



IMPACT EVALUATION REPORT

Program: Remedy Mission II

Location: Nasiriyah, Iraq

Dates: December 7-16, 2010

Surgical Partners: International Children's Heart Foundation

Other Partners: Living Light International, Office of the Vice Presidency of the Republic of Iraq

Total Children Served: 22

Surgeries Provided: 19

Interventional Catheter Corrections Provided: 3

Cost Per Child in Aid from Int'l Donors: \$250

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 December 2010, the Vice President of Iraq, His Excellency Mr. Adel Abdul Mahdi, contracted the International Children's Heart Foundation (ICHF) to perform surgery in Nasiriyah, Iraq - in partnership with Living Light International and the Preemptive Love Coalition - as a pilot program for southern Iraq on the heels of our inaugural Remedy Mission I (August 2010), in which we served four children from Nasiriyah sent to us by H.E. the Vice President. The pilot program for Nasiriyah was in consideration of a long-term program aimed at providing on-site surgeries and development training for local cardiac care professionals at the Hussein General Hospital.

Over the course of the two-week mission, we provided diagnostic testing to scores of children (exact number unknown) with congenital heart defects, provided three children with minimally invasive corrections via catheterization, and provided heart surgery to 19 children.

The total cash cost of the mission to all partners (including local entities) was \$83,122, with a total cost-per-child of \$3,778.

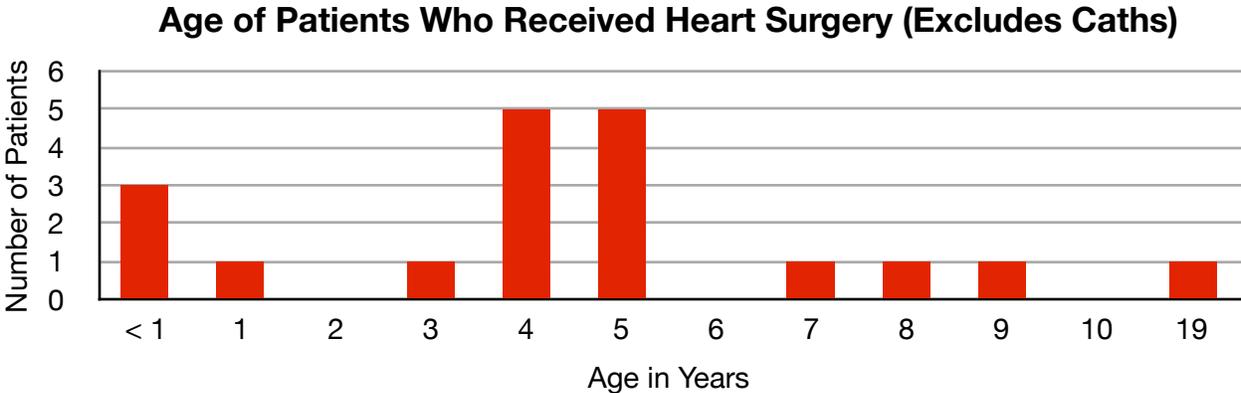
The total cash cost of the mission in aid from our international donors was \$5,500, with a total cost-per-child of only \$250.

Our Patients

Patients were jointly selected by the local medical professionals and the international surgical team. Patients were selected variously on the basis of perceived urgency, time on the waiting list, and simplicity of surgery (for training purposes).

Patient information was 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 II.

