

Global Health Partnerships



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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

Board of Directors

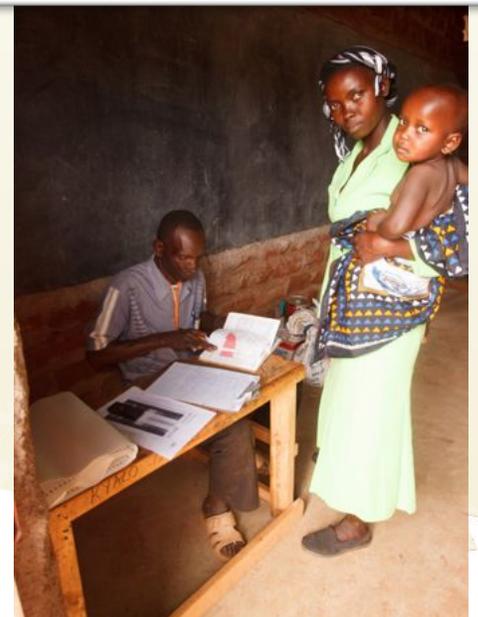
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Year in Review

The GHP Kisesini Community Health Project in Kenya consists of the Kisesini clinic (dispensary), which provides general outpatient medical care, and the community projects that focus primarily on village-based maternal and child health. The project serves a population of approximately 25,000 (2009 census data). This report covers the GHP fiscal year of July 1, 2011 - June 30, 2012.



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, which constitute a core function of the Kisesini Community Health Care project. Nicholas Mutuku is the nurse-in-charge and also the coordinator of GHP projects. The other two nurses are Vincent Makau and Theresia Waeni Makau. Theresia was assigned to Kisesini clinic during the past GHP fiscal year by the Yatta District Health Management Team, which is responsible for the management of all medical services in Yatta District.

During the past GHP fiscal year there were a total of 10,251 patient visits to the clinic, and 46 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. Acute urgent problems include infectious diseases such as respiratory and skin infections, parasite infections, diarrhea, and HIV infection. Chronic illnesses (e.g. asthma, high blood pressure, diabetes, epilepsy, mental health illness, arthritis) are common and tend to be neglected in these poverty-stricken regions.

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 woefully inadequate for the number of patients that are seen, with the exception of vaccines. GHP purchased essential medicine and medical supplies to “fill in the gaps” in order to insure that quality medical care is always available. Most of the purchased medicines are antibiotics, analgesics (painkillers), anticonvulsants (for epilepsy), and antihypertensives (for high blood pressure).

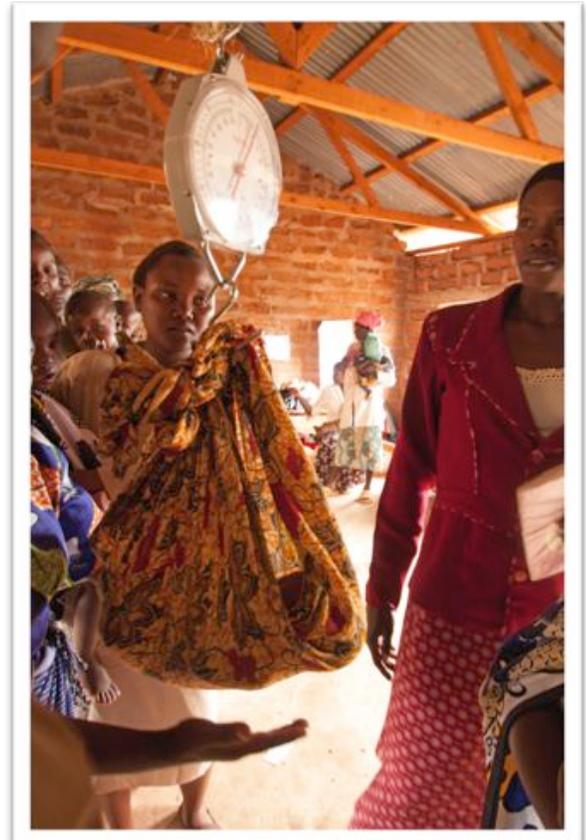
The Ministry of Health does not provide laboratory services for Kisesini clinic. Some lab tests, such as for HIV, anemia, syphilis, urine and parasite infections, are very important for good quality patient care, so GHP provides those services by purchasing the lab supplies and paying the salary of a 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 2011 and March 2012 GHP teams of health care professionals and students traveled to the Kisesini project site (always 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. The University of New Mexico (UNM) medical students are studying the effectiveness of GHP programs, evaluating outcomes such as neonatal mortality and child growth and malnutrition rates, as well as an assessment of the GHP capacity to reach the poorest families.

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, exacerbated by a drought and the related food insecurity. A survey of the Kisesini Project villages in March 2009, 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 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 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) for those less severely affected. During the past fiscal year 102 children with acute malnutrition were treated in the GHP program, and 90 of them were cured, 11 are continuing in the program, and there was one death. These results are comparable to the best treatment outcomes for therapeutic feeding that have been achieved in other African countries, where the lowest mortality (death rate) that was reported for children with severe malnutrition was 4%.

GHP has been distributing food relief to families that are most in need. During the past year twelve 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 \$360 per month (\$30/mo./family).





Prevention of the pervasive problems of hunger and child malnutrition is a GHP priority. Food insecurity, made worse by recent drought, 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 was made possible through a very generous donation from the Akerson Family Foundation in Albuquerque. Groups of villagers receive an interest-free loan to start their agriculture project, and 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



GHP is continuing to support outreach clinics that focus on maternal and child health. Preventive health care, including immunizations for children, family planning services, prenatal care, and treatment of child 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, access to care is limited for many families.

