

# WORLD CHILDREN'S INITIATIVE

# **ANNUAL REPORT 2014**





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# WORLD CHILDREN'S INITIATIVE

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### **EXECUTIVE DIRECTOR'S ADDRESS**



On October 14th, 2014, after a long day in the operating room, I began the dreaded task of looking through all of my texts and emails that had piled up during the day.

One subject line caught my eye:

# "100th case!"

I perked up, and feverishly scrolled through the contents...
Dr. Sulaiman Lubega, the pediatric interventional cardiologist at
Uganda Heart Institute (UHI) who WCI has been training, sent a
message informing us and several UHI colleagues that his medical
team had just performed their 100th pediatric catheterization
case on a 4 year-old boy. His celebratory announcement inspired

a slew of responses expressing gratitude to WCI for all of the techniques and procedures we had trained them to perform.

Four years ago, a child in Uganda or East Africa could not receive medical care locally to treat her congenital heart defect. We have invested over 92% of your donated dollars directly into the project and spent hours of tireless dedication to solve this problem in a thoughtful, efficient, and sustainable way.

In 2010, we started by working with Dr. Lubega, the UHI pediatric interventional cardiologist, with clinical training trips, Skype sessions, placing him in a clinical fellowship in India, and sponsoring his attendance at regional academic conferences. Today, Dr. Lubega has evolved not only into a proficient interventionalist, but also a teacher himself. He has actually been invited to speak at an international conference in Tanzania as an expert faculty member.

We also understood that successful cases require not just the training of doctors, but the entire clinical team. Thus, in the past few years we have expanded our training efforts to educate nurses and technologists as well. This proud and highly devoted team has now performed over 100 pediatric cardiac cases.

12 of them were performed independently without the help of any international team. The seeds of in-country capacity – with no foreign doctors or medical team, performed in Uganda with only Ugandan medical personnel – are starting to take root.

## What is the next step?

WCI would like to grow these clinical roots into a sustainable, self-sufficient program. We continue to expand our education-based work to train more pediatric cardiologists and intensive care unit staff and nurses. We are solidifying administrative processes in the hospital and the Ministry of Health to ensure long-term success. In March of this year, WCI, along with Gift of Life and other charitable organizations, helped organize a stakeholders meeting in London primarily composed of UHI administrators and Ugandan Ministry Health officials to discuss ways to ensure future success and sustainability of children's heart programs at UHI. We are helping to build a reliable and consistent supply chain to ensure a smooth operating catheterization lab. We have also initiated preliminary discussions with a group in West Kenya to send children with heart defects to Uganda to receive treatment, expanding our reach in East Africa.

100th case...more importantly, now more than 100 children have been treated with advanced heart procedures in Uganda. We have made incredible strides, but we remain determined to build a valuable and lasting imprint in Uganda and East Africa.

We appreciate your continued support in helping WCI complete the final phases of Project Heart: Uganda, and look forward to your future support as we seek out new opportunities for sustainable development. Together you and WCI are helping thousands of children play harder and live longer.

Sincerely,

Sanjay Daluvoy, MD - Founder & Executive Director

# AND MANY MORE TO COME...

## Samantha Khainza (9yroldgirl)

Diagnosis:

Patent Ductus Arteriosus, Pulmonary Hypertension

She had an extra blood vessel making her lung blood pressure too high. This was fixed with an implanted closure device during her heart procedure.



LDREN'S INITIATIVE





# Desire Munyeleti

(2yroldgirl) Diagnosis:

DESIRE

Patent Ductus Arteriosus

She had an extra blood vessel leading to heart failure and poor growth. She had a curative procedure closing this vessel with a device.



(5month old boy)
Diagnosis:
Severe Pulmonary
Valve Stenosis

Braham had a curative balloon procedure to open a valve in his heart in 2014. He is one of the youngest children to have a heart

procedure in Uganda.

### Swabra Tumuhirwe

(1yroldgirl)

Diagnosis:

Patent Ductus Arteriosus

She had a large extra blood vessel leading to heart failure and poor growth. She had a curative device closure procedure.

### Lincoln Abaho

(9yroldboy)

Diagnosis:

Ventricular Septal Defect, Patent Ductus Arteriosus, Pulmonary Hypertension

Lincon had a large hole in his heart and an extra blood vessel that requires surgery. His diagnostic procedure in 2014 showed he was a surgical candidate, and he went on to have a successful heart surgery.