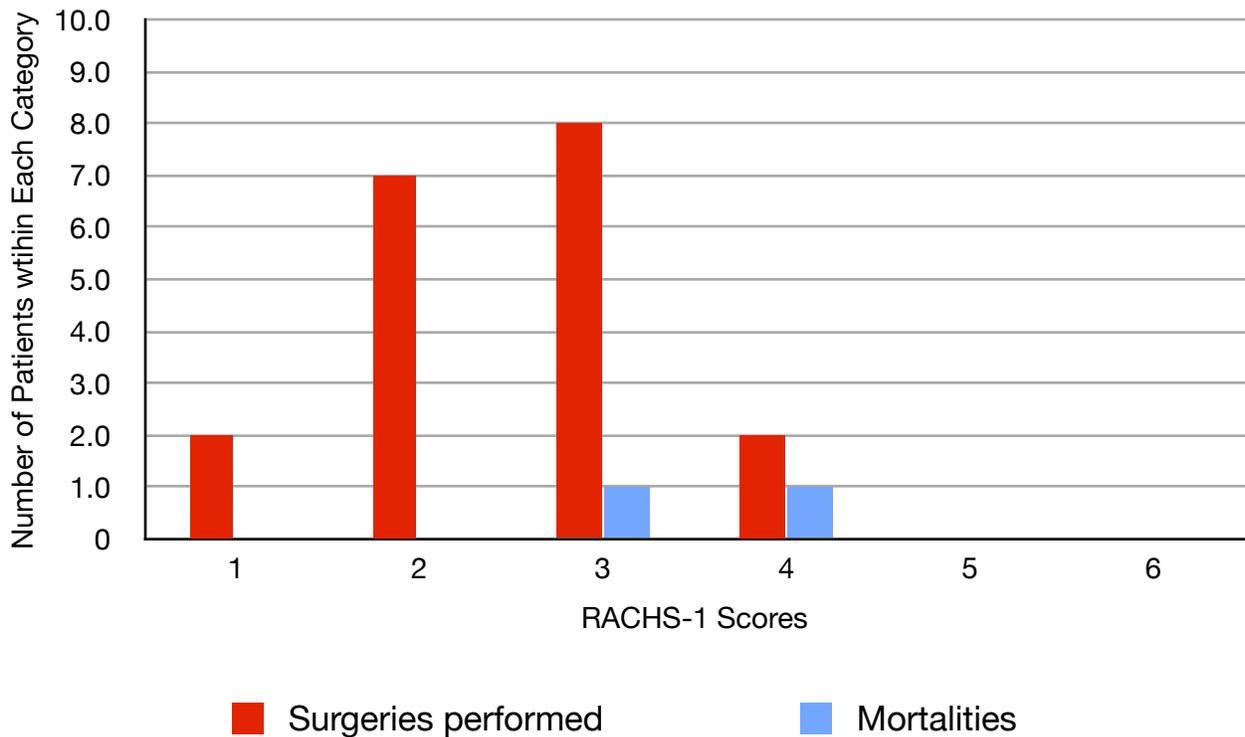


Of note is the one outlier - a 19 year old - who had been suffering from his congenital heart defect since 1991 and, in spite of surviving against the odds through the United Nations sanctions regime that was in effect until 2003, was still unable to find a program or doctor that would/could accept his family's plea for surgery until he was of the age that most programs stopped considering him 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 II and the number of patients assigned to each RACHS-1 score.

RACHS-1 Rating & Surgery Results



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.

Mortalities

There were 2 in-hospital mortalities during the course of the mission (10.5% of surgeries performed). One mortality occurred intra-operatively and the other occurred post-operatively in the ICU.

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:

- 4 int'l surgical team x 16 hrs/day x 12 days in Iraq = 768 hours
- 11 int'l nursing team x 12 hrs/day x 12 days in Iraq = 1,584 hours

We conservatively provided 2,352 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 three 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 = \$175,350

- 4 Physicians/Engineers X 14 days X \$1,275 per day = \$71,400
- 11 Nurses/Technicians X 14 days X \$675 = \$103,950

Total value medical supplies & equipment donated by ICHF = \$7,790.66

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 pilot program in Nasiriyah would not have been possible without the local leadership of Living Light International and H.E. Vice President Adel Abdul Mahdi. Moreover, this report does not attempt to account for "indirect costs," such as the costs to local healthcare systems, the security detail provided by the Office of the Vice Presidency, the local accommodations to our international team, 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 cash cost per surgery for Remedy Mission II, including the expenses paid by the local government, was \$83,122. Because local accommodations and airfare were covered by local sources (and because some of the amounts we have are estimates), we believe the most important number is the amount paid by PLC's international donors, totaling \$5,500 in airfare and program staff compensation, or a mere \$250 per child in aid from non-local sources.

Breakdown of Expenses

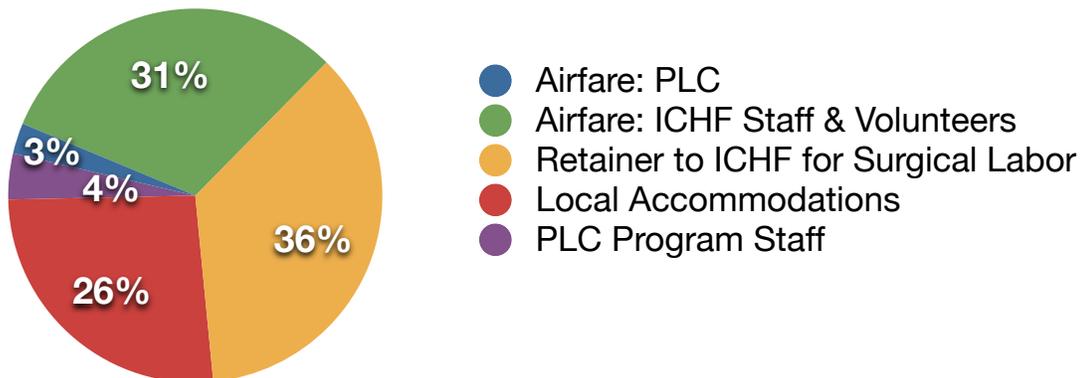
The chart below shows how each dollar was spent to cover the total cash needs of Remedy Mission II.

Expense	Amount	Donor Group
Airfare: PLC Staff	\$2,200	PLC International Donors
Airfare: ICHF Staff & Vols	\$25,842	Office of the Vice Presidency of the Republic of Iraq
Retainer to ICHF for Surgical Labor†	30,000	Office of the Vice Presidency of the Republic of Iraq
Local Accommodations (Food, Hotel, Transport)	\$21,780†	Health Directorate, Thi-Qar Province, the Republic of Iraq
Local Program Staff	\$3,300	PLC International Donors
Total	\$83,122	

‡ 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 II

Special thanks to the following donors that gave a total of \$6,347 specifically to this project:

Jihan Brifki
Lynn Carroll
Annamarie and Shawn Bauer
Bryar A. Rashid
Sarah John
Christopher and Heather John
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Jodi Mahoney
Jarah Botello
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Brett Hammans
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Pepper Edwards
Scott Maynard
Hunter Taylor
Deborah Boedeker
Steve and Renee Allen
Jeanette Lee
Charis Steffel
Lydia Bullock
Susie Batstone
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Amber Schladoer
Elizabeth Zastrow
Laura Crowley
Lisa de las Fuentes
Adrienne Bottoms