Partnering to Save the Lives of Children Around the World
EXECUTIVE DIRECTOR’S MESSAGE

Dear Friends and Supporters,

This annual review is a look back at a year when Medicines for Humanity spent a lot of time looking ahead. As the landscape of maternal and child health continues to evolve, so do we. We engaged in a long-range strategic planning process to reaffirm our mission, vision and core beliefs, as well as tactically streamline our organizational plan for the foreseeable future.

Over the last decade, significant strides have been made to reduce some of the common killers associated with child and maternal mortality. Between 2000 and 2016, the global under 5 mortality rate decreased by 47%. Still, 5.6 million children died in 2016 alone. Newborns account for a growing number of these deaths, and poorer children are at the greatest risk. Though the maternal mortality ratio also declined by 37% between 2000 and 2015, there were approximately 303,000 maternal deaths in 2015, most from preventable causes. So, we still have a long way to go.

Cameroon continues to represent our largest global footprint with 20 project sites in various regions. As the year unfolded, we watched the country continue to wrestle with ongoing conflict, violence and division over perceived marginalization of the minority Anglophone population, much to the detriment of vulnerable women and children. Elsewhere in Africa, a peace agreement kept things relatively quiet for our project in the Nuba Mountains of Sudan. Without bombs and continual fighting, more refugees are returning home and the focus of medical care has moved from traumatic injury to safe delivery and prevention of common diseases. Last year, we also added a new project in Zambia.

Our efforts in Africa, Haiti and the Dominican Republic continue to produce significant results and change the way maternal and child healthcare is delivered. Over the last year, we expanded efforts to focus on nutrition, healthy pregnancy, healthcare leadership and community outreach and education.

We are deeply grateful for your ongoing support and commitment to mothers and children around the world. We look forward to our future journey together as we continue to transform maternal and child health for the most vulnerable around the world.

Margaret Brawley, Executive Director
<table>
<thead>
<tr>
<th>Services</th>
<th>Count</th>
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<tbody>
<tr>
<td>Community-Based Services</td>
<td>236,113</td>
</tr>
<tr>
<td>Home &amp; Pharmacy Visits for Children Under 5 &amp; Pregnant Women</td>
<td>236,113</td>
</tr>
<tr>
<td>Perinatal Services</td>
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<tr>
<td>Prenatal Patient Visits, Deliveries &amp; Postnatal Patient Visits</td>
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<tr>
<td>Clinic-Based Services</td>
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<tr>
<td>Pediatric Patient Visits &amp; Vaccinations</td>
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<tr>
<td>Nutrition Services</td>
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<tr>
<td>Nutrition Supplements, Anti-parasite Treatments, Vitamin A Treatments &amp; Nutrition Education Sessions</td>
<td>283,099</td>
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<td>Water &amp; Sanitation Services</td>
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<tr>
<td>Families Gained Access</td>
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**Total Critically-Needed Health Services Provided:** 1,000,587
OUR VALUES AND BELIEFS

Commitment to Children and Their Mothers
Every child has the right to a healthy, productive life. We are driven to make a difference in the lives of children so they can reach their full potential.

The health of mothers and children are inextricably intertwined. Therefore, we strengthen and improve systems of healthcare for vulnerable and marginalized children and mothers.

Partnerships
We work with in-country partners, especially Congregations of Catholic Women Religious, to leverage their strengths, catalyze change and make a difference for children at the local level.

We pursue and emphasize partnerships with Congregations of Catholic Women Religious because they are champions for maternal and child health and dynamic forces for improvement of services.

Integrity
We always operate with respect and transparency in all relationships.

Long-Term Effectiveness
The best way to sustainable and lasting impact is through the development and utilization of evidence-based maternal and child health initiatives designed and implemented in partnership with local health providers and community representatives. We believe that long-term collaborative relationships result in positive transformation within communities.

Empowerment
We focus on building the capabilities, skills and knowledge of in-country partners to develop stronger and more effective, sustainable systems of maternal and child health.

OUR APPROACH
The MFH approach features 3 interlinking tenets. Combining these three components with collaborative in-country partnerships results in a dynamic transformation of outcomes for maternal and child health in underserved, remote communities.