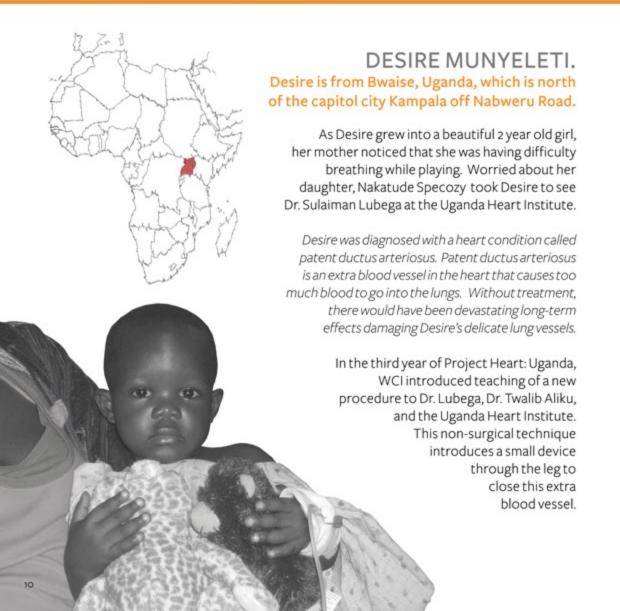
### Joel Mukisa

(3yr old boy) Diagnosis:

Ventricular Septal Defect, Pulmonary Hypertension

Joel had a large hole in his heart that required surgery. He had a diagnostic procedure in 2014 showing he would be ideal for his subsequent

corrective heart surgery.



On Valentine's Day this year, Desire had her patent ductus arteriosus closed by a small device implanted by Dr. Lubega, Dr. Aliku, and the UHI team under the direction of the WCI Clinical Service and Training Team. It was a tremendous success.

Immediately after her surgery, Desire celebrated her birthday at the hospital with her brother. With WCI and Dr. Lubega's help, Desire will see many more birthdays as she

plays harder and lives longer.



### BUILDING CORE CLINICAL COMPETENCE

# CLINICAL SERVICE & TRAINING TRIPS: Less Volume...More Teaching

### In February 2014, WCI

performed its 3rd Clinical Service & Training trip focused on hands-on clinical training with the operating philosophy of

### "less volume, more teaching".

During our trip in February 2014, we performed 16 cases in 6 days with the UHI team, using each as an opportunity to collaborate with, and help train, our Ugandan colleagues. The 16 cases were made up of 5 diagnostic procedures to ready children for surgery, 7 Patent Ductus Arteriosus (PDA) device closures, and 2 balloon pulmonary valvuloplasties.

"As we work on our 100th catheterization patient, being able to independently do diagnostic and interventional procedures is our major stride to the pride of Uganda Heart Institute and World Children's Initiative (our sponsors)."

-Dr. Sulaiman Lubega, UHI pediatric interventional cardiologist Dr. Ratnayaka, leader of WCI's team, reported that "all cases were primarily performed by the UHI team with little 'hands-on' help from the WCI team." Importantly, he reported that Dr. Lubega, along with UHI nurses, technologists, and other staff, had advanced their skills considerably from the prior training trip in 2013.

In addition to planning and executing our own Clinical Service & Training trips, WCI advises and helps monitor training missions by other noted pediatric interventional cardiologists. This past year, WCI and Dr. Ratnavaka consulted with the world-renown Dr. Shakeel Qureshi prior to his trip in May with the non-profit, Chain of Hope. Dr. Ratnayaka also worked closely with Dr. Farhouch Berdjis, so that Dr. Berdjis could continue WCI's training during histrip in July 2014.

"The UHI
team did an excellent
job preparing the cases....
The echocardiography
skills of our UHI
colleagues are amazing.
Dr. Lubega is very
skilled and
very smart."

- Dr. Farhouch Berdjis, Children's Hospital Orange County cardiac catheterization lab director Today,
UHI
has
performed:

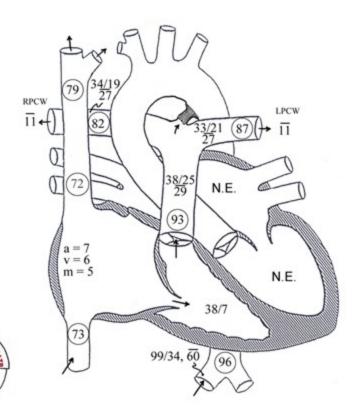
pediatric cardiac catheterization cases





## Telemedical Clinical Case Discussion & Planning Sessions

Effective training requires consistent and constant feedback and discussion with our Ugandan colleagues. As part of Project Heart, WCl's Dr. Ratnayaka and UHl's Dr. Lubega engage in a weekly Skype conference session. Using this telemedicine platform, every Monday for one hour, they discuss cases from the prior week and prepare for upcoming patients. These virtual meetings have proved invaluable in providing Dr. Lubega the confidence he needs to lead his team when treating children without international medical teams.



