board of Directors

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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), a maternity center, and the community projects that focus primarily on village-based maternal and child health. The project serves a population of approximately 50,000 and our service population seems to grow every year. We also support special surgical treatment for selected children. This report covers the GHP fiscal year of July 1, 2015 - June 30, 2016.

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 on donated land. 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 and Medical Officer staff and some basic medicine and supplies. GHP supervised the training of a network of lay **Community Health Workers (CHWs)** who work in their villages to improve child health. This allows GHP to reach all who need care. GHP purchases additional essential medicine and supplies, continues to train CHWs, and sends medical teams twice a year to do volunteer work, teaching and research. Because of the talent and kindness of the nursing staff, and the fact that GHP supports maternity care, keeps the pharmacy stocked, and provides emergency medical transportation, this clinic is the best in eastern Kenya. GHP is the perfect partnership including the Kenyan Health Ministry, the wonderful Kenyan nurses who deliver care full time, the University of New Mexico School of Medicine and the medical students who research clinic activities.*

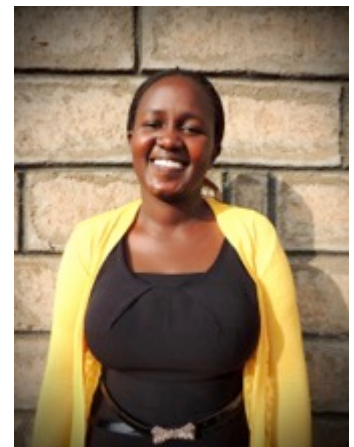
Clinical Services at the Kisesini Clinic

Three nurses, a clinical officer, and a laboratory technician provide the primary care services, including normal vaginal deliveries, at the Kisesini Clinic and Maternity Center. Nicholas Mutuku is the nurse-in-charge and the volunteer coordinator of GHP projects. The other full time nurses are Theresia Waeni Makau and Caroline Matheka. During the 2015-



2016 fiscal year there were a total of 18,000 patient visits. There were 94 vaginal deliveries of healthy newborn infants, and additional women received care during labor but required emergency transport for complications. During the fiscal year there were 1,172 children served in outreach clinics for immunizations, growth monitoring, treatment of malnutrition, and deworming. There were 400 family planning visits and 265 prenatal care visits. Dental clinic served 250 patients. Demand for all services is increasing.

GHP purchases the lab supplies and pays the salary of a lab technician, a little less than \$400 monthly. GHP provides emergency transport of patients using the GHP ambulance to a district hospital for a higher-level care. The GHP vehicle is also used for emergency patient transport from remote villages to Kisesini, for pickup and delivery of medication/supplies, and village outreach clinics. The cost of maintaining the vehicle (a Toyota Land Cruiser, modified to serve as an ambulance) is a large maintenance expense category for the GHP fiscal year at over \$20,000. Total Kisesini Dispensary expenses for the fiscal year were nearly \$18,000. Medications and supplies cost nearly \$9,000. Nurse stipends for night and weekend coverage is a bargain at \$2,100. This provides 24/7 obstetrical coverage. We also pay the salary of one of our nurses.



Maternity Center Welcomes 94 Newborns Traditional Birth Attendant Project Expands



it to adjacent communities.
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 n \$3.00 per
 expenses, the
 cal assistance

are asked to bring their patients to the Kisesini
 Attendant (TBA) referral project was started. TBAs
 supervision. In March of 2012 a Traditional Birth
 March 2014, welcoming newborns with safe medical
 The new maternity center has been operational since

Polio Immunization Blitz a Success



Polio paralyzed enormous numbers of children throughout the world before a vaccine became available in the 1950s. The widespread immunization of children quickly eradicated this devastating disease in the USA and other developed countries.

Thousands of children continued to be paralyzed every day in developing countries, however, including Kenya. Kenya had a polio outbreak as recently as 3 years



ago. The Kisesini Clinic, with GHP assistance, has just recently participated in an extensive national campaign to

immunize all young children in Kenya against the scourge of polio. The Kisesini nurses went door-to-door, using a motorcycle provided by GHP, to reach all children, including those in the most remote villages. The campaign was a remarkable success, in large part because of the involvement of the GHP-trained cadre of Community Health Workers. All young children in the GHP catchment area were immunized.