Strengthen Healthcare Systems
Ensure basic health services are available and affordable by providing medicines, equipment, supplies, renovations and implementing essential preventive programs.

Build Capacity
Support and nurture community health workers and clinical providers with ongoing training, effective monitoring, mentoring and supervision, tools and job aids, as well as economic empowerment programs for lasting engagement and sustainability.

Empower Communities
Empower communities to transform lives and impact the social determinants of health by developing leadership, collaboratively generating effective health services and fostering initiatives to drive broader holistic change.
At the Heart of Medicines for Humanity

OUR VISION
A world in which no child dies from preventable causes or from a lack of basic health services.

OUR MISSION
Save the lives of vulnerable children and their mothers. We collaborate with and empower committed in-country partners in areas of high child mortality to strengthen maternal and child health in their communities.
Our Partnerships with Catholic Sisters

by Tim Bilodeau, MFH Board Chair

People often ask us why so many of our projects involve partnerships with Catholic sisters. This is not by chance, but by choice.

Medicines for Humanity (MFH) works in areas around the world where the conditions are challenging and where child mortality and maternal mortality are very high. To have an immediate, positive impact, we engage partners already working in these communities, who have the respect and trust of the population, and who are committed to serving mothers and children for the long-term. Very often, the providers who are making the greatest difference are communities of Catholic sisters.

MFH does not have any religious affiliation, but we often put our faith in Catholic sisters as our in-country project partners. These women are champions for maternal and child healthcare, and are dynamic, enthusiastic forces for change. The partnerships we forge with these women are central to creating a significant and lasting impact on maternal and child health outcomes. In many places, they are the only source of basic healthcare services.

Catholic sisters can accomplish a great deal with very little. They are committed to serving the poor and serve the most vulnerable by choice. Many congregations have established systems of maternal and child healthcare but are extremely under-resourced. Collaborating with them enables us to leverage MFH resources to accomplish much more than we could working on our own. MFH strives to provide the additional training, staff, technical support, medical supplies and medicines that the sisters need to reach many more children and save many more lives.

Strengthening and expanding systems of maternal and child health with Catholic sisters creates long-term impact and transformational change. The results speak for themselves. Our partnerships with Catholic sisters continue to produce significant and positive sustainable outcomes for maternal and child health now and for the future.
Over 50% of the population in Zambia lives below the poverty line, an estimated 70% is food insecure and 45% of its children are stunted. This country has some of the worst maternal and child health outcomes in the Southern-Central African region. Our newest project supports Catholic sisters in the Eastern Province to better serve the needs of mothers and children in rural areas. We are working with the Catholic Episcopal Conference Health Unit and the Sisters of Charity of Ottawa running the Muzeyi Health Center to improve community outreach and education, increase service utilization and improve water, sanitation and hygiene (WASH) practices.

Despite the availability of free healthcare services at public facilities and a large majority of private clinics, accessing care is a challenge for many impoverished women in remote communities of Zambia. Over 40% of the country’s rural population lives more than 5km from the nearest health center and few women can afford to sacrifice time and resources for transport. Over 50% of deliveries occur in the home, without the assistance of a skilled healthcare worker. MFH is trying to make a change.

**Initial 6-Month Accomplishments:**
- Trained and supported 200 Safe Mother Action Groups (SMAGs)
- Trained & supported 68 Community Health Workers
- Purchased ultrasound & trained providers
- Operationalized 13 WASH committees

**Initial 6-Month Results:**
- 3,257 household visits
- 130 community education sessions
- 3,989 households reached by SMAGs
- 18% increase in number of women seen at a clinic coming from more than 5km away
- 60% increase in number of mothers completing 4 antenatal visits
- 42% increase in number of mothers receiving postnatal care within first 6 days

**Zambia Facts**
- 398 maternal deaths per 1,000 live births
- Child Mortality Rate = 70
- Major causes of death for children under 5:
  - Prematurity
  - Respiratory Infections
  - Malaria
  - HIV and AIDS
  - Diarrhea
  - Birth Asphyxia

