

Mercy Ships - Cause 1: Help people in Africa avoid death and extreme debilitation

Mercy Vision (Ophthalmic Surgeries in Liberia)



Goal: To reduce the prevalence of blindness/low vision due to cataract, pterygium, glaucoma, strabismus and build capacity of the local eye care system.

Objectives: **2,350** people receive sight as a result of cataract removal. **120** people receive sight as a result of pterygium removal. **120** people cured of strabismus. **40** people receive eviscerations/enucleations for palliative/cosmetic benefit. **2** local surgeons trained in cataract removal. **20** medical providers trained in basic ophthalmic care.

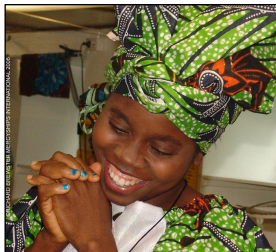
Outlook of Hope (Reconstructive Surgeries in Liberia)

Goal: To provide specialized, surgical treatment of people with maxillofacial or plastic reconstructive conditions.

Objectives: **570** patients to receive world-class reconstructive surgery (tumors, complications of injury or infection) and plastic reconstructive (burn scar contracture releases) conditions. **120** to receive cleft-lip and/or palate repairs. Local surgeons trained in advanced techniques. Persons with adverse physical conditions receive counseling to help them cope. A land-based rehabilitation team will provide physical and occupational therapy as needed.



Obstetric Fistula Program (Sierra Leone) ** Featured Program ******



Goal: Increase the quality of life for women with debilitating childbirth injuries through specialized surgical interventions and holistic care.

Objectives: Perform at least 500 surgical procedures for women suffering from childbirth-related injuries. Expand the healthcare capacity of sub-Saharan Africa by recruiting six or more surgeons for surgical mentoring in the care of women with childbirth-related injuries. Train 40 national nursing staff in skills required for pre- and post-operative childbirth injury care. Design and implement simple, culturally-sensitive strategies for holistic care of those suffering with childbirth injuries

Orthopaedic Project: Liberia (Orthopaedic Surgeries in Liberia)

Goal: To reduce the effects of neglected trauma and congenital conditions by providing specialized surgical treatment.

Objectives: **150** people negatively impacted by orthopaedic conditions including neglected trauma and childhood musculoskeletal conditions will receive specialized corrective surgery. These surgeries may include: correction of club feet, bowed legs, joint contractures, burn revisions and releases, skin grafts, and tendon releases.



Children's Outpatient Clinic (Sierra Leone)



Goal: To reduce childhood illness and mortality in the Aberdeen area of Freetown, Sierra Leone by providing basic health care services to children 12 years and under; diagnosis, general treatment and immunizations.

Objectives: To conduct 5,000 health care consultations for children 12 and under providing primary health care and treatment of potentially life threatening diseases, such as malaria, anemia, pneumonia, dehydration, typhoid fever. Other conditions that are not life threatening but keep a child from living a healthy life are also treated including a variety of skin conditions, ear infections, eye disease, worms, wound care, and other medical conditions. The clinic will also provide preventative health care through immunization for 500 children 12 and under for major illnesses and diseases such as BCG, Polio, Diphtheria, Tetanus, Pertussis, Measles and Yellow Fever.

II. Program Activities – Cause 1 – Help people in Africa avoid death and extreme debilitation

The spectrum of childbirth injuries sustained by African women ranges from infection to hemorrhage to major organ damage, but the most feared is an injury called an obstetric fistula. A fistula usually occurs during an obstructed labor when emergency care is unavailable. Women suffering from obstructed labor often struggle until the baby dies (severe cases may end in the death of both the mother and the baby). During this agonizing process, a prolonged loss of circulation causes tissue to die, leaving large gaps between the birth canal and the bladder or rectum. This opening is known as a fistula. The most common obstetric fistula, known as a Vesico-vaginal fistula (VVF), connects the bladder to the vagina. Husbands frequently abandon women with fistulas because they are unable to control the flow of urine (and/or feces). Additionally, these women are often ostracized by their communities, leaving them isolated and struggling to survive.

Sierra Leone has the highest documented maternal mortality rate in the world.¹ While 17 women in the United States die per 100,000 live births, 2000 women in Sierra Leone die per 100,000 live births.² Statistics with regard to VVF are incomplete and difficult to gather because of the ostracization of affected women, but the incidence of VVF is estimated to mirror that of maternal mortality.³

Just as women affected by birth injuries are socially marginalized, they are also marginalized economically. A lack of finances compounded by lack of healthcare access prevents most Sierra Leonean women from receiving caesarean sections when required – leading to VVF - and these same elements keep fistula repair surgery well out of reach of most of the women who need it.

The Mercy Ship *Anastasis* completed 220 VVF surgeries during her visit to Sierra Leone in 2003. However, because of the high prevalence of VVF in Sierra Leone, and the profoundly negative impact on life, Mercy Ships felt challenged to provide a lasting solution through a land-based operation. Successful models for providing no-cost care to those suffering birth injuries include facilities in Nigeria, Ethiopia, and Sudan. These facilities have provided world-class VVF surgeries free of charge for decades. Mercy Ships studied these operations and adapted the best practices for Sierra Leone. The goal of the Mercy Ships Fistula Centre is to operate in a cost-effective manner without compromising quality and accountability in service delivery.

The facility includes a surgical suite capable of supporting two surgeries simultaneously, a fistula ward capable of accommodating 44 pre- and post-operative patients, a clinical laboratory and a pharmacy. In 2005-2006, extra capacity was added for additional power generation, faster instrument sterilization, food preparation, and laundry. The Fistula Centre performs an average of approximately 40 surgeries per month (500 surgical procedures annually) for women suffering from childbirth-related injuries. These injuries include Vesico- and recto-vaginal fistulas, ureteral trauma, vaginal atresia, uterine prolapse, and bladder dysfunction. Around 80 percent of procedures at the Fistula Centre are VVF reconstructive surgeries.

Many new patient referrals are made through screenings done by the staff of Mercy Ships and through former patients. Other referrals come from local hospitals, other NGOs, and from physicians and institutions throughout West Africa. The Sierra Leone Ministry of Health has also referred more difficult cases to the Fistula Centre. Mercy Ships has active partnerships with Doctors without Borders (Médecins sans Frontières), Cooperazione Internazionale (COOPI - an Italian NGO), International Red Cross, World Vision, and others for the referral and transport of patients.

The Fistula Centre is staffed by international and Sierra Leonean medical and non-medical personnel. The Chief Surgeon/Trainer position is currently staffed by Dr. Jerry Putman. Dr. Putman performs all of the corrective surgeries and mentors surgeons and nurses in a program of care to restore women with childbirth injuries back to health. The Community Health Physician is Dr. Sandra Lako. Dr. Lako oversees the teaching on maternal and child health to the patients of the clinic, oversees examination and treatment of children of the women who come for surgeries, and teaches on maternal and child health issues in the immediate vicinity of the clinic. All Operating Room and Ward Nurse positions, as well as clinical and support staff, are filled by Sierra Leonean nationals.

The Fistula Centre will continue to raise awareness and to advocate for the prevention and treatment of childbirth-related injuries in its work with government, medical institutions, community groups, the media, and other NGOs. Patients receive instruction on the causes and prevention of fistulas, and are encouraged to share what has been learned upon returning home.

¹ HDI: http://hdr.undp.org/reports/global/2003/indicator/indic_78_1_1.html

² <http://hdr.undp.org/hdr2006/statistics/indicators/98.html>

³ Wall, L.L., Arrowsmith S.D., Briggs, N.D., and Lasseby, A. Urinary Incontinence in the developing world: The obstetric fistula. 895-935 in *Incontinence: 2nd International Consultation on Incontinence* Abrams, et al. Eds. Health Publication Ltd, 2002

Aberdeen West African Fistula Centre - Obstetric Fistula Program	Mercy Ships Match	Request	Total
Personnel			
OR staff		17,000	17,000
Ward staff		28,900	28,900
Clinical staff		10,000	10,000
Support Staff		19,000	19,000
Total National Staff		74,900	74,900
Chief surgeon/trainer	80,000	12,000	92,000
Community health physician	39,000	12,000	51,000
Patient care services coordinator	29,000	12,000	41,000
Ward supervisor	29,000	12,000	41,000
Total International Staff	177,000	48,000	225,000
Subtotal Mercy Ships Personnel	177,000	122,900	299,900
Supplies			
General medical & ward supplies	5,000	11,000	16,000
Lab supplies		3,500	3,500
Subtotal Supplies	5,000	14,500	19,500
Patient Care			
Referral patients		3,000	3,000
Referral C-sections		4,000	4,000
Patient & caregiver meals		26,000	26,000
Screening expenses		5,000	5,000
Patient transport		4,000	4,000
Spiritual welfare/counseling		1,000	1,000
Subtotal Patient Care		43,000	43,000
Capacity Building			
Visiting surgeons (travel expenses)		26,500	26,500
Stipends to visiting surgeons		9,000	9,000
Skills training - patients		4,000	4,000
Subtotal Capacity Building		39,500	39,500
Capital Expenditures			
Vehicle		35,000	35,000
Security lighting/medical equipment		2,500	2,500
Subtotal Capital Expenditures		37,500	37,500
Program Delivery Costs			
Staff transportation & other vehicle costs		43,700	43,700
National staff salary and benefits		32,245	32,245
Clinic utilities		110,850	110,850
Operations communications support		14,850	14,850
Educational & staff development activities		20,600	20,600
International staff housing		59,515	59,515
Other program delivery costs: postage, printing		13,500	13,500
travel, monitoring, LOA, evaluation		17,555	17,555
legal, audit, evaluation		14,650	14,650
office supplies, equipment		18,450	18,450
taxes, customs, freight		13,860	13,860
Non-program staff	128,250	37,500	165,750
Subtotal Program Delivery Costs	128,250	397,275	525,525
Direct Project Costs	\$ 310,250	\$ 654,675	\$ 964,925
General & Admin @ 15.4%	47,779	100,820	148,598
Total Project Costs	\$ 358,029	\$ 755,495	\$ 1,113,523

III. Monitoring & Evaluation – Cause 1 – Help people in Africa avoid death and extreme debilitation

A. Patient Records track program performance, measuring patients served, procedure(s) performed, success of procedures, follow-up, etc. On-site evaluations are conducted by individuals representing several layers of management within the Mercy Ships organization to insure accurate records are maintained, best clinical practices are followed and surgical outcomes are in line with expectations. The Sierra Leone Country Director makes regular visits to the program site for purposes of monitoring and evaluation.

Internal reporting is accomplished through monthly reports detailing program highlights and statistics.

External reporting is accomplished through a comprehensive annual report. Customized individual reports are produced for major funders, such as foundations and corporations on an agreed upon basis. The Mercy Ships Reporting Officer manages and records all statistics from the Center in a tracking database.

The Aberdeen West African Fistula Centre seeks funding for this program from donors through designated grants. Mercy Ships provides reports at the conclusion of funding cycles meeting all reporting requirements for designated donations according to the needs of the donor in a specific evaluation and financial report.

The project code assigned to this program tracks project donations (income) and expenses for all major categories on a monthly basis. This is then collated for mid and end of year reports. In addition, the program is evaluated in terms of:

- Objectives reached
- Key measurable outputs
- Recommendation for ongoing program adjustments
- Challenges

The mid- and end-of-year assessments include lessons learned, recommendations for the future, and explanations of budget variances greater than 10%.

All Mercy Ships Sierra Leone accounts are audited by an external auditor. International leadership from Mercy Ships visit Sierra Leone twice yearly to consult for strategic planning and evaluation of the program.

The Fistula Centre is financially accountable to the Board of Directors of Mercy Ships International. Mercy Ships International is registered as a charity in the United States with key support offices in the UK, Netherlands, Germany, Spain, Switzerland, and Canada. Mercy Ships complies with all auditing and tax laws of those countries.

Mercy Ships is a signatory to the International Red Cross Code of Conduct. It is registered with the Government of Sierra Leone as an international, non-governmental organization. A public annual report is made available at the end of each year.

B. Mercy Ships will often follow-up with patients served through the clinic by connecting them to other services both from within the Mercy Ships organization or other agencies. For example, small business training and skills programs, physical therapy programs for those affected by “drop foot” (a condition that affects around 10% of VVF patients), etc. However, the main focus of the clinic is to restore these women to health and wholeness.

C. Please find annual report for Mercy Ships Sierra Leone attached. Page 1 notes clinic statistics and pages 3 and 4 discuss the fistula center activities.