The GHP outreach clinics improve access to these vital preventive interventions with weekend clinics that are conducted on two weekends each month and are coordinated by the Community Health Workers. During the GHP fiscal year, 151 immunizations were given and 174 women were provided with family planning services (the majority requested Depoprovera injections). The therapeutic feeding of malnourished children was also monitored during outreach clinics. The cost of each outreach clinic is approximately \$80.



Maternal and Infant Care



The high maternal and infant mortality rates in Kenya are a cause of great concern. The most recent UNICEF estimate of a woman's lifetime risk of maternal death in Kenya is 1 in 38. About one third of child (under-5) deaths occur during the first month of life (the neonatal period), and most of those neonatal deaths are in the first week of life. GHP has implemented two projects during the past fiscal year that are designed to address these important problems. One project consists of home visits by CHWs for newborn infants,

as recommended by UNICEF for low-income countries like Kenya. The second project is using the assistance of traditional birth attendants 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. The Kisesini clinic now offers 24/7 maternity services, including emergency medical transportation for C-sections. We are dreaming of building a birthing center



on the clinic grounds. The mothers and infants of this area deserve the safest possible monitored care during labor and delivery.



Improving Newborn Health Care



In February 2011 a GHP team of volunteers conducted a 2-day training program for 20 community health workers (CHWs) to establish a newborn home visitation project for the villages of the GHP catchment area. The team was led by neonatologist Dr. Allison Livingston. In March 2012 Dr. Livingston returned and conducted a refresher course for the CHWs with the assistance of Dr. Angelo Tomedi and UNM medical students. The course content is based on a UNICEF/WHO program that has been shown to be effective in other countries. 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. The project was started with UNM funding and the refresher course was also made possible using UNM funds. Some of the medical students are studying this program as their research project. During the first 12 months of the project (March 2011-February 2012) the CHWs visited 702 newborn infants. All three of the CHW visits were

completed for 93% of the infants. There were 5 neonatal deaths, all during the first week of life. This mortality rate of less than 1% (5/702) 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.



Safe Childbirth



Maternal mortality, i.e. the death of women during pregnancy and childbirth, continues to be a tragically frequent event in Kenya and other African countries. Most of these deaths occur during labor and delivery. The medical complications of childbirth can also cause serious problems and death of the newborn. 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). Only 7% of deliveries in Yatta District (which includes Kisesini) are attended by a skilled professional. Increasing that percentage 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 to start 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 the number of skilled attendant births in Kisesini and Katangi increased to 217 births from 102 the year before the project started (a 113% increase). The start-up costs of this project were covered by University of New Mexico funding, and the ongoing GHP costs are approximately \$200 per month.



Dental Care in Kisesini



Young, nursing mother with very severe dental abscess

Kenya has only one dentist per 60,000 people, and over 80% of them are in the cities. The pain and suffering from untreated toothaches and dental abscesses are all too common in rural Kenya. Dental abscess can be a deadly disease. The expense and long distances to the nearest dental clinic are major obstacles to receiving care. GHP decided, under the leadership of Board member Dr. Ruth O'Keefe, to address this unmet need. During the last GHP fiscal year the plans were developed to provide dental care in Kisesini. Dental equipment was donated and GHP purchased additional dental equipment and supplies and arranged for a Kenyan dentist to conduct the first dental clinic in June 2012. The first dental clinic cared for about 60 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. All necessary medications were dispensed along with post-extraction instructions. The plan is to conduct a monthly dental clinic in Kisesini for 6 months, and then assess the project's cost effectiveness.



2012 Financial Review

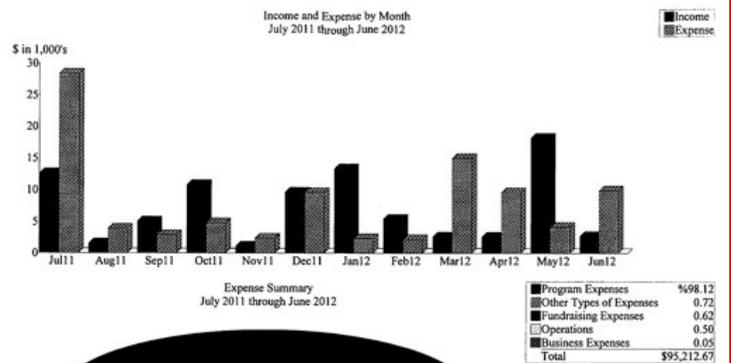
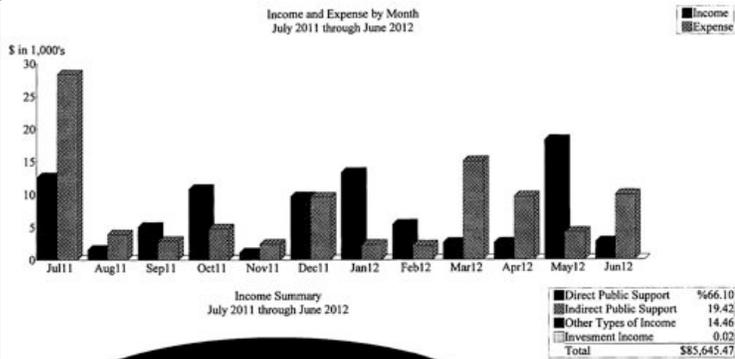
GHP Financial Activity For the Year Ended June 30, 2012

Revenue:

Public Support	\$82,006.43
Other Income	<u>\$3,639.04</u>
Total Revenue	\$85,645.47

Expenses:

Program Expenses	\$93,421.55	98.00%
Fundraising	\$587.12	
Management and other misc. expenses	<u>\$1,204.00</u>	
Total Expenses	\$95,212.67	



By Account



By Account





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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.