**About Safe Mother Action Groups**
Safe Motherhood Action Groups are groups of mothers coming together to learn from, teach and positively influence each other about important maternal and child care concerns. These women, led by a fellow mother and trained facilitator, discuss the need to prepare for pregnancy, complications and delivery. This improves both understanding of the matters facing mothers as well as when to access maternal healthcare services. There is growing evidence that better utilization of maternal healthcare services depends on mobilizing the entire community.
In 2011, at the end of a 22-year civil war, Sudan divided into two countries: Sudan and South Sudan. In 2013, cultural, economic and religious tensions reignited. Fighting erupted north of the new border in South Kordofan, between government armed forces and the Sudanese Peoples’ Liberation Movement-North. The Nuba Mountains became a conflict zone. Hundreds of thousands of people have fled their homes. There is very little access to health and humanitarian assistance in this region...except for Mother of Mercy Hospital and 6 outlying clinics supported by Medicines for Humanity.

Medicines for Humanity partners with the Mother of Mercy Hospital (MMH) and the Diocese of El Obeid to respond to the ongoing humanitarian crisis in the Nuba Mountain region of South Kordofan, Sudan. The level of need in these remote and underserved communities is staggering. MMH and the clinics and community-based health services initiated in this project are the only healthcare facilities in South Kordofan providing critically needed health services to the extremely vulnerable population.

The Heart of Nuba

A trip to the heart of the Nuba Mountains can only begin after secured permission from both the government and SPLM-North. Almost 1,000 miles from Nairobi, Kenya the travel includes hours on unreliably scheduled plane rides with food stuffs and livestock and an 8+ hour drive down unsafe, bombed out, dirt roads. Arriving dry, dirty and dusty you might consider the site of the Mother of Mercy Hospital an oasis - a desperate outcropping in the middle of desperate landscape and a desperate crisis. Many people in the region also believe it to be so.

When fighting reignited in 2011, only one aid organization remained in South Kordofan and very few continued to provide support or relief to the area. In 2013, Medicines for Humanity (MFH) joined with the MMH and its staff to reopen 6 of 39 outlying clinics previously abandoned to serve people in outlying communities. In the first year, the clinics served 90,000 patients, more than double the original projections. Dr. Tom Catena, an American doctor and the only surgeon/internist/gynecologist/pediatrician serving the hospital, has worked there for 16 years. He and his staff work tirelessly, personally attending to hundreds of patients every day, in both the hospital wards and the pediatric wards. The 6 community clinics are supported by a revolving nursing team, midwives and Community Health Workers. The CHWs trained by MFH, make home visits in the villages to identify, educate and refer at risk or sick children and pregnant women for help. Food insecurity, hunger and malnutrition runs rampant in this situation, so MFH has established an agricultural program with home gardens. Dr. Catena has stated that, “If support from Medicines for Humanity didn’t exist, I don’t think we’d be able to continue with this outreach program.”

Heartbreak and Resilience in the Face of Unimaginable Challenges

Hiba grew up in South Kordofan in a village on the outskirts of Kadugli. In July 2012, when she was just 22 years old, government troops raided the village. They killed Hiba’s husband and two brothers. Bombs rained down from the sky for days and Hiba’s home, along with many others, was destroyed. She and her 3 young children sought shelter in caves. They eventually fled Kadugli and, under the cover of darkness, made their way to Mendi for refuge.
With the help of her new neighbors, Hiba set up a temporary shelter. But without any land to grow food or any job to earn money, she and her children were reliant on their neighbors’ benevolence for food, water and basic medicines. There was little to go around and simply surviving became a daily struggle. Without proper shelter and nourishment, Hiba’s children were frequently sick. Her youngest child became severely ill, and the traditional herbs she tried did not help.

While she was caring for her severely ill child, Hiba was visited by 2 women from a neighboring village. They were community health workers providing outreach on behalf of the Mother of Mercy Hospital (MMH) in Gidel and Medicines for Humanity (MFH). The CHWs examined Hiba and her children and determined all were severely malnourished. They suspected the 2 youngest children were suffering from pneumonia as well, and they told Hiba the children needed immediate medical assistance. The CHWs accompanied Hiba’s family to the satellite clinic in Mendi for evaluation and treatment, and Hiba and her children received lifesaving care and nutritional support.

