

MedicinesforHumanity



Reach The World's Most
Vulnerable Children

Annual Review FY2014



Dear Friends of Medicines for Humanity,

We hope that the pages of this report can adequately communicate the truly marvelous accomplishments that have happened this year through your generosity and support.

Our staff and our in-country healthcare partners are able to do wondrous things with the resources we provide. They turn pennies into miracles as they seek to serve the most vulnerable children and pregnant women... children and women whose lives are both precarious and precious.

This year we were able to increase what we call "critically needed" health services... those targeted to treat or prevent the major cause of child mortality... by more than 25%. In FY2014, MFH and our healthcare partners were able to provide over 900,000 of these critically needed services to some of the most vulnerable children and pregnant women in the world. We strengthened and expanded our projects in Africa and Latin America and the Caribbean. We also launched new projects in Huehuetenango (Guatemala), in Buea (Cameroon), and in South Kordofan (Sudan).

The secret of our success at MFH is that we are not simply about providing services... we strive for systemic change. We work with each of our in-country healthcare partners to strengthen and integrate systems of community-based and health facility-based services. We work to provide training that builds the service capacity and effectiveness of these very special healthcare partners, most of whom are communities of Catholic sisters.

We thank our staff for their dedication. We thank our in-country healthcare partners (mainly communities of sisters) for their courage and compassion. And we thank our donors for their enormous hearts. Together, we have successfully tackled some extremely challenging projects, such as assisting HIV-positive orphans in the Kibera section of Nairobi, malnourished children in the Cité Soleil section of Port-Au-Prince, and children living in caves in the Nuba Mountains of South Kordofan, Sudan.

Ten years ago more than 10 million children under 5 years old were dying each year from preventable causes. By last year that number had decreased to 6.5 million children. While this situation remains intolerable, it is getting better. We are part of this good fight, and with your help we will stay in it until no child lacks basic healthcare services and medicines.

For all the children alive today because of your generous support, we are deeply grateful.

Sincere thanks,

A handwritten signature in blue ink that reads "Timothy W. Bilodeau".

Timothy W. Bilodeau
Executive Director



HOW DO YOU **STOP THE NEEDLESS DEATHS** OF MILLIONS OF INNOCENT CHILDREN EACH YEAR?

► **Reach more children**

In FY 2014, Medicines for Humanity (MFH) had another exceptional year expanding several of our projects and adding new ones in South Kordofan, Sudan, and Huehuetenango, Guatemala.

► **Provide more services**

We delivered more than 900,000 critically needed health services to more children, more mothers, and to more pregnant women than ever before.

► **Expand services to vulnerable communities**

We continue to add and train more community health workers (CHWs) at our projects. Through continuing home visits, these CHWs identify those in need of care, insure illnesses are treated in their early stages, and provide preventative health and nutrition services and education.

► **Focus on the most effective interventions**

We sharpened our focus on evidence-based interventions and re-doubled efforts to care for pregnant women and children in the first 28 days of life. 40% of child deaths occur during this time.

► **Strengthen the capacity of our healthcare partners**

We assist our in-country healthcare partners to develop, strengthen, and integrate their community-based and clinic-based systems of care.

► **Increase program sustainability**

We also help our partners develop effective, low cost health interventions, and take steps to make their systems of care more sustainable.

All of these represent our way of building systems of care that successfully identify and treat the most vulnerable children in the world. These key elements are what we concentrate on every day at Medicines for Humanity. **This is how we leverage each dollar donated so that it has the greatest life-saving impact.**

We continue to apply all available resources to the staggering tragedy of millions of innocent children dying each year from illnesses that are preventable and treatable. Children under five years old are the most at risk, and those under one year old are the most vulnerable within this group.

