

2014 Annual Report

Empowering Health Workers Strengthening Health Systems



Health Volunteers Overseas
Transforming Lives Through Education

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HEALTH VOLUNTEERS OVERSEAS

MISSION STATEMENT

Health Volunteers Overseas is dedicated to improving the availability and quality of health care through the education, training and professional development of the health workforce in resource-scarce countries.

VISION

HVO will be recognized as a global leader in the design and implementation of capacity-building projects that strengthen and empower the global health workforce.

CORE VALUES

Health Volunteers Overseas:

- implements innovative, effective programs that meet the needs of the host country and institution, are sustainable and build local capacity.
- works in partnership with other organizations, host governments and institutions, and local health care professionals in a spirit of mutual respect and cooperation.
- is dedicated to good stewardship and lifelong learning.

LETTER FROM THE CHAIR AND EXECUTIVE DIRECTOR

2014 was a year of severe global health challenges, as Ebola began to spread rapidly in parts of the world where it previously had not been seen. The exponential increase was compounded by the lack of infrastructure, health care systems, and information. The world took notice and called for increased funding and staffing for global health management. Will that happen or will the lessons learned be quickly forgotten?

Health Volunteers Overseas has been addressing the need for a skilled health workforce for over 28 years. In 2014 alone, 472 HVO volunteers completed 516 assignments across five continents. Four new projects were initiated and Indonesia was added to the list of countries served. Each of those volunteer assignments represents skills shared, colleagues trained, and knowledge incorporated into practice. Volunteers continually return to the project site to build on skills, reinforce learning, and mentor their colleagues. Developing trust and building strong professional relationships takes time, but is empowering for both the local health care provider and the volunteer. Empowering local health care providers with knowledge and confidence helps build a stronger health care system. With protocols established and systems developed, everyone benefits....especially patients.

HVO is proud of the work that our volunteers provide in 29 resource-scarce countries across the globe. As you will see in this report, volunteers are providing assistance in 87 projects across a wide array of specialty areas. Each project is helping to build a stronger global health care system. Thank you to our volunteers, donors, sponsors, partners, and on-site colleagues, all of whom make this work possible. Strengthening health care systems leads to better health care for all.

Sincerely,

Richard Fisher
Richard Fisher, MD
Chair, HVO Board of Directors

Nancy A. Kelly
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“Frankly, I remain overwhelmed at how receptive the doctors at AHC were to the changes I advocated - they were very willing to go where the evidence leads. By the time I left on Friday they had made HUGE changes in the way they were doing wound management, which they attributed to me bringing them solid evidence for moist wound management in the tropical setting.”

-Linda Benskin, PhD, RN, CWCN, CWS



Strengthening Health Systems by Empowering Health Care Providers

There is an old adage that “it takes a long time to develop something good but things can fall apart very quickly.” 2014 had many such examples in the world and, in the health sector, the massive Ebola outbreak was one of the most sobering. The countries most affected were those with fragile infrastructures. Many of the health care providers were extremely committed to caring for the sick, but they lacked training in proper precautions and methods of treatment, and they lacked the necessary equipment to prevent the disease from spreading. Health administration and management were also sorely lacking. The outbreak served as a grim reminder of why strengthening health care systems is crucial to global development.

An article published online March 12, 2015 in *The Lancet* notes: “decades of evidence from countries of all income levels speak to the fact that investing in recruitment, retention, and high-quality development and training of health care workers brings ample short-term and long-term returns and has a high opportunity value for other sectors’ performance.”

In 28 years of service, Health Volunteers Overseas has quietly been working in resource-scarce countries on five continents to provide education, training, and professional development for health care providers. Such a span of time has allowed us to witness change and sustainable development.

Bhutan: Training for the Future

HVO has a long history with the Kingdom of Bhutan, dating back to the late 1980’s when Dr. Robert Stein explored the need for orthopaedic training in a country where there were no orthopaedic physicians. His commitment led to the development of an HVO project to train general surgeons who handled orthopaedic cases. The success of that project led to the initiation over time of other HVO projects -- in physical therapy, nurse anesthesia, mental health, emergency medicine, internal medicine, pediatrics, and oncology. In 2012, a ten-year agreement was signed with the Ministry of Health and the Institute of Health Sciences to continue to provide training for providers in the hospitals.

By the end of 2014, HVO was finalizing an agreement to assist the University of Medical Sciences of Bhutan with their newly-established four-year residency training programs in gynecology/obstetrics, pediatrics, general medicine practice, ophthalmology, general surgery and anesthesiology, as well as their two-year

Bachelor of Science program in nurse anesthesia. This expansion from a single project in one specialty to developing a model of training for Bhutan’s medical school is an example of how empowering health care providers can strengthen an entire health care system, and contribute to improved health care throughout the country.

Cambodia: Providing Regional Expertise

Angkor Hospital for Children in Siem Reap, Cambodia opened in 1999 with three nurse anesthetists. HVO’s assistance was requested two years later. In the subsequent years, HVO volunteers have provided training and mentoring, and the department has grown in both its didactic and clinical skills. The surgical and anesthesia departments are now able to routinely handle simple pediatric open heart procedures, and the nurse anesthetists excel in their ability to perform regional anesthesia for pediatric cases. The result is that heart procedures that previously would have required a patient to leave the country can now be performed by the Cambodian staff, providing access to many pediatric patients who otherwise might not have been able to have the surgery.

The anesthesia staff members have developed their teaching skills to such an extent that two US nurse anesthesia programs now have regular opportunities for their students to receive training for two weeks in Cambodia with the local staff.

In collaboration with HVO volunteers, a program to train additional anesthesia providers was established, with three people currently about to complete their studies. These additional providers will greatly improve the hospital’s ability to provide care and training.

Angkor Hospital for Children (AHC), which was established 16 years ago, is now recognized as a pediatric teaching hospital for Cambodia. Plans are presently underway for some of the nurse anesthetists to provide training for nurses in Laos. As Suzanne Brown, CRNA, stated, “AHC has gone from needing expertise to being able to supply expertise to other hospital facilities in the region.”



HVO's hematology project at the Angkor Hospital for Children is also having a long-term impact. In 2014, the hospital completed its very first course of chemotherapy for a two-year-old cancer patient. Though nervous to conduct the new procedure, the AHC staff - with the guidance of HVO volunteer Mike Sprehe, MD - met the challenge and took the lead in the procedure. This first learning experience proved a success, with the young patient discharged in good condition and follow-up visits planned to aid in her recovery. The ability to provide such treatment will impact the lives of young patients, and offer hope to their families.

Nicaragua: Building a Profession

In Nicaragua, HVO works with the Universidad Católica Redemptoris Mater (UNICA), the country's first private university, which was founded in 1992. The school's mission is "to educate and prepare professional leaders and entrepreneurs with integrity and academic excellence capable of responding to the challenges encountered today in a globalized world." Among the university's academic programs is the school of dentistry, established in 2007. The 5-year program, which leads to a degree in dentistry, graduated its first class in 2012. In addition to providing a strong educational environment, the school promotes opportunities for people of all socioeconomic levels to pursue dental studies, and emphasizes the importance of giving back to the local community.

Dr. Marshall Gallant, the HVO Project Director, indicates that the school is thriving. Initial enrollment when the school first opened was 25 students in each class level. The dental school now has a total enrollment of 190 students, with 62 students who just began their studies in 2014. Dr. Gallant reported, "The demand for entry into the school was such that they had to put a stop on acceptance for the first time this year and create a waiting list. They currently have a main general dentistry clinic with 12 operatories. There is a secondary dental clinic with 6 operatories recently built. They are in process of creating another separate dental clinic with 6 operatories for post-graduate/specialty care, a one-chair oral surgery clinic, and a clinic specifically for radiography."

Since the first dental students at UNICA graduated in 2012, the school has gone on to develop specialty training programs and double its student enrollment. HVO is assisting with the sub-specialty training – focusing on the pediatric dentistry curriculum and training in implants and oral surgery.

Already, two post-graduate specialty training programs have been created - a two-year program leading to a Masters in Oral Implantology and a one year post-graduate in Oral Rehabilitation and Dental Esthetics, which will later convert to a two-year master's program. A ten-month post-graduate endodontic program will commence in 2015. The dental school's future plans call for graduate programs in orthodontics, pediatrics, periodontics, and public health in the future. In a country where, currently, only 10-15% of the population has adequate access to dental health care, UNICA is making a difference in the future of Nicaragua's oral health.

Uganda: Empowering Colleagues

Ellen Milan, RNC-NIC, has made ten volunteer trips to Uganda, where most of her

time is spent in the Special Care Baby Unit (SCBU) in Kampala's Mulago Hospital. A staff of 18 nurses/midwives provides intensive care for newborns, in a unit where the daily census is 60-80 babies. Ms. Milan has provided didactic and bedside clinical training, addressing such topics for newborns as physical assessment, common respiratory problems, infection, jaundice, problems and care for premature infants, and administering and caring for infants receiving continuous positive airway pressure.

Uganda has ambitious plans to meet the Millennium Development Goals for improved maternal/child care, and addressing the needs of these infants is a critical component. Two senior nurse/midwives at Mulago Hospital are sharing their HVO training with other hospitals in Uganda. With such a large infant population in need, much assistance will be required. These nurses are key to raising awareness about protecting and caring for this vulnerable population.



In the Orthopaedics Department at Mulago Hospital, the department head, Dr. Beyeza, gives much praise for the helpful role HVO/OO has had in the formation and growth of orthopaedic training in Uganda. He firmly believes that without HVO's involvement the orthopaedic program there might never have developed, and that HVO is the catalyst for the program's existence. The four-year program has capacity for 40 residents and, in a hospital overwhelmed with trauma from road traffic accidents, their skills will be greatly utilized.

Dr. James Leffers recently returned from an HVO assignment and was happy to report that the first female orthopaedic surgeon trained in-country just graduated. He believes she may be the only "home grown" female orthopaedic surgeon in all of equatorial E. Africa. Another very talented female surgeon is currently the chief resident and she will graduate in May 2015. These women, and their male colleagues, are bringing access to improved orthopaedic care to areas where, previously, it was not available.

HVO: Strengthening Health Care Systems

HVO programs focus on education and training in topics and skills that have been requested by the project sites. Whether it is working with an individual health care provider or developing curricula for specialty training, HVO projects are designed to uniquely address local needs. Working with providers and institutions over time, projects are able to evolve as skills develop and knowledge increases. This continuity of interest and focus allows for systems to be established, protocols to develop, and confidence to increase. Empowering health care providers leads to strengthened health care systems.

Partnerships



2014 COLLABORATING INSTITUTIONS & ORGANIZATIONS

We thank our many outstanding partners around the world for their support.

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Karl Heusner Memorial Hospital
Ministry of Health
University of Belize

BHUTAN

Mongar
Eastern Regional Referral Hospital

Thimphu
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Vientiane
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MOLDOVA

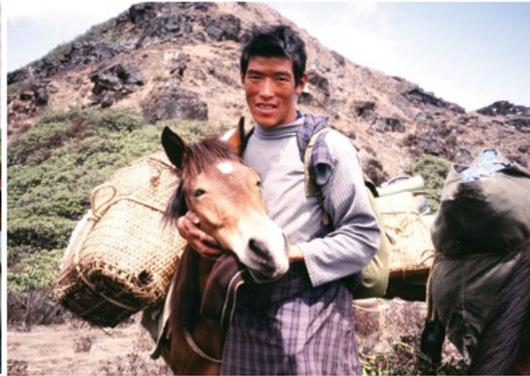
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MONGOLIA

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MYANMAR

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Hue

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Leadership



Volunteers provide the guidance and support essential for the success of HVO programs. These leaders work year-round in many capacities - on Steering Committees providing program oversight and exploring new project opportunities, and as Project Directors recruiting and preparing volunteers, as well as monitoring and refining the educational goals of individual projects. Special thanks are due to these individuals who provide the framework for the management of HVO's educational programs.

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Project Manager Bernard Bariyanga

UGANDA

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Volunteers



"I believe I was able to make an important contribution to the students' understanding of many aspects of anesthesia practice. I think that my main contribution was to encourage them to continue to work toward their goal. They need lots of encouragement and less criticism. They work in difficult environments with less-than-acceptable (in USA) equipment and supplies and still provide safe care!!! They are a remarkable group of dedicated nurses who work very hard. They will be the next generation of anesthesia providers for their countrymen."

-John Bendele, CRNA

**Stars indicate number of assignments in 2014*

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“Dr. Temu asked me to focus on teaching the principles of clinical research, and mentor the residents on writing their dissertation research projects that are required for them to complete their Master’s degree. This was a perfect arrangement from my point of view and I met with each of the second year residents individually and reviewed their written research proposals, making comments on the study design and structure of the projects. In addition, I prepared and presented three PowerPoint lectures on research topics including developing a scientific question, hypothesis writing, specific aims, detailed methods and some basic statistics... I believe that teaching research methods and getting the residents tuned into good quality studies is an important opportunity to improve quality of care.”

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INDEPENDENT AUDITOR'S REPORT

To the Boards of Directors

Health Volunteers Overseas, Inc. and Affiliate

I have audited the accompanying combined financial statements of Health Volunteers Overseas, Inc. and Affiliate (nonprofit organizations) which comprise the combined statements of financial position as of December 31, 2014 and 2013, and the related combined statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audits. I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of Health Volunteers Overseas, Inc. and Affiliate as of December 31, 2014 and 2013, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Kimberly F. Palmisano

Kimberly F. Palmisano, CPA, P.A.
Hunt Valley, Maryland
June 16, 2015

COMBINED STATEMENTS OF FINANCIAL POSITION

December 31, 2014 and 2013

	ASSETS	
	2014	2013
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 305,225	\$ 263,186
Contributions Receivable	18,150	18,728
Marketable Securities	1,411,663	1,020,952
Promise to Give	326,910	0
Prepaid Expenses	21,396	10,157
TOTAL CURRENT ASSETS	2,083,344	1,313,023
FURNITURE AND EQUIPMENT		
Equipment	29,388	25,106
Furniture and Fixtures	7,375	7,375
Total	36,763	32,481
Less: Accumulated Depreciation	-26,968	-23,350
TOTAL FURNITURE AND EQUIPMENT, NET	9,795	9,131
OTHER ASSETS		
Investments – Other	0	149,821
Deposits	5,455	5,455
Promise to Give	907,256	0
Charitable Remainder Trust Receivable	801,545	718,772
TOTAL OTHER ASSETS	1,714,256	874,048
TOTAL ASSETS	\$ 3,807,395	\$ 2,196,202
	LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES		
Accounts Payable and Accrued Expenses	\$ 82,888	\$ 85,313
Deferred Registration	2,025	2,100
TOTAL CURRENT LIABILITIES	84,913	87,413
NET ASSETS		
Unrestricted	1,288,547	1,041,987
Temporarily Restricted	2,433,935	1,066,802
TOTAL NET ASSETS	3,722,482	2,108,789
TOTAL LIABILITIES AND NET ASSETS	\$ 3,807,395	\$ 2,196,202

COMBINED STATEMENTS OF ACTIVITIES

For the Years Ended December 31, 2014 and 2013

	2014			2013		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
INCOME						
Contributions						
In-Kind Contributions	\$ 7,477,621	\$ 0	\$ 7,477,621	\$ 7,440,337	\$ 0	\$ 7,440,337
Member Contributions	290,732	0	290,732	292,555	0	292,555
Contributions – Other	574,880	1,392,396	1,967,276	298,828	125,895	424,723
Workplace Giving Contributions	12,677	0	12,677	16,167	0	16,167
Charitable Remainder Trust - Change in Fair Value	0	82,773	82,773	0	75,260	75,260
Program Service Fees	6,420	0	6,420	4,710	0	4,710
Publications	2,055	0	2,055	2,325	0	2,325
Registration	7,700	0	7,700	7,750	0	7,750
Grant Income	0	599,602	599,602	0	321,623	321,623
Net Investment Income	58,002	0	58,002	163,980	0	163,980
Overhead	80,363	0	80,363	40,946	0	40,946
Miscellaneous	583	0	583	275	0	275
Net Assets Released from Restriction	707,638	-707,638	0	398,078	-398,078	0
TOTAL INCOME	9,218,671	1,367,133	10,585,804	8,665,951	124,700	8,790,651
General and Administrative Expenses	172,711	0	172,711	151,606	0	151,606
PROGRAM EXPENSES						
In-Kind Expenditures						
Professional Services Donations	5,028,921	0	5,028,921	4,466,818	0	4,466,818
Travel and Living Costs Paid by Volunteers	1,271,722	0	1,271,722	1,217,927	0	1,217,927
Equipment and Other Donations	1,176,978	0	1,176,978	1,755,593	0	1,755,593
Other Program	1,280,101	0	1,280,101	934,384	0	934,384
TOTAL PROGRAM EXPENSES	8,757,722	0	8,757,722	8,374,722	0	8,374,722
Fundraising Expenses	41,678	0	41,678	43,143	0	43,143
TOTAL EXPENSES	8,972,111	0	8,972,111	8,569,471	0	8,569,471
CHANGE IN NET ASSETS	246,560	1,367,133	1,613,693	96,480	124,700	221,180
Net Assets - Beginning of Year	1,041,987	1,066,802	2,108,789	945,507	942,102	1,887,609
NET ASSETS - END OF YEAR	\$ 1,288,547	\$ 2,433,935	\$ 3,722,482	\$ 1,041,987	\$ 1,066,802	\$ 2,108,789

The complete audited statements are available upon request and on the HVO website.

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"There was a trauma patient with one leg in a post op cast and the other in a BK prosthesis walking with two canes. He had a wide-based waddling gait and was not 'getting it' on how to shift his weight at the pelvis. Working with the therapist Samuel, we put the patient on a Swiss ball and had him roll it in circles (a movement requiring pelvic freedom). Then put the ball on the Wii balance board and had him play a weight shift game (Table Tilt) by rolling the ball on the board. Samuel, concerned for his patient's safety, was a bit reluctant about using the Swiss ball but he trusted me enough to try it (with close-but not needed- guarding). By the end of that session, the patient said "I get it!" and his gait was wonderfully improved with true pelvic weight shift. To see such a quick success made me feel really good and I think demonstrated the value of the 'games' in a very tangible and applicable way. The next session when he came in, he came with one cane and walked without that cane during his session."

-Candice Van Iderstine, PT

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