

Annual Report 2011

Update on Prosthetic Hope International

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Prosthetic Hope International

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Executive Summary:

2011 was an incredible year for Prosthetic Hope International (PHI). Our activities surrounded three primary projects, all of which experienced growth and/or expansion. Our flagship project, Project Hope Belize (PHB), is the only Prosthetic and Orthotic clinic in the country of Belize. PHI has been the sole means of support for the PHB clinic since its inception in 1996. In late 2010, PHB initiated the provision of orthotic services primarily for children who need orthotic interventions as a result of cerebral palsy, spina bifida or club foot. This was quite a commitment as children need to receive follow up care every 3-4 months in order to ensure proper fit and function of their devices. This translated into a commitment to provide support for at least three, if not four, mission trips to Belize in 2011. PHI was able to meet that commitment by hosting three full missions. In addition to providing the clinical team support, PHI was able to facilitate a major renovation and upgrade to the wiring and electrical system at the PHB clinic.

The second project which PHI launched in 2011 was the Prosthetic & Orthotic Community Clinic at The Good Samaritan Health Center in Atlanta (P&O @ Good Sam). Good Sam is a charitable health care center that provides free and low cost health care services to the working poor, poor and indigent population in Atlanta. After years of planning and soliciting report, the P&O Community Clinic at Good Sam opened in October, 2011 as a collaboration between, PHI, Good Sam, the P&O Program at Georgia Tech and a grant from the Atlanta St. Luke's Episcopal Foundation.

The third project to which PHI has been dedicated time is the establishment of P&O services in La Ceiba, Honduras. Working with the Centro de Rehabilitación Integral del Litoral Atlántico (C.R.I.L.A.), which has established a grassroots, community supported rehabilitation center, PHI has been providing ongoing planning and consultation in the design and strategic plan for incorporating P&O services at La Ceiba. The P&O portion of this clinic is slated to be opened in late 2012.

In addition to keeping these projects thriving in 2012, the primary goal for PHI in the upcoming year is launching the new Prosthetic Hope International website (www.ProstheticHope.org). Web and hosting services have been donated to PHI and preliminary drafts of the site have been tested. The new website will include Facebook links, live blogging by team members, a YouTube channel to allow for video uploads and easy access to the organizations' PayPal account in order to take advantage of fund raising opportunities.

Looking forward to a wonderful 2012.



Robert S. Kistenberg, MPH, L/CP, FAAOP
Founder & President
Prosthetic Hope International, Inc.

Highlights from 2011:

- All goals set at the beginning of 2011 were achieved!!!
- Provision of 30 artificial limbs to 28 adults with amputations. (Two had bilateral below the knee amputations)
- Provision of 46 orthotic devices to 36 children with cerebral palsy, spina bifida, spinal meningitis or other diagnoses that result in the need for orthotic interventions.
- Complete re-wiring of the electrical system, lighting and installation of ceiling fans at the PHB clinic.
- Acquisition and leveling of the land directly in back of the clinic which will be converted into a parking and waiting area in 2012.
- Ongoing partnerships with the World Pediatric Project (formerly International Hospital for Children), CARE Belize, Royal Caribbean Cruise Lines & the Belizean Ministry of Health.

Project Hope BELIZE (PHB)

Project Hope Belize has been the only provider of prosthetic services in Belize since 1996. It has a 1,200 sq. feet full time clinic and is staffed full time by clinical manager, Adrian Camara. Adrian's responsibilities include evaluation and preparation for all prosthetic patients as well as ongoing adjustments and repairs as needed. He sets the schedule for the prosthetic patients for the upcoming missions and manages the clinic component inventory and materials. In addition to managing the needs of the amputee patients, Adrian also provides adjustments and education to the children who receive orthotic treatment as well.



In 2012, Project Hope Belize underwent three major projects in addition to the ongoing daily activities of patient care. These included upgrading the wiring, lighting and installing new ceiling fans, acquiring the land directly behind the clinic for expansion as well as upgrading and repairing the clinics septic system.



Prior to the electrical upgrade, the clinic operated on only two circuits throughout the entire building. This meant that fabrication had to be done using extension cords as we could not run two pieces of equipment at the same time on the same circuit. This was unsafe from a tripping hazard standpoint as well as from a fire prevention standpoint.