Below is an excerpt of the transcript of the Skype session between Drs. Ratnayaka and Lubega on Monday, August 18th, 2014:

#### Dr. Kanishka Ratnayaka

Dr. Lubega, I reviewed the echocardiogram images you uploaded for Friday's case.



What is your step-by-step approach going to be?

### Dr. Sulaiman Lubega



We will, of course, pre-admit the 6 year old child for hydration and bring her to the theater in the morning.

I will obtain vascular access with arterial and venous sheaths, a 4 and a 6 French. Then, I will obtain saturations and pressures.

### Dr. Kanishka Ratnayaka

Based on your review of the echocardiogram images, what is your assessment of pulmonary hypertension?



### Dr. Sulaiman Lubega



This child is low risk based on the safety criteria we have worked on together. There is left heart dilation, good right heart function with little tricuspid valve leak. The child is in heart failure so I suspect the pulmonary pressures will be low.

### Dr. Kanishka Ratnayaka

Good. How does the patent ductus arteriosus (PDA) look?



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### Dr. Sulaiman Lubega



We have gotten used to seeing these large PDAs. It does not measure more than 6mm which also fits our criteria. I think we will be able to close it safely with a PDA device. The family will be happy with the outcome.

# CLINICAL FELLOWSHIP - AMRITA INSTITUTE of MEDICAL SCIENCES & RESEARCH

- Kerala, India

For the second consecutive year, WCI sent Dr. Sulaiman Lubega to Amrita Institute of Medical Sciences and Research in India for a rigorous clinical fellowship, under the direction of world renown pediatric cardiac interventionist Dr. Krishna Kumar.

His weekly schedule comprised of multiple clinical and educational activities:

IPD/ICU ward rounds:

· Cath. lab procedures:

Monday, Wednesday, and Friday

Echocardiography:

Daily: assess patients pre- and post cath procedures

Academic discussions:

Daily: Seminars/case presentations/journal club

Joint Cath, Conferences:

Saturday: Combined Paed cardiologist/cardiac surgeons



INDIA

KERALA

Established u/s 3 of the UGC Act 1956

A multi campus university accredited by NAAC with 'A' grade

"Report on Training Paediatric Cardiac Catheterization @Amrita Institute of Medical Science and Research Centre: 25th July 2014 - 27th August 2014" (Full report available by special request.)

During this 5-week training program, Dr. Lubega worked Monday to Saturday and performed an additional

Now totaling

# pediatric catheterization cases



### SCHOLARSHIP & RESEARCH

### Conference: Transcatheter Congenital & Structural Annual Sessions 2014 - Chennai, India

In addition, WCI sent Dr. Lubega, Charles Wesana (nurse), and Ruhinda Daudi Kirenzi (technologist) to India for a 3-day symposium. Attending the Transcatheter Congenital and Structural Cardiac Interventions Annual Sessions 2014, allowed key members of the UHI catheterization team to keep up-to-date on the latest advancements in the field as well as learn about operational efficiencies in running a catheterization lab.



As of September 2014, an updated catheterization supply inventory log as well as an organized supply room is being kept and managed by Daudi and the UHI Catheterization team. WCI, UHI, and the Ministry of Health are currently working with suppliers to make the procurement process more efficient, reliable, and cost-effective.

As part of our pursuit to provide the best possible clinical care for these children, WCI and Dr. Lubega are working together to keep a database on patients who have undergone cardiac catheterization procedures. This database is intended to track outcomes on our patients to ensure they receive the safest and best care possible.

### RESEARCH

Special congratulations are also in order for Dr. Sulaiman Lubega who has been selected as invited faculty for the 2014 CSI: Africa international conference.



Dr. Sulaiman Lubega will be giving 3 invited talks.

"Congenital, Structural & Valvar Heart Disease Interventions in Africa in 2015: Resolved and Unresolved problems in Uganda"

"Patent Ductus Arteriosus (PDA) Closure: Patient Selection"

"Setting up a congenital heart disease intervention program in Africa"



### SCHOLARSHIP & RESEARCH

Conference: Transcatheter Congenital & Structural Annual Sessions 2014 - Chennai, India

Below is an excerpt from Daudi's report on the conference

REPORT TO THE DIRECTOR - UGANDA HEART INSTITUTE

SUBJECT: ADVANCED CARDIOVASCULAR THERAPEUTICS - 2014.

TOPIC: TRANSCATHETER CONGENITAL AND STRUCTURAL CARDIAC INTERVENTIONS.

#### INTRODUCTION

On 24th July, 2014, I travelled to Madras Medical Mission Chennai- India, with my two colleagues, for two days Transcatheter congenital and structural cardiac interventions workshop. The trip was funded by World Children's Initiative based in Washington DC – USA.