In 2014, through the generous support of our donors, Medicines for Humanity and our in-country service partners provided **more than 900,000 critically needed health services that benefitted children under five.**

HEALTH SERVICES PROVIDED BY MFH PROJECTS IN FY 2014 TO CHILDREN UNDER 5 AND PREGNANT WOMEN*	
HEALTH SERVICE CATEGORY	# OF HEALTH SERVICES
Community-based Services	448,014
Clinic-based Services	126,555
Peri-natal Services (From conception thru the first 28 days after birth)	85,162
Nutrition Services	200,442
Water and Sanitation Services	75,464
Total Health Services	935,637

*MFH projects focus on providing critically needed health services to children under 5 and pregnant women because most child deaths occur during these time periods.



2014 MEDICINES FOR HUMANITY PROJECTS

In 2014, Medicines for Humanity collaborated with in-country healthcare partners at 32 project sites in eight countries around the world. All of our projects target areas of high child mortality. We focus on maternal/child health services in order to prevent the deaths of innocent children. We work with our dedicated in-country health partners to identify children most at risk, and identify gaps in services. Then, we develop programs to build the capacity of our partners to provide life-saving healthcare.



COUNTRY	IN-COUNTRY HEALTH PARTNER
Guatemala	The Benedictine Fathers

COUNTRY	IN-COUNTRY HEALTH PARTNER
Haiti	The Daughters of Charity

COUNTRY	IN-COUNTRY HEALTH PARTNERS
Dominican Republic	The Daughters of Charity
	The Diocese of Barahona
	Federico Aybar Hospital
	The Grey Sisters
Ministry of Health	

COUNTRY	IN-COUNTRY HEALTH PARTNER
Guyana	The Sisters of Mercy

MFH PROVIDES **CRITICALLY NEEDED HEALTH SERVICES TO STOP THE NEEDLESS DEATHS OF MILLIONS OF INNOCENT CHILDREN EACH YEAR.**



COUNTRY IN-COUNTRY HEALTH PARTNER

Sudan The Diocese of El Obeid

COUNTRY IN-COUNTRY HEALTH PARTNERS

Cameroon
 Archdiocese of Bamenda
 Diocese of Buea
 Diocese of Kumbo
 Diocese of Mamfe
 Sisters of Divine Providence
 The Sisters of St. Therese
 The Sisters of the Cross of Chavanod
 The Tertiary Sisters of St. Francis

COUNTRY IN-COUNTRY HEALTH PARTNERS

Kenya
 The Holy Cross Fathers
 The Jesuit Fathers
 Nyumbani Orphanage
 The Sisters of Mercy

COUNTRY IN-COUNTRY HEALTH PARTNERS

Rwanda
 The Daughters of the Virgin Mary
 The Diocese of Butare
 The Sisters of Charity

Cameroon
 Sudan
 Kenya
 Rwanda

MFH COMMUNITY-BASED HEALTH SERVICES PROVIDED IN FY2014

In order to reach and treat the most vulnerable children, and in order to prevent the illnesses that result in child deaths, it is crucial to establish an effective system of CHWs in each community. These CHWs identify, care for, refer, and monitor at risk children and pregnant women. They also provide preventive health education to caregivers of these children including the components for hygiene, nutrition, breastfeeding, and how to recognize warning signs when children do get sick. Trained and motivated CHWs who are integrated into the system of clinic-based primary care are the key to lowering child mortality.

FY 2014
Home Service Visits
by Community
Health Workers
427,356



"Delphine" meets with her CHW and other mothers at the "mothers' support group."

HOW A COMMUNITY HEALTH WORKER MADE A LIFE AND DEATH DIFFERENCE

Njinikom, Cameroon -- This story is about a 15 year old girl named "Delphine" ... and her baby, who she called Blessing. "Delphine's" parents died of AIDS, and she was helping her grandmother care for her five siblings. Then "Delphine" became pregnant. She did not tell her grandmother because she was ashamed. Instead, she turned for help to one of our community health workers. Through our project, she received pre-natal care and testing for HIV AIDS. She found out, unfortunately, that she was HIV positive, and she was even more devastated.

We then made sure she received AIDS treatment for herself, and provided her with PMTCT services (Prevention of Mother-to-Child transmission of AIDS). "Delphine" gave birth to a healthy and HIV free baby the at the Tertiary Sisters' Health Center... and this is what she said: "I called my baby 'Blessing'... because my son is all I have... and he is everything to me. I look back and I wonder what would have happened if you had not helped. If he had lived at all, Blessing would be HIV positive... and my life would now be over."