The land acquisition was made possible entirely through a private donation. It will

allow for creating a safe location for patients and their families to wait while devices are being fit and fabricated. Before we could landscape and put up a *Palapa* on the location, we had to address the final major project of 2011 – the septic tank.

The Septic system had never been upgraded and needed to be repaired. This was completed at the end of 2011.

PHB Mission Trips:

In 2011, three mission trips were hosted - the first in January, the second in May and the final one in August. Mission Reports for these trips are available upon request. In order to maintain the needed every 3-4 month follow up for children, this schedule will continue in 2012 as a mission was hosted in January already.

MISSION TRIP	Team Members	Devices provided	Follow Up Patients*
January	4 practitioners, 2 students, 2 support personnel	7 new orthotic patients received 15 devices. 6 patients received 7 prostheses (including two hip disarticulations!)	12 children who had received services in October 2010 returned for follow up services
May	2 practitioners, 1 technician, 3 students,	9 orthotic patients received 14 devices. 11 patients received 12 prostheses	6 children received follow up services. 3 prosthetic patients were seen for adjustments.
August	4 practitioners	10 orthotic patients received 17 orthotic devices 11 patients received 11 prostheses	3 children received follow up services.

* NOTE: Many patients are seen by Adrian between missions so the follow up numbers do not reflect the total follow up patients seen at the clinic.

Over the three missions in 2011, there were a total of 10 different practitioners, 1 technician, 5 students and 2 support personnel. Twenty six children received a total of 46 different orthotic devices. X patients received X number of prostheses including X Transtibial, X Transfemoral, 2 hip disarticulations, and x arms.

January 2011

The January 2011 mission trip would be the first which would requires follow up care for the patients who had received orthotic services in October, 2010. As a result, the team consisted of four practitioners, three of which provide orthotic services, as well as 2 students.

During this week-long mission trip, X prostheses were made, 15 orthoses were made and follow up care was provided to 12 patients.

May 2011

The May 2011 mission trip allowed for continuation of clinical services for our burgeoning orthotic patient load as well as prosthetic services. The May 2011 team consisted of two practitioners, one technician and three students.

During this week-long mission trip, 12 prostheses were made, 14 orthoses were made and follow up care was provided to 6 patients.

August 2011

The August 2011 mission trip was the first one to be led by a new team leader, Todd Norton, CP. While he had been on numerous mission trips previously, this was his first time as the leader. Todd's team consisted of 4 practitioners.

During this 5 day mission trip, 10 prostheses were made, 17 orthoses were made and follow up care was provided to 3 patients.

In summary, the mission trips to Belize during 2011 were very productive and very insightful. We recognized that getting children to the clinic for follow up services presented some hardship for their families and as such, they did not receive follow up care a frequently as they should have. The primary complication of not receiving regular follow up care is that the children outgrow the devices and they do not wear devices that are not comfortable or too small. With this understanding, we are making efforts to change the method by which we provide follow up services by scheduling clinic days during the 2012 missions in Belize City rather than only in Orange Walk Town, which is more convenient for the families.

Also, each team needs to have one individual dedicated to organizational and logistical support in order to assure that the paperwork and reporting is done correctly and in a timely manner.

Partnerships and Collaborations

The year that was 2011 showed continued maturation of Prosthetic Hope International's collaborative relationships in addition to establishing some new ones. It is fully anticipated that this trend towards growth through collaboration will continue into 2012 and beyond.

World Pediatric Project/CARE Belize/Belizean Ministry of Health

The partnership responsible for establishing orthotic clinical services in Belize was with the World Pediatric Project (WPP www.worldpediatricproject.org) in conjunction with CARE Belize and the Belizean Ministry of Health.

WPP maintains a staff in Belize and they are responsible for tracking and managing the orthotic patients treated by PHB (as well as numerous other patients requiring treatments that don't involve orthotic and prosthetic services). This is no small feat as at the beginning of 2012, there were 49 children actively involved with orthotic services alone. CARE Belize maintains a team of case managers across all of Belize who are responsible to identify, refer and track children that need special health care services. It is the case managers of CARE Belize that assist the WPP staff in communications with the patient population.