But the family was still at risk. They had very little to eat and no means to grow or purchase food. Fortunately, as part of the MFH/MMH nutrition program, the CHWs helped Hiba secure a small plot of land as well as seeds and tools to start a home garden. Hiba needed little training since she and her husband had been farmers when they lived in Kadugli. Over the next few months, Hiba cultivated a variety of crops, including groundnuts and leeks. The home garden has become her family’s primary source of food. She also has been able to trade produce for other food and basic necessities. For the first time since the bombing started and her husband was killed, Hiba believes she and her children will survive. She credits the CHWs and the MFH/MMH project team for restoring her faith.

Through MFH and the MMH’s partnership, 416 women like Hiba have received support to cultivate farms/home gardens. 96% of these women now have functioning home gardens through which they feed their families. The resiliency and resourcefulness of these women gives the project team great confidence that they will rebound and find a way to restore their lives amidst and despite unimaginable challenges.
Kenya is severely affected by HIV and AIDS. According to the Joint United Nations Program on HIV/AIDS (UNAIDS), over 1.6 million Kenyans live with HIV/AIDS. The national prevalence rate is 5.9%, which is closer to 7% for women specifically. HIV/AIDS in Kenya account for an estimated 29% of annual adult deaths, 20% of maternal mortality and 15% of deaths of children under the age of 5 (National AIDS Control Program, 2016). Nairobi, with a population of 4.2 million is one of the counties with the highest burden of HIV. By the end of 2015, 171,510 people were living with HIV in the county and 5% were children under the age of 15. 3.7% of children are infected with HIV in Nairobi.

The partnership between Medicines for Humanity and Children of God Relief Institute (COGRI) focuses on mitigating the impact of HIV/AIDS and decreasing the risk of HIV transmission by implementing a comprehensive package of health services in clinics and preventive health education in homes.

Giving Hope to Children Affected by HIV and AIDS

Chelembe and Cheke are twins, and both were born HIV positive. Their mother died of AIDS shortly after giving birth to them. Their father also passed way before they were born. Their 75-year-old grandmother took the twins in. She relied on donations from friends and the output of their small farm nearby to feed the children. Their grandmother was not aware of their HIV positive status.

A community health worker from our project visited their home when the boys were 2 years old. After learning the family history, she suspected the parents had died of AIDS. She brought the children to the clinic for testing and both boys tested HIV positive. The CHW immediately began to educate their grandmother about HIV and enrolled the boys in the Lea Toto program for HIV-affected children. The boys, now 8 years old and enrolled in primary school, are thriving because they have access to medical treatment, food and a safe place to live.

PARTNER
Sisters of the Blessed Virgin Mary and The Children of God Relief Institute

PROJECT SITE
Kangemi, Nairobi, “Lea Toto”

2017 PROJECT RESULTS
25% decrease in deaths
3,768 children received care
13,167 siblings & caregivers received care
23,216 home visits by CHWs

Chelembe and Cheke are enjoying their playtime with friends.
The infant and child mortality rates in the Dominican Republic have been increasing over the past several years primarily in rural, impoverished communities. The reason remains relatively unknown. Newborn babies are particularly susceptible to infections and respiratory problems and their ability to thrive is also directly linked to the health of the mother during pregnancy. Our projects in the DR focus on reducing infant and child deaths with a key goal of improving prenatal care and nutrition for pregnant women. MFH successfully implemented home gardens and nutrition education for pregnant mothers, strengthened community health worker outreach and knowledge, supported mobile clinics to the “batey” villages and improved health services for mothers and children throughout 4 project sites.

Healthy Mothers Are Key to Lower Child Mortality

In Las Matas de Farfan, MFH provided maternal and neonatal healthcare, health education and nutritional support to pregnant women, new mothers and their infants. One of the key objectives of the project was to improve maternal nutrition, which is intrinsically linked to birth outcomes and the long-term health and development of children. Achieving this objective involves outreach, identification, evaluation and ongoing education and support.

Community health workers from the project conduct routine home visits to impoverished households in the target communities to identify pregnant women, promote prenatal care and provide health and nutrition education. Women identified as undernourished receive nutritional supplements. To increase food security in these households, the project’s agronomist provides the women with seed and implements, and teaches them how to cultivate home gardens. 48 impoverished households in Las Matas now have sustainable sources of food through this program. Project staff provide community demonstrations to teach women how to use the food they grow to make nutritious meals for their families.