Access to basic medicines when a child is sick can mean the difference between life and death. In many rural communities in the developing world, medicines can be a long distance away. Many parents cannot afford the cost of the medicines and the transportation needed to get to where they are available. The solution is to train community volunteers to be pharmacy aides, to acquire low-cost and affordable generic medicines, and to set up small pharmacy cabinets in the homes of these volunteers. This makes critically needed basic medicines affordable and locally available 24/7/365. The small amount paid for these medicines by patients help to make these village pharmacies self-sustaining.

FY 2014
Community Pharmacy
Services
20,658



Inside the MFH "small pharmacy" in Brisas de Atulapa, near Esquipulas, Guatemala.

ONE COMMUNITY PHARMACIST'S STORY

Esquipulas, Guatemala -- Sandra Elizabeth Lemus Soto grew up in the community of El Encino, near Esquipulas. Her aunt Elizabeth Lemus also lived in El Encino and was a healthcare volunteer providing vaccinations to the children living in their area. Sandra always admired her aunt's dedication to those that were sick.

Sandra, her husband and children now live in the rural town of Brisas de Atulapa, a few kilometers outside of Esquipulas. The majority of the 90 families who live there are poor and many have small children. There are high rates of gastrointestinal disease and respiratory infection among children in this area.

Seeing this, Sandra knew that she wanted to do something to help her community. When she learned about the MFH Small Pharmacy program, she was delighted to have the opportunity to become a pharmacy aide. Today, she is taking after her aunt and providing her fellow community members with access to life-saving medicines on a 24/7 basis.

Sandra cites the day when Josué David Zamora's mom brought him to her because of a high fever. He was only 3 years old. She prescribed medication to lower his fever and he immediately began to recover over the next 24 hours. Sandra has many stories like this. They make her grateful and proud. She remembers the difficult times, before MFH developed this program, when families had no source of medicines. Sandra says she is extremely gratified every time she sees the joy in a parent's face when their child's health improves. "The happiness of those people overcomes me."

MFH CLINIC-BASED SERVICES PROVIDED IN 2014

The major causes of child mortality include diarrhea, acute respiratory infection, malaria and malnutrition. Increasing the access of Children-U5 to clinic-based primary healthcare services is a vital and effective method for improving child survival. Increasing access to trained doctors and nurses within impoverished communities is one of the pillars of Medicine for Humanity's approach to lowering child mortality. To accomplish this we work in collaboration with our partners in a variety of clinical settings. Some are hospitals, and some are clinic outposts in areas that surround a hospital. In some cases, the clinics are mobile and bring pediatricians and trained medical personnel to the villages so that children can be seen and treated on-site. When warranted, severely ill children are referred by the mobile clinic to the nearest hospital for acute care.

FY 2014 Pediatric
Patient Visits

126,555



The waiting area at the Rosalie Rendu Health Center in Cité Soleil, Haiti

A DAY IN THE LIFE OF A MATERNAL/CHILD HEALTH CLINIC

Cité Soleil, Haiti -- At the Rosalie Rendu Health Center, the demand for maternal/child health services far outstrips the resources of the Daughters of Charity who run the facilities. Each day, hundreds of parents bring sick and undernourished children to the health center with the hope that they will be seen and receive the help they desperately need. The outdoor waiting areas fills up early each day as mothers, fathers and grandparents wait patiently while holding their children in their arms.

The clinic staff moves about the waiting area, asking questions and laying their hands on the babies and young children to feel their temperatures. In this way, they determine which children have high fevers and give them priority in the waiting line. One by one, they send the sickest kids inside to be seen and do their best to reassure those still waiting to be seen. To emphasize preventive care, the sisters also provide health education to parents and pregnant women while they wait.

The Daughters tell us that they are extremely grateful for the assistance and support provided by Medicines for Humanity through the generosity of our donors. Your generosity is not only helping the sisters treat more children for the major causes of child deaths, it is also helping them develop a more sustainable health system that emphasizes preventive health and nutrition education.

MFH PERI-NATAL SERVICES PROVIDED IN 2014

(From conception through the first 28 days after birth)

When a woman is pregnant, the healthcare, nutrition services and maternal/child health education she receives will have a direct impact on the health of her newborn. Children are most vulnerable during the 28 days following birth. Pre-natal and birthing health services for the new mother and the baby are also crucial to child survival. Medicines for Humanity partners with community hospitals and clinics to provide maternal/child health services. We train community health workers to dispense quality health education, especially to pregnant women. We also train and support midwives and clinic personnel so that they can provide quality birthing services.

FY 2014 Pre-natal
Patient Visits

72,720

FY 2014 Post-natal
Patient Visits

12,442



"Salimatou" and her son (on the left), visiting with a neighbor and her children.

THE IMPACT OF MATERNAL HEALTHCARE AND EDUCATION ON CHILD MORTALITY

Shisong, Cameroon -- Of the 6.5 million children that die each year from preventable causes, 40% die at birth or within the first 28 days. Good pre-natal care is absolutely essential to lowering this rate, and MFH projects in the Shisong region of Cameroon emphasize this intervention. The following is just one of hundreds of stories about the impact of our focus on pre-natal care.

The Mbororos, one of the marginalized ethnic groups in Cameroon, live in the Northwest Region near Shisong. "Salimatou," a Mbororo woman, is one of the two wives of "Amidou" (the names have been changed to insure confidentiality). When the project team first met her, "Salimatou" was pregnant, had previously lost 3 children (all born with low birth weights below 2.5kg.), and she had never received pre-natal care. "Amidou" attributed the deaths of the children to witchcraft.

Luckily for "Salimatou," MFH is working on a maternal and child health project with the Tertiary Sisters of St. Francis in the Shisong area. During her most recent pregnancy, one of the community health workers (CHWs) trained by MFH was able to "get through" to her. The CHW educated "Salimatou" about the importance of pre-natal care and good nutrition and accompanied her to the clinic on several occasions to make sure she received the care she needed. With the support of the CHW, "Salimatou" went for three pre-natal care visits and delivered a healthy, strong baby boy at the health facility. Her husband, "Amidou," was overjoyed and exclaimed, "I could never imagine that my child could be this healthy. I now know that pre-natal care is stronger than witchcraft, and I am telling all my friends."

MFH NUTRITION SERVICES PROVIDED IN FY 2014

Malnutrition is the leading cause of child mortality in the developing world. UNICEF indicates that it is the underlying cause in almost one-half of all deaths of children-U5. Medicine for Humanity's response emphasizes involvement, the assessment and identification of undernourished children, increasing access to food, vitamins, nutritional supplements, anti-parasite medicines (albendazole), and initiating nutrition education programs for women in the community. These are critical interventions for treating and preventing malnutrition. Anti-parasite medicines eliminate intestinal worms that affect virtually all children in these communities and exacerbate the condition of malnourished children. Vitamin A helps to build the strength of the immune systems of children to fight diseases. In many communities, we teach people how to grow food and plant community gardens. In addition to providing key nutritional elements, these gardens can also produce a source of income and can become self-sustaining.

FY 2014 Supplements for
Malnourished Children
& Pregnant Women

8,299

FY 2014 Albendazole
Treatments

46,838

FY 2014 Vitamin A Treatments

55,083

FY 2014 Nutrition Education
Services to Families

90,222



"Théogène caring for his pigs"

OVERCOMING MALNUTRITION IN RWANDA.

Simbi, Rwanda - - MFH works with local healthcare partners to treat malnutrition in this coffee growing in the southern province of Rwanda. Clinic staff and community health workers (CHWs) identify malnourished children, treat them, and teach their caregivers to prevent its re-occurrence. We also build the capacity of these caregivers to develop ongoing food security through income generating activities and home gardens.