For all of 2011, a Memorandum of Understanding was in place between, WPP, PHI and the Belizean Ministry of Health that defined the relationship between the three entities. Prosthetic Hope International, through the Project Hope Belize clinic, was responsible for providing orthotic services including follow up care to the patients referred to the clinic by either WPP or CARE Belize. A fee schedule was established that set prices for services rendered. In addition, it identified that a portion of the fees for services were to be paid by WPP directly to PHI. The remaining balance of the cost was to be borne by the patients' families however in the event paying their portion proved to be a hardship for the family, the Ministry of Health agreed to pay that portion directly to the Project Hope Belize clinic.

This arrangement proved to be mutually beneficial to all parties and is anticipated to continue into 2012.

Royal Caribbean Cruise Lines (RCCL)

RCCL through their partners in Belize has been providing sponsorship directly to Project Hope Belize patients and projects since 2010. It is anticipated that this patient-by-patient and project by project support will continue however it is not assured.

El Centro de Rehabilitación Integral Litoral A (C.R.I.L.A.)

C.R.I.L.A. contacted Prosthetic Hope International in 2008 seeking advice and support towards the goal of establishing prosthetic and orthotic (P&O) services in conjunction with their already established out-patient rehabilitation facility. A formative evaluation was conducted during

that year the result of which was to provide ongoing advice and consultation with regards to establishing services however financial support was to be the responsibility of CRILA.

Since that initial evaluation, efforts have continued and conference calls are regularly scheduled in order to continue momentum. In 2011, funds were pledged from within Honduras and construction plans have been presented through multiple iterations. It is anticipated that this clinic will be opened in 2012. At that time, PHI in conjunction with C.R.I.L.A. will define the roles and responsibilities of each organization towards identification of an individual(s) to work in the clinic, recommendations for appropriate technology and for training.

The Good Samaritan Health Center in Atlanta

2011 marked the opening of the first domestic project for Prosthetic Hope International, The P&O Community Clinic at the Good Samaritan Health Center in Atlanta also known as P&O @ Good Sam. The Good Samaritan Health Center has been providing high quality health care services to the indigent, poor and working poor in Atlanta for 15 years. Discussions about adding P&O services to their clinic have been ongoing since 2008 however it took until 2011 for the doors to finally open for this clinical service.

To get the program started, a grant was awarded by the St. Luke's Episcopalian Foundation to PHI in the amount of \$10,000 in order to provide seed money for capital equipment, materials and supplies. The Good Sam Health Center donated the funds for construction of a small P&O laboratory space in their recently built facility near downtown Atlanta.

Clinical services are provided by P&O practitioners across Atlanta with support from the students enrolled in the Master of Science in Prosthetics and Orthotics program at The Georgia Institute of Technology. The staff of the Good Sam clinic maintains the records and provides support services as well.

The goal of this unprecedented and ambitious project is to provide P&O services at low or no cost to the people who need it most while affording current and future P&O practitioners the opportunity to give back to the community in which they live. Nothing like this has ever been attempted in the U.S. Hopefully this model will demonstrate success to the point where it can be duplicated in other major cities in North America.

What's ahead in 2012:

Prosthetic Hope International

A number of goals are set for PHI in 2012. The first and by far the most critical is launching a new website which will include utilizing current social media as well as online fund raising in order to market and promote the organization as a whole. The PHI website will also highlight the multiple projects in which PHI is engaged.

Project Hope Belize

For 2012 there will be at least 3 if not 4 mission trips. To do this, we will need to continue to groom new team leaders. The paperwork and reporting forms for these missions as well as the processes in place for leading a mission will be clearly codified in the format of a team leader instruction manual. This will enhance clarity and responsibilities and eliminate confusion.

The partnership with the World Pediatric Project will continue to mature as new clinical services for children are expected to be added to the fee schedule including elbow and knee immobilizers, foot orthoses and knee orthoses. It is anticipated that by the end of 2012, there will be over 100 patients who have received or who are currently received orthotic intervention from Project Hope Belize.

As far as capital improvements go, PHB has two primary projects on the horizon. The first involves the land in the back of the clinic, the second involves adding a second story to the clinic. The land in the back of the clinic is now fertile for landscaping and enhancement. Towards that end, PHB aspires to build a traditional Belizean gazebo, or palapa, in the back yard as well as mark off parking spaces.