Community-Based Services

Treatment of Childhood Malnutrition



Malnutrition (undernutrition) results in growth, neurological and development problems in children. It is also an important underlying cause for many childhood deaths. GHP has seen and treated hundreds of children with severe or moderate 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. GHP, in conjunction with the University of New Mexico School of Medicine, is doing a follow-up study on these formerly malnourished children. Preliminary findings confirm what we had thought. Never give up on these children. Malnutrition is a treatable disease!

Seven year old Musembi and 5 year old Josephine had such meager diets they could not grow normally. They became progressively thinner, underweight, and growth stunted. Malnutrition made them prone to serious infections. These dangerously ill children were brought to a GHP Outreach clinic by their mothers. Their infections were treated and, luckily, the staff recognized their malnutrition. Therapeutic feeding was initiated and the "Feeding Hungry Children in Kenya" project provided the children and their families with a monthly supply of nutritious food. Musembi and



Josephine are now thriving, happy, and learning.

Twenty-four families are enrolled in the GHP program of supportive nutrition. Without GHP these families cannot survive. Outreach Clinics make it possible to capture these starving children before they die of malnutrition. **We know the cure for malnutrition!** We must continue to treat hunger.



Healthy, Happy Newborns

In Kenya the child mortality rate (the number of children who die before 5 years of age), most of which occur within the first week of life, is 52 deaths per 1,000 births. GHP has implemented a project of home visits, conducted by over 30 specially trained CHWs, for newborn infant evaluation. The University of New Mexico funded some of the training and some of the operating costs of



this program. UNM students have studied the efficacy of this program. The CHWs visit the newborn infants 3 times during the first week of life, taking their temperature, counting their breathing rate, observing their feeding progress, and looking for early signs of infection.

Prompt transportation and treatment is arranged as

necessary. Over 1,000 newborn infants were visited this year. There were only 3 infant deaths. The rest of Kenya would have expected nearly 20 deaths. This program has made a huge difference in the survival rates of newborn infants in the Kisesini Clinic service area. According to our research this newborn visitation program decreases health service utilization and overnight hospitalization as well. (See: <http://www.educationforhealth.net/article.asp?issn=1357-6283;year=2015;volume=28;issue=3;page=181;epage=186;aulast=Mascarenas>).



The CHWs are paid a per diem of \$3.30 per visit, or about \$10 for all 3 newborn visits. Our annual expenses for this program were over \$7,000. This program has been so successful it must be expanded.



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 including 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 staffed by the Kenya nurses and coordinated by the Community Health Workers. The services provided include immunizations, vitamin A supplements for children, deworming, and growth and nutrition assessment. Women are provided with family planning services (Depoprovera injections or birth control pills). Pregnant women are seen for prenatal care. During this past year a total of 2,196 patients were seen in two very remote villages, Syokisinga and Mekilingi. Nearly 1,400 children were seen for immunizations and nutritional assessment. 507 women were seen for family planning, and 288 women were

seen for prenatal care. In spite of the grueling day required of our nursing staff to conduct these clinics, this is truly one of our most cost effective health programs. The outreach clinics deliver healthcare to people who would otherwise never have such care. The total expense of this program was less than \$30,000.



Dental Care in Kisesini



In rural Kenya access to dental care is very limited and expensive, 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. All patients are given instructions in preventive oral health and provided with free medications as needed, and toothbrushes and toothpaste for the family. This past year over 250 patients were seen for dental care at a cost of \$981. It is our dream to be able to finance a dental prevention program in the schools.