Théogène Mbonimana is a poor coffee worker who lives in Simbi with four children, two of whom were severely malnourished. CHWs connected him with the Simbi Nutrition program. Program staff provided care and taught Théogène and his wife about nutritious food and proper feeding. Both children recovered and continue to be in the normal range for nutrition. Théogène was further encouraged by program staff to participate in an agricultural income generating activity to supplement his income to provide food for his family. He received a small pig, agriculture equipment, seeds... and support. He raised pigs and then sold them to buy a cow. Théogène now has income to provide enough food to feed his family and even some extra. When asked how he will spend the extra he said, "I will be using it to purchase the health insurance offered by the program."

Project coordinator, Sister Laurence said that "income generating activities" (IGAs) are a very important program component along with nutrition care and education... to prevent malnutrition in the long run. Sister Laurence explained, "Vulnerable families have realized the importance of developing alternate sources of income for improved food security throughout the year." She added, "Thanks to MFH and this project for saving Théogène and a whole community from poverty and malnutrition."

MFH WATER AND SANITATION SERVICES PROVIDED IN 2014

Waterborne diseases account, by some measures, for over 68% of childhood illnesses, including diarrheal disease and malnutrition, two leading causes of child deaths. Medicines for Humanity's activities include capping wells, constructing water pipes, establishing water purification systems, and building latrines. In addition, community health workers (CHWs) educate families about the importance of boiling water to make it potable, using latrines, and washing hands.

FY 2014
Families with Access
to Clean Water

71,714

FY 2014
Families with Access
to Sanitation Facilities

3,750



"Class photo."

IMAGINE IF YOUR CHILDREN WENT TO SCHOOL WITH NO BATHROOMS OR CLEAN WATER.

Njinikom, Cameroon -- Clean water and proper sanitation are critical factors in reducing the number of child deaths from two leading causes: malnutrition and diarrhea. This is a story about one of our projects that has been effective in bringing both of these elements to remote villages in the Njinikom area of Cameroon. These villages have a population of about 4,500 people living in approximately 900 households. Families there had no sources of clean water, and children would typically drink contaminated water from various water "runoffs" in the area.

As one child said, "Most of us carry water from our homes in small containers to drink... and it is not clean. Younger children drink water trapped in tins and pot holes in the ground, and that water is very dirty." Most children never had access to a toilet, and simply use makeshift holes dug in the ground. One school age child described his situation, "Most of us prefer to use the bush during break to defecate because the school toilet is very open and looks like it can collapse."

Without clean water and sanitation, diarrhea was rampant and the incidence of malnutrition was elevated beyond the already high rates in Cameroon. Because of our MFH project, many of the children now have potable water to drink and community toilets to use. The 'head boy' in one of the schools told us recently, "Today we are proud to have a tap with clean water flowing in front of our classrooms... and a new toilet."

One member of the community told the MFH Project Coordinator... "I pray that God continues to bless MFH so that you can reach out to other kids in other villages and put a smile on their faces like we now have on ours. I thank Medicines for Humanity for the huge concern you have for our children."



Muchas
gracias



Thank you
very much

Assante
sana



Merci
beaucoup



This report is dedicated to our donors, in-country healthcare partners, and staff:

In 2014, you enabled Medicines for Humanity (MFH) to provide **more than 900,000** critically need health services with proven effectiveness in saving lives to more of the world’s most vulnerable children and pregnant women than ever before.

TOGETHER, WE CONTINUE TO GREATLY INCREASE OUR REACH AND OUR IMPACT.

Our deepest gratitude goes to our donors, because without the resources you provide, this would not be possible. There is a traditional African proverb that says, “It is the tiny drops of water that make the ocean.” Together, your donations and caring acts are helping to make an “ocean” of difference to the lives of so many.

We also offer thanks to our in-country healthcare partners. Their staff members include the executive leaders, the physicians, nurses, community health workers, and midwives that serve their communities with boundless energy and unswerving commitment. We would not be able to save lives without the never-ending efforts of these dedicated “heroes.”

Finally, thanks to our indomitable MFH staff for believing that we can stop the injustice of millions of children dying each year from preventable causes. As Margaret Mead, the world-renowned cultural anthropologist, said: “Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has.”

Medicinesfor**Humanity**





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