The first step towards this project will be to secure the grounds. To achieve this, a gate will be constructed one on side of the front of the clinic and a wall will be installed on the other side. The back area will be fenced in so that people will not be able to use the PHB lot as a thoroughfare between the streets that bound our property. Since the repairs to the septic tank were completed, the pipes to the tank have had to be repaired 4 times because people are walking on them. Once the grounds are fenced and secured, the parking spaces and palapa, as well as some basic plants and landscaping, will be stalled.

Recognizing that growth is good and has been continuous especially over the last 2 years, the Board of PHB decided that rather than seek expansion of the clinic by trying to purchase the building and lot adjacent to the clinic, the most prudent method for expansion would be to build a second story onto the clinic. The building was constructed, as are many in Belize, so that a second story could be readily added. Purchasing another building would lead to

additional capital expenses and maintenance while augmenting the current structure would not have the same ongoing costs associated with it.

The plan is to have the fabrication, inventory and storage located on the second floor so that the entire first floor could be dedicated to patient care and rehabilitation. The first step which is already underway is generating floor plans and getting estimates for the services. Once the estimates are in place, we will launch a fundraising campaign in order to begin construction.

P&O @ Good Samaritan Health Center

The aim for this project in 2012 is to give it slow growth and to generate momentum. Towards this end, local media have been engaged in the project and letters have been sent out to the P&O community. As we demonstrate that the clinic has been successful in providing services to this needy population, additional funding will be sought for support.

Centro de Rehabilitación Integral del Litoral Atlántico (C.R.I.L.A.)

It is anticipated that the P&O clinic on the C.R.I.L.A. campus in La Ceiba, Honduras will be open in 2012. At that time, Prosthetic Hope International will assist with the identification of candidates for employment at the clinic as well as identification of individuals who are willing to travel to La Ceiba in order to assist with build out of the facility and training of the local staff.

Financials

In 2011, our expenses and income were as follows:

The \$8,000 from the Habeckers was a private donation from a family so that we could purchase the land in the back of the clinic. Mission income reflects a change in the way we are offering recruiting team members. Rather than having team members pay for their own expenses, some members make a direct cash donation. In turn, we cover their expenses for airfare, ground transportation and housing. This has made things a little easier financially as well as allowed for a small amount of additional income. The checking transfer is a means of saving bank fees. If we have funds taken from our account monthly and put into savings, it means we eliminate bank fees. We then deposit these funds back into the checking account. Lastly, the World Pediatric Project is paying us for clinical services for their children.

INCOME	
Donation for Land (Habecker)	\$8,000.00
Mission Income	\$2,500.00
Checking Transfer	\$1,000.00
WPP Income	\$2,355.00
TOTAL INCOME 2011	\$13,855.00

Expenses for 2011 were broken down according to the table to the right. The auto part was for the PHB truck which allowed us to save over \$1,000 if we bought the part in Belize. Mission airfare includes team members that paid a donation to PHI as well as that for team leaders. Mission cash is used to cover hotel, gas and food for the team members who have paid in advance for their expenses. The savings transfer is a monthly expense that goes into our savings account. The \$19,000 to PHB included \$8,000 to purchase the land in the back of the clinic. The rest is for operational expenses & Adrian's salary.

EXPENSES	
Bank Fees	\$60.00
Auto Parts	\$1,202.00
CPA Fees	\$500.00
Mission Airfare	\$5,434.00
Mission Cash	\$3,450.00
Mission Supplies	\$5,047.00
Savings Transfer	\$1,200.00
Shipping	\$20.00
Transfer to PHB	\$19,000.00
Website	\$250.00
Wire Transfer Charges	\$90.00
TOTAL EXPENSES 2011	\$36,253.00

The balance in the PHI Savings account on 12/31/2011 was \$294.81. The Balance of the PHI Checking Account as of 12/31/2011 was \$258.66.

Summary

In Summary, 2011 was a monumental year for Prosthetic Hope International, Inc. The ambitious goals set for the year were met or surpassed and the horizon looks good for continued steady growth and expansion.

The struggles of maintaining an international NGO continue and fund raising is an on-going priority. To address this, the website is being revamped to include social media, PayPal online donations, facebook, twitter & blogging. In addition we are recruiting assistance from students, graduates and former mission team members.

Check out our website at www.prosthetichope.org! COMING SOON.