#### RECOMMENDATION

During my two days conference at the Madras medical mission in Chennia India, I learned a lot that has equipped me with vital knowledge and skills to make me a better cath-lab technologist, I therefore recommend that this kind of training be extended to the entire cath lab team of UHI to make our service delivery even better.

#### WAY FORWARD

- Uganda heart institute needs to procure the necessary sundries required, more shelves are also needed for their storage, with a dedicated computer to keep track of the Catherization Lab inventory.
- The biomedical department need develop a schedule for the preventative and annual maintenance of the cath-lab system.
- Need to improve on communication and development of team work in the cath-lab; success at all levels is shared not owned.

#### CONCLUSION

Isincerely thank, first and foremost the education committee of UHI and administration for their endless support for the development of the paediatric cardiac catheterization. I also would like to thank World Children's Initiative for sponsorship of the trip and their endless support for the development of the paediatric cardiac catheterization at Uganda Heart Institute, as the saying goes, "It's better to teach a man to fish than to give him fish".

-RUHINDA DAUDI KIRENZI (August 2014)



### SUSTAINABLE INFRASTRUCTURE

Strengthening the Public-Private Partnership: Ensuring the future of children's heart health at UHI.

On March 15-16, 2014 WCI participated in an international summit in London to secure the sustainability of Project Heart: Uganda and the Uganda Heart Institute (UHI). Along with representatives from our Project Heart partner organizations, the Ugandan Prime Minister (then Minister of Health) the Honorable Ruhakana Rugunda, attended the meeting to discuss the future of UHI.

At the summit,
Dr. Sulaiman Lubega
presented the UHI
children's catheterization
team's accomplishments,
emphasizing the vital
importance of his
weekly telemedicine
training calls with
WCI's Dr. Ratnayaka
to his clinical
development.

At the summit, WCI challenged the UHI team to complete

**50** 

procedures on their own next year.

In addition, all stakeholders discussed the importance of the procurement of equipment and supplies for catheterization procedures, which Prime Minister Rugunda pledged to facilitate. The summit highlighted the tremendous success WCI has achieved in clinically training UHI doctors and medical personnel.

Prime Minister Rugunda and the other conference participants expressed their admiration for WCI's approach to international medical development, reassuring WCI's representative that "the Ministry of Health is behind your efforts."

"The Ministry of Health is behind your efforts."

-Prime Minister Rugunda

The final steps for WCI in Project Heart: Uganda are to complete training of medical personnel, and to embed the administrative processes necessary to overcome supply chain and logistical challenges.

WCI's pivot to addressing these concerns will truly ensure sustainability for UHI, and help Ugandan and east African children

live longer and play harder.



# FINANCIAL HIGHLIGHTS 2014\*

# Annual Report 2010 - 2014 Financial figures and numbers as of October 2014

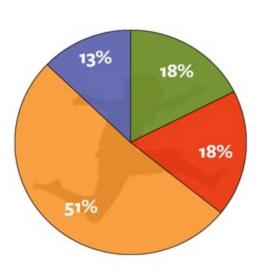


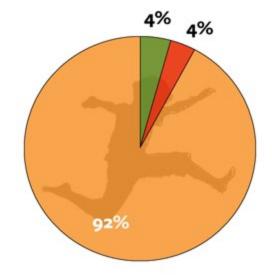
## Donations by Type 2014

Corporate \$20,000.00 Foundation \$20,000.00 \$58,391.00 In-Kind Individual \$14,735.00 \$113,126.00 Total

### Expenses by Type 2014

\$4,978.00 Administrative Advancement \$4,155.00 \$104,030.00 Project Heart Uganda \$113,163.00





25

92% of donations go directly to Project Heart: Uganda.

\* Year to date, as of November 1, 2014

#### +\$50,000

Anonymous \*\*\*\*

#### \$25,000 - \$49,000

Reddy's Heart to Heart Foundation \*\*\* (Anuradha and Janardhan Reddy)

#### \$5000 - \$9,999

Saniav and Missy Daluvov \*\*\*\* Victoria Cook & David Orozco\* Naveen Jeereddi \*\* Jeereddi Investments, LP

Rakesh and Arathi Loonkar\*\* Prime Healthcare Services. Inc. Naline Manel Ratnayaka\*

Craig and Barbara Sable \*\*\*

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Martha Houle

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28

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Wendall Wu Nava Yeganeh\*

Mona Yezdani Natasha Yousaf Project Heart: Uganda Donors (9/1/2010 - 10/10/14)

**Efcharisto** 谢谢

**Asante** 

**Dankie** 

**Salamat** 

**Thank You** 

Bulungi

**Maita Henyu** 

Jerejef

Kuwashukuru

# WORLD CHILDREN'S INITIATIVE