Through this integrated approach, the project team is effectively treating and preventing maternal malnutrition and, as a result, we are reducing the percentage of babies born with low birth weights and reducing complications during child birth that lead to maternal deaths.

LAS MATAS PROJECT RESULTS:

- 0 Low Birthweight Babies Born
- 0 Maternal Deaths

PARTNERS | PROJECT SITES
---|---
Frederico A. Aybar Hospital | Las Matas de Farfan
Hospital Rosa Duarte | Elias Pina
Daughters of Charity | Quisqueya
The Grey Sisters | Consuelo

A Partnership That is Saving Lives

When Eliana was a few weeks old, she battled severe diarrhea, and her health was failing. Her mother, Victoria, struggled to breastfeed her. Without help, Eliana might have died. Fortunately, we intervened with acute care for Eliana, and provided breastfeeding training and support to Victoria. Since then, Victoria has been able to breastfeed Eliana exclusively. Three months later, Eliana is above average size and weight for her age. To Victoria, this was a miracle. She credits all the help and training she received for saving Eliana’s life. She is also thankful for learning how to protect her baby’s health for the future.
MFH is building the capacity of Catholic sisters to implement maternal child health programs in vulnerable communities around Port-Au-Prince, and in underserved communities throughout the country. We support clinical and community activities for pregnant women, mothers and children; infrastructure renovations; medications and supplies; nutrition programs; water and sanitation efforts; capacity building and training of healthcare workers; community empowerment; and relief supplies in times of need.

MFH has helped to build the capacity of 11 congregations of Catholic sisters, their clinical providers and community health workers serving 13 project sites. They have received training on recognition and treatment of malnutrition, appropriate feeding practices, establishment of a comprehensive nutrition program, and the integration of a community referral system to clinics. We also provided additional training on integrated management of childhood illness. This training was complemented by granting seed money to the 11 congregations to implement maternal child health initiatives at each congregation’s facility.

Providing Exceptional Care

- Provided over 88,000 clinic visits to children under 5, pregnant women and new mothers in Rivière Froide, Cite Soleil and Sibert.

- Trained 10 CHWs in Rivière Froide, who made over 10,000 home visits to over 1,500 families.

- Successfully treated 170 malnourished children in Cite Soleil and Sibert.

3-Year Maternal Child Health Project Reveals Impactful Results

MFH partnered with the Little Sisters of Saint Therese (LSST) in Haiti to implement a capacity-building initiative for Catholic sisters from 2015-2017. Trainings were designed to enhance skills on safe labor and delivery, IMCI, nutrition and healthcare management. An endline evaluation was conducted to better understand the impact of these interventions on the clinical providers, community health workers and mothers and children. The results were impressive. Data across multiple sources consistently suggested that the initiative was associated with improving the health of mothers and young children through enhanced knowledge of providers, increased service utilization and improving health-seeking behaviors. Providers – including clinical, traditional birth attendants and Community Health Workers (CHWs) – showed knowledge levels. High levels of service utilization were reported and CHW visits to households were associated with higher levels of service utilization for prenatal, delivery and postnatal care. Quality indicators demonstrated that care was being provided in line with established standards and there was a great level of household satisfaction with the clinic and its services. A copy of the full report can be found on the Medicines for Humanity website.

A nutrition training session demonstration

69 out of every 1,000 children die before the age of 5 in Haiti. Many of these deaths are compounded by malnutrition.
### PARTNERS
- Daughters of Charity
- Daughters of Divine Love from Nigeria
- Daughters of Wisdom
- Little Sisters of St. Therese
- Missionaries of Immaculate Conception
- Oblate Missionaries of Marie Immaculate
- Sisters of Charity of Saint Yacinthe
- Sisters of Charity of Saint Louis
- Sisters of Mary Queen Immaculate
- Sisters of Saint Francis of Assisi
- Sisters of Saint Therese from Tanzania

### PROJECT SITES
- Cité Soleil
- Siebert
- Lacroix
- Marianie
- Rivières Froide
- Savanette
- Les Cayes
- Chaufard
- Saint Louis du Sud
- Viallet
- Roche-à-Bateau
- Les Cayes
- La Tortue

### The Impact of MFH CHWs in Haiti
- Over **20,000** home visits
- **2,600** health education sessions conducted
- **5,000+** patients referred for treatment
CAMEROON

Northwest & Southwest Regions

MFH works with 6 local partners at 19 project sites to strengthen maternal and child health services, build strong and economically viable community health worker systems and integrate clinical services with community health services, especially in rural areas.

