2014 Annual Report

ASSIST INTERNATIONAL
helping humanity
Dear Friends and Partners of Assist International,

I’m humbled and amazed by the many projects that were completed in the year 2014. Without many partners and friends who have the same burden that has been laid on our hearts, what was accomplished in 2014 would not have happened. Assist International’s motivation is and always will be for the poor and needy…the most vulnerable of people in our world today. I thank the many who share this same vision and burden.

Because of your support, 2014 was a signature year for Assist International. Six significant medical projects were accomplished in hospitals in Cluj, Romania (equipping a new Pediatric ICU), in Razlog, Bulgaria (equipping the neo-natal and pediatric department), in Skopje, Macedonia (upgrading the Pediatric ICU), in Vientiane, Laos (upgrading the operating theater and the ICU/CCU), in Santiago, Chile (upgrading the Cardiac Intensive Care Unit at the chief Cardiology Hospital), and in the West Bank of Palestine (equipping two maternal birthing centers in two villages).

As you look through the annual report, you will find that not only were we involved in vital medical projects, but, we remain very active in orphan projects around the world. Two dormitories were built at AOET High School that was funded through Assist International. Prior to this project, children were walking up to 14 kilometers from home to school leaving in the dark and returning after dark. With new dormitories 250 girls and 250 boys are spending the week at the high school campus so they can focus on their studies and return home for weekends. This has raised the school’s ranking to the top 2% of schools in Uganda. To maintain this ranking they needed a library. Through the help of our donors a new library was built. Due to terrorist activity in Nigeria the Minister of Education in Uganda has a heightened concern for security and has required a security fence around the school. We were blessed that one of our sponsors donated the $17,000 needed for this project.

Assist International was also involved in funding orphan homes in Thailand and Uganda. Support is raised for orphaned and abandoned children in Romania, Thailand and Africa through annual choir and ensemble tours in the US that are organized by Assist International. These tours continue to raise American’s awareness of the plight of orphaned and abandoned children in our world. We are continuing to give hundreds of children help and hope through the programs and partnerships we hold near and dear to our hearts.

I have often said, “Assist International is as good as its last project”. Achieving excellence is always our goal and has afforded a wonderful 20 year relationship as a “service vendor” for Rotary International. We are also blessed to have a long partnership with the GE Foundation. I also believe Assist International is as good as those we surround ourselves with. Assist International has 21 dedicated employees, some working at our 35,000 sq. ft. distribution center in Ripon, CA others at our corporate office in Scotts Valley, in the Bay Area of California. All of them are exceptional and share the “call” and vision to do what we do to help the poor and needy.

As the President of Assist International I believe that Assist International is what it is today because we are blessed with outstanding employees and partners. We couldn’t do what we do without your help and for this we are humbly grateful.

Warmest Regards,

Robert Pagett
President, Assist International
Areas of Focus

Assist International has completed over 500 projects in over 60 countries throughout the world. While the types of projects that Assist International has worked on in the past cover a wide range of needs, generally they can be placed into 5 main categories. As you read through the Annual Report you will see the amazing work being done in the many areas Assist International works in.

- **High Tech Medical** projects that improve the quality of health in the developing world by providing advanced medical equipment and training to hospitals and clinics.
- **Orphaned and Abandoned Children** projects where we support care for orphaned and abandoned children by developing and sustaining family-style orphan villages.
- **Education Projects** in which we increase access to education in the developing world by constructing and supporting schools for children.
- **Poverty Solutions** where we develop programs that empower the poor to lift themselves out of poverty.
- **Water programs** in which we provide clean, safe water to people in the developing world.

In this report you will read about how we have taken strides to meet these five important areas of need throughout the world.
Medical Projects

Cluj Medical Project

A project at the Pediatric Children’s Hospital in Cluj Romania enabled the opening of a new department of Pediatric Medical Intensive care. The 7-8 bed unit serves children with severe needs. A 2008 project in the hospital dramatically improved the quality of the medical care in the Emergency department and in the surgical intensive care. All the equipment provided in 2008 is fully functional and has already saved hundreds of lives. The Hospital is now recognized as one of the top-three Romanian pediatric hospitals in this field. Because of this, the Hospital is receiving more and more patients even from other hospitals located at over 300 miles from Cluj. The population served by the hospital is over 700,000 people.

The hospital requested a major upgrade to their Neonatal Intensive Care Unit at the Hospital. Because the Government is unable to provide this kind of instrumentation for the hospital, without the proper equipment they are unable to perform the needed care. It was the privilege of Assist International to be the service vendor to partner for this major Rotary Medical Project at the Pediatric Children’s Hospital in Cluj Romania.

The hospital received 6 vital signs monitors, 1 central station, 1 Philips Envisor Ultrasound System, 1 EKG machine, 4 defibrillators, 1 stand alone vital signs monitor along with accessories and installation apparatus for all equipment.

Bulgaria Medical Project

At the request of Bob Medley, a Rotarian from the Oklahoma City Rotary Club and Henning Sorknaes the president of the Rotary Club of Budapest-City, Hungary Assist International joined this Rotary project as a service vendor for a much needed upgrade of the Intensive Care/Critical Care Department at the University of Timisoara Medical School Cardiology Hospital in Timisoara, Romania.

It was the privilege of Assist International to be the service vendor to partner for the major Rotary Medical Project in the Neonatal Intensive Care Unit at the Multifunctional Hospital for Active Healthcare in Razlog, Bulgaria. The population served by the hospital is over 57,000 people. 26,000 live in difficult to access village regions. The hospital serves four communities in the mountain region of Bulgaria. The mission of the hospital is to provide quality healthcare in order to improve the quality of life for its patients.
The Razlog hospital was in need of a major upgrade to their Intensive Care/Critical Care Department at the school. This equipment covered the entire ICU/CCU department. Because the Government is unable to provide this kind of instrumentation for the hospital, they were teaching cardiology to the students without the proper equipment for a complete and thorough education.

Assist International and its medical team consisted of President Robert Pagett, Vice President Ralph Sudfeld, the medical team leader, Valencia Watson, Biomedical Engineer from General Electric and Becky DeMars, Neo Natal Nurse from Charlotte, North Carolina. The team coordinated with Hospital Director: Dr. Bozhidar Velev Sofijanova and Project Coordinator: Iliana Tsankova-Sarafian and the president of the Bansko/Razlog Rotary club Dimitar Vakanchin.

Macedonia Medical Project
Assist International, at the request of Ogen Firfov of the Skopje Rotary Club, Dr. Aspazija Sofijanova the Medical Director of the Children’s Hospital in Skopje Macedonia, Clay Buttemere, Tom Judd and Reed Kennedy from LinkAcross a NGO in Skopje that has worked closely with the hospital and Henning Sorknaes of the Budapest-Hungary International Rotary Club, functioned as the service vendor for a much needed upgrade of the Emergency Room at the University Children’s Hospital, Skopje, Macedonia. The University Children’s Hospital, Skopje ER serves 18,000 patients annually and is the only hospital of its kind in Macedonia.

The hospital needed a major upgrade to their Pediatric Intensive Care Unit. The hospital received 4 Dash 2500 Patient Monitors, 1 Philips Envisor Ultrasound System, 2 infusion pumps, along with accessories and installation apparatus for all equipment.

Assist International and its medical team consisted of President Robert Pagett, Vice President Ralph Sudfeld, the medical team leader, Valencia Watson, Biomedical Engineer from General Electric and Becky DeMars, Neo Natal Nurse. The team coordinated with medical director Dr. Aspazija Sofijanova.
Chile Medical Project

Assist International partnered with the Help for the Andes Foundation to install 10 state-of-the-art GE medical monitors in the Cardiac Intensive Care Unit of the Hospital Clínico Universidad de Chile. Located in Santiago, Chile, this hospital reaches many people in Santiago and the surrounding areas, and it is a leading training hospital in the country.

The installation team included Valenica Waston (GE Healthcare), Rosita Raffo (Founder and Director of the Help for the Andes Foundation), Ralph Sudfeld (Assist International) and Matt Sudfeld (Assist International). They worked alongside the excellent hospital staff to install the monitors. Overall, the project was a resounding success, and Assist International is currently planning future projects at the Hospital Clínico Universidad de Chile in partnership with the Help for the Andes Foundation.

Above: Testing on the newly installed monitors.
Below: A screenshot from a thank you video produced by the hospital.
Laos Medical Project

Another completed medical project was equipping the chief teaching and referral hospital in Vientiane. The hospital was in need of an upgrade for the Operating Theater and the Intensive Care/Critical Care Department in order to improve their capability of serving the provinces, cities and villages of Laos. The Mahosot Hospital in the capital city of Vientiane, Laos is the leading teaching and referral hospital of Laos and is the chief referral hospital for all 18 Provinces. It is the first and most important hospital in the country which is dedicated to the diagnosis and treatment of infectious diseases and also serves as a medical research and training center.

The capital city has a population of over 850,000 people. The national population is over 6.5 million people. The hospital is a 450 bed hospital. The Intensive Care/Critical Care Department has 12 beds, their Neonatal Critical Care Department has 6 beds. There are 24 departments in the hospital. The hospital has 210 doctors, 286 + nurses and 178 other staff members.

Given the low life expectancy in the country which is only 54 years, the center has a highly important task in improving the country’s health. Vientiane, the capital city has a population of over 853,000 people. The national population is 6.5 million. Laos is a country in transition and has set a goal of graduating from “Least Developed Country Status” by 2020. Laos increasingly shows a willingness to engage in international relationships.

This project was requested by the US Ambassador to Laos, Karen B. Steward, who no longer is the Ambassador but continues support from the present US Ambassador, Mr. Daniel A. Clune, and requested by the Lao PDR Ambassador to the US. On the trip were 15 Rotarians including the lead Rotarian Dr. David Gallagher, the former PDG of Rotary District 5220. The medical team included Ray Schmidt, the VP of Operations for Assist International, Benjin Joshua a Biomedical Engineer from Assist International, Dr. Qing Zhang, Professor, Cardiologist from Chengdu, China and Dr. Dan Gaita, Cardiologist and Professor from the Medical School of Timisoara Romania who also is head of the Board of Cardiology for the Country and sits on the 8 person EU Cardiology Board.

Dr. Dave Roever, founder of Roever Educational Assistance Program (REAP) and a former Vietnam Veteran was a
partner to the project and donated $60,000 through the Rotary Foundation for this project. He was severely wounded in Vietnam and was not expected to live in 1969. Though visibly scarred, he returned to Vietnam and has continued his humanitarian work in Vietnam since then. Since 1976 Roever has spoken face to face with over six million students in public schools around our nation. He has built two retreat centers for wounded veterans from Iraq and Afghanistan.

The Hospital received 2 defibrillators, 1 electro-surgical unit, 1 surgical light, 1 EKG machine, 1 GE C5 Ultrasound, 2 Masimo RAD-8 Pulse Oximeters, 2 – Masimo Pronto Pulse CO-Oximeters, 10 vital sign GE monitors, 1 central station, 1 infant warmer, 6 syringe pumps, 6 infusion pumps, 2 ventilators, neonatal, and medical accessories and supplies.

Gideon’s Sight Saved

Sight is something that we can take for granted but is so essential to almost everything that we do in life. From the most basic of tasks such as picking out what clothes to wear every morning, to being able to know where you are going to every day, our sight is one of our most used senses.

We were informed of Pastor Gideon who lives in Mali. As a teenager Pastor Gideon lost one of his eyes due to an injury. He struggled quite a bit with infections that ultimately required the removal of the eyeball and the placing of a prosthesis in the eye. That prosthesis was actually inadequate and small. When he inquired about the smallness of the glass eye and whether a slightly larger one that fit better was available, he was told that they fit people with what they have in stock, and that beggars can’t be choosers. Then came the day when the doctors urged Gideon to get help abroad, “because there is danger of suddenly and totally losing vision in the good eye.”

As a pastor living in a rural and poor section of Mali, it was out of his reