



# IMPACT EVALUATION REPORT

**Program:** Remedy Mission I

**Location:** Sulaymaniyah, Iraq

**Dates:** August 15-28, 2010

**Surgical Partners:** International Children's Heart Foundation

**Other Partners:** Living Light International, Kurdistan Regional Government

**Total Children Served:** 24

**Interventional Catheter Corrections Provided:** 3

**Surgeries Provided:** 21

**Cost Per Child in Aid from Int'l Donors:** \$1,171

**Diagnostic Catheterizations Provided:** 3

**Diagnostic Echo-cardiograms Provided:** 74

The following report was compiled by the Preemptive Love Coalition (PLC) for our donors and other constituents for the purpose of evaluating the impact of our surgical training programs in and across Iraq. In an effort to operate with excellence and transparency in all aspects, this report includes surgical, financial, and training data.

## Summary

In August 2010, the Preemptive Love Coalition (PLC) brought the International Children's Heart Foundation (ICHF) to Sulaymaniyah, Iraq - with the help of Living Light International and the Kurdistan Regional Government - for a first-of-its-kind surgical mission aimed at providing on-site surgeries and long-term development training for local cardiac care professionals at the Sulaymaniyah Center for Heart Disease.

Over the course of the two-week mission, we provided diagnostic testing to 74 children with congenital heart defects, performed diagnostic catheterizations on 3 children, provided 3 children with minimally invasive corrections via catheterization, and provided heart surgery to 21 children, including the smallest child to ever be operated on in Iraq and at least one procedure never previously performed in Iraq.

The total cash cost of the mission to all partners (including local entities) was \$78,510, with a total cost-per-child of \$3,271.

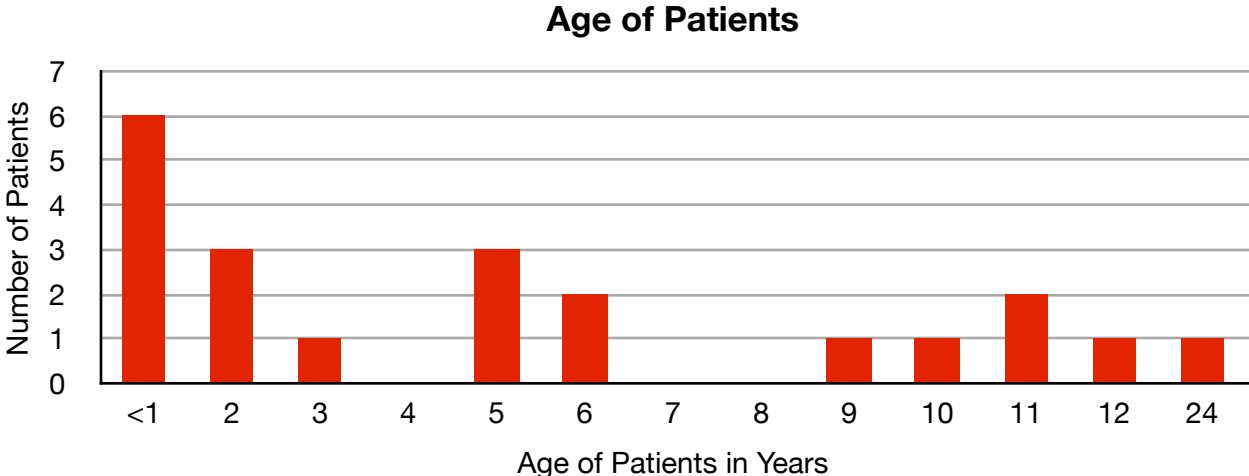
The total cash cost of the mission in aid from our international donors was \$28,100, with a cost-per-child of only \$1,338.

# Our Patients

Patients were jointly selected by the local medical professionals and the international surgical team from a prepared list comprising children from PLC’s own waiting list, the lists of two partnering organizations working locally, and the sole pediatric cardiologist in the northern, Kurdish region. Patients were selected variously on the basis of perceived urgency, time on the waiting list, simplicity of surgery (for training purposes), plus four children to whom we provided surgery at the personal request(s) of the Vice President of Iraq and the Prime Minister of the Kurdistan Regional Government.

Patient information is recorded for medical purposes on perfusion and anesthesia reports and recorded redundantly into PLC’s own database.

The following chart expresses the age of the patients who were selected to receive heart surgeries or interventional catheterizations during Remedy Mission I.

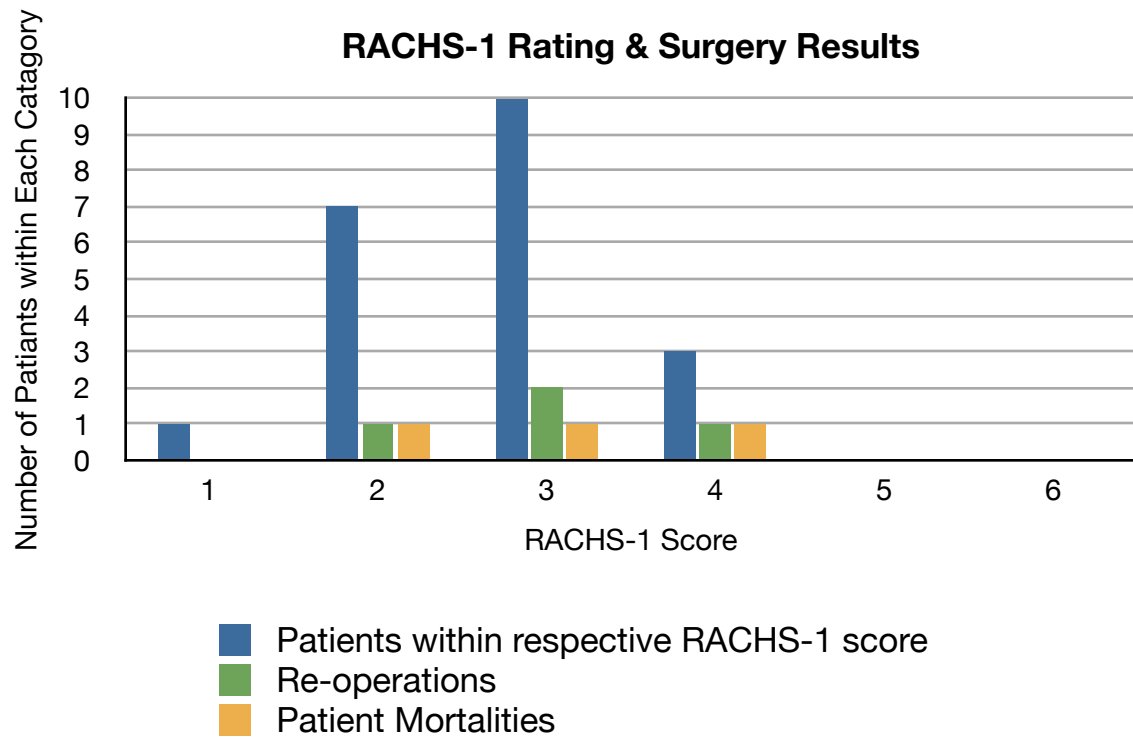


Of note is the one outlier - a 24 year old - who had been suffering from her congenital heart defect since 1986 and, in spite of surviving against the odds through Saddam Hussein’s genocidal campaign against the Kurds *and* the United Nations sanctions regime, was still unable to find a program or doctor that would/could accept her family’s plea for surgery until she was of the age that most programs stopped considering her a *child*.

## Risk Adjustment for Congenital Heart Surgery Score (RACHS-1) and Summary of Surgeries Performed

Each qualifying patient is assigned a RACHS-1 (Risk Adjustment for Congenital Heart Surgery) score. This scale allows physicians to rate the risks of mortality for patients undergoing corrective surgery for congenital heart defects. Based upon the type of defect(s) present, a score is assigned from 1 (the lowest risk of mortality) to 6 (the highest risk of

mortality). The following chart summarizes relevant surgical data from Remedy Mission I and the number of patients assigned to each RACHS-1 score.



## Complications and Mortalities

All pediatric heart surgeries in world class pediatric hospitals carry at least a 2-10% chance of mortality. Our entire *raison d'être* is predicated on the reality that hospitals in Iraq are even less prepared for these complicated surgeries. They are, therefore, susceptible to higher mortality rates. Of course, the local and international team do not merely accept these complications and mortalities. We publish our results precisely because we are constantly striving for public accountability and trying to attain greater levels of expertise and surgical perfection. We think that your donations - and our claims of success - should be based on real data.

### Re-operations

Four patients had re-operations (not counted in the surgery total).

### Mortalities

There were 3 in-hospital mortalities during the course of the mission (14.3% of surgeries performed). All 3 mortalities occurred in patients who experienced complications during surgery *and* in the ICU.

An additional 30-day mortality was recorded after the mission.