Key Initiatives

- Water, sanitation and hygiene
- Health services for mothers and children
- Medical equipment and drugs
- Support for delivery and perinatal care
- Community Health Worker (CHW) training and support
- Training midwives, nurses and managers
- Business training and seed funding for CHWs

PARTNERS

| Archdiocese of Bamenda       | Bukow       |
| Diocese of Buea              | Baseng      |
| Fiango                      |             |
| Sisters of the Immaculate Heart of Mary | Mfuni |
| Sisters of St. Therese of the Child Jesus | Buea |
| Mamfe                       | Sabongari   |
| Sabongari                   |             |
| Sisters of St. John of Chavanod | Babanki Tungo |
| Tertiary Sisters of St. Francis | Ako |
| Kifem                       | Mbiim       |
| Njinikom (4 sites)          | Shisong (4 sites) |

PROJECT SITES

Northwest and Southwest Project Highlights

- **5.2%** decrease in deaths of children under 5
- **39%** decrease in deaths of children 4-5
- **Project management skills training of 42** Catholic sisters from **9** congregations
- **38,644** households received **136,571** home visits

National CHW Program

In Cameroon, our work with Community Health Workers (CHWs) and economic empowerment has been recognized by the government and showcased as a demonstrable model for replication. MFH is now helping the Cameroon government establish and evolve a national CHW program.

Home Visits Make a Difference

In rural Cameroon, women walk an average of 8km to reach a clinic, so CHW home visits are an effective way to deliver health information. Sister Linda is the Program Manager for the MFH Maternal/Child Health Project in Shisong, a community of more than 38,000 people where most women are farmers. She visits mothers at their homes to make education and services more readily available to the population. She uses the visits to collect health information, take vitals, review feeding and hygiene practices, advise on basic medical problems and refer family members to the clinic.

Sister Linda met Clavis (not her real name) last year, who was pregnant and not receiving antenatal care. The Sister began to counsel Clavis to ensure she was eating the right foods, sleeping under a mosquito net, drinking filtered water and taking care of herself. Sister Linda took Clavis to the health center for antenatal care. With this help, Clavis successfully delivered a healthy baby girl. Sister Linda continued to guide Clavis on positive feeding practices. At 5 months, the baby is growing well, weighs 7kg and has never been sick.
East Cameroon

In the Dioceses of Batouri in East Cameroon, over 189 child deaths were recorded within 1 year in a population of about 28,000 people. This represents a death rate of approximately 168 per 1,000 people. **A major contributor to this ongoing crisis is the lack of clean drinking water and latrines available to the vulnerable population.**

According to the World Health Organization, diarrheal disease is the second leading cause of death in children under 5 years old. A significant proportion of the disease can be prevented through safe drinking water and adequate sanitation and hygiene, since 88% of diarrhea cases result from unsafe drinking water. MFH uses integrated approaches to combat the problem of diarrhea in Batouri: creation of an infrastructure to increase access to clean water; construction of latrines for proper human waste disposal; provision of community-based education and improvement of waste disposal.

“I thank Sister Linda for the many visits and advice she gave me. Before this, I had never seen a child in our village who did not get sick at this early age. I have promised to feed the baby only breast milk until she is 6 months old and I will follow any other advice that Sister Linda gives me.”

Sister Linda is a hero to this baby, who will grow up and thrive with a mother who understands how she can help her child to reach her full potential. Success in simple ways leads to great transformation!
Medicines for Humanity is a 501(c)(3) non-profit organization, headquartered in the United States.

Medicines for Humanity is audited annually by Tsoutsouras & Company, P.C., Certified Public Accountants located in Ipswich, Massachusetts. Past Annual Reviews and Audited Financials can be found on our website.