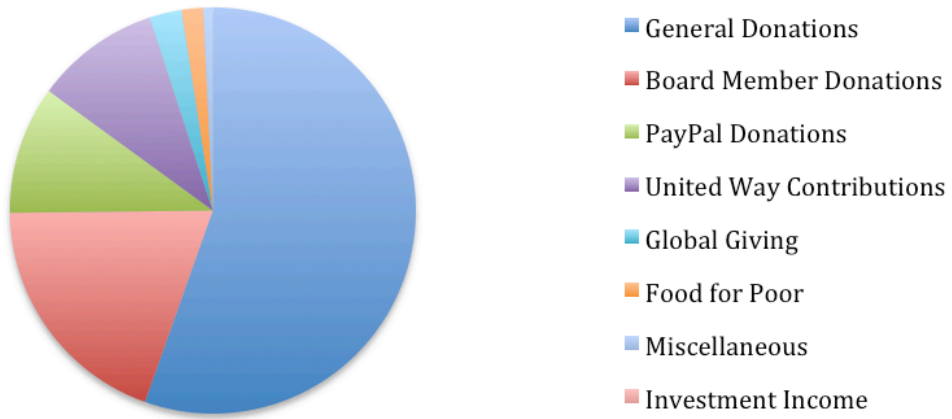
Referrals for Specialist Care

Because the Kisesini Dispensary has such a good reputation for helping those in need, we are getting more and more requests for assistance in referring and financing specialist care. Most of the cases have been orthopaedic and cardiac. Our expenses for these patients who require surgery in Nairobi this past year have been \$3,431. We only wish we could do more.

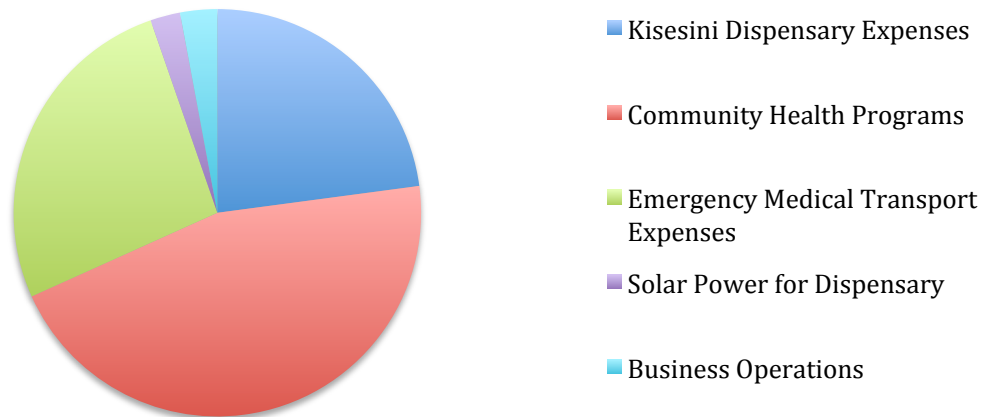


2015 Financial Review

Global Health Partnerships 2015-16 Revenue \$87,736.19



Global Health Partnerships 2015-16 Expenses \$105,493.20





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

Our dream is to expand the services we support at our clinic in Kisesini. We want every mother, child, and family within our service area to enjoy the best possible health. 100% of your donations go toward this dream.

2015-16 Financial Review

Revenue:

General Donations	48,599.02
Board Member Donations	17,000.00
PayPal Donations	8,948.42
United Way Contributions	8,699.96
Global Giving	2,259.35
Food for Poor	1,505.00
Miscellaneous Revenue	661.43
Investment Income	63.01

Total Income	\$87,736.19

Expenses:

Kisesini Dispensary expenses

Lab expenses	895.53
Medications	7,793.54
Nurses/Tech wages, expenses	4,716.47
Weekend coverage	2,052.78
Supplies	2,252.23

Total Kisesini Dispensary Expenses **\$17,710.55**

Community Health Programs

Community Health Program expenses	28,133.40
Outreach Clinics	302.85
Dental Program	980.98
Food for Poorest Families	9,643.49
Schooling for Poorest Children	6,983.37
Maternity center-all expenses	5,652.81
Newborn visitation	7,464.26
Specialty referrals	3,430.89
TBA per Diems	548.07
CHW Newborn	93.12

Total Community Health Programs **35,099.84**

Emergency Medical Transport Expenses

Fuel, repairs, maintenance	11,209.21
Depreciation	8,066.00
Patient Transport	1,164.55

Total Medical Transport Expenses **20,439.76**

Solar power system for clinic **1,829.92**

Administrative expenses

Business Registration Fee	1,080.00
Bank Fees	836.53
Postage, Mailing Service	263.20
Website	100.00

Total Business Operations **2,279.73**

Total Program and Operating Expenses **105,493.20**

Deficit income **17,757.01**