# Training of Local Staff

This report will not attempt to make claims regarding the long term, macro-development that was wrought through any single surgical mission. We will seek to address macro-development in an annual program report.

However, there are some quantitative data worth noting.

A conservative estimate of total hours of hands-on training that took place during this mission may be calculated as follows:

- 6 int'l surgical team x 16 hrs/day x 12 days in Iraq = 1,152 hours
- 9 int'l nursing team x 12 hrs/day x 12 days in Iraq = 1,296 hours

We conservatively provided 2,448 hours of hands-on training to doctors, engineers, technicians, and nurses that would not have otherwise been provided without this program. This estimate is extremely conservative, as each international team member often trained up to four local counterparts at any given time. The real number of hands-on training hours is likely closer to 5,000 hours.

# Financials

## In-Kind Donations of Supplies, Medications, Equipment, & Volunteer Time

Each Remedy Mission lasts 14 days, including approximately 2-3 total days for travel, 9-10 total days for surgery, and one day of rest mid-mission. During each mission, our international medical team of volunteers give their time and expertise to develop the local surgical and ICU staff.

The formula we use to calculate the in-kind value of the time volunteered is derived from the American International Health Alliance and the United States Agency for International Development:

- Physicians & biomedical engineers = \$1,275/day
- Nurses & technicians = \$675/day

Total value of time donated by ICHF staff and volunteers = \$192,150

- 6 Physicians/Engineers X 14 days X \$1,275 = \$107,100
- 9 Nurses/Technicians X 14 days X \$675 = \$85,050

Total value medical supplies & equipment donated by ICHF = \$28,567.72

- Consumable materials donated = \$19,656.55
- Supplies & equipment donated to local hospital = \$8,911.17

## Financial Partners

Multiple organizations and individuals contribute to cover the total financial cost of each Remedy Mission. While PLC plays a vital role in coordinating, organizing, and executing each surgical mission, we have designed the program so that the majority of the necessary funds come from local sources. This financial report does not attempt to account for "indirect costs," such as the costs to local healthcare systems, the cost of a family to travel to the surgery site, the opportunity costs of lost income for families as they wait for surgery, etc.

That said, the total cost per surgery for Remedy Mission I, including the expenses paid by the local government, was \$3,271. Because local accommodations and airfare were covered by local sources (and because the amounts we have are estimates), we believe the most important number is the amount paid by PLC's international donors, \$1,171 per child in aid from non-local sources.

## Breakdown of Expenses

The chart below shows how each dollar was spent to cover the total cash needs of Remedy Mission I.

Expense	Amount	Donor Group
Airfare: PLC Staff	\$5,100	PLC International Donors
Airfare: ICHF Staff & Vols	\$25,000*	Office of Kurdistan Regional Government, Washington D.C.
Retainer to ICHF for Surgical Labor‡	\$16,000	PLC International Donors
Local Accommodations (Food, Hotel, Transport)	\$25,410†	Health Directorate, Sulaymaniyah, Kurdistan Regional Government, Iraq
Local Program Staff	\$5,300	PLC International Donors
Media Production & Visual Peacemaking	\$1,700	PLC International Donors
<b>Total</b>	<b>\$78,510</b>	

\* PLC was not privy to the exact amount spent on this item. Amount represents an educated estimate.

‡ Some organizations demand a strictly volunteer team, but we are unaware of a model in which volunteers alone can run as many missions per year as we require. We accomplish our nationwide goals by paying to secure the personnel provided by ICHF.

† PLC was not privy to the exact amount spent on this item. Amount is derived from per diem recommendations by the United States Government for this area of Iraq.

## Expenditure



## List of Donors for Remedy Mission I

Special thanks to the following donors that gave a total of \$40,736.59 specifically to this project:

David Statham  
Raymond and Barbara Bonesteele  
Charles Miller  
Lauren Sawyer  
Jewell Bailey  
Amanda Dunigan  
Kyle Johannsen  
Peter and Michelle Infanger  
Adrienne Bottoms  
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Gary Spradling  
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Angela Ferrara  
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Tandan, Inc.  
Erin Cothran  
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Susan Caughell  
Tammy Stanford  
Craig Hansen  
United Way, Inc.  
Micah Fashner  
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Dionne Joffray  
Andrew Wilkinson  
Julie VanMater  
James & Mandi Barham  
David Bohlen  
Brienne Wisdom  
Tyhesha Ross  
Ted and Kum Bailey  
Pappy Fisher  
Vicky Nguyen  
Mark Irving  
Ben Fisher  
Temple Baptist Church  
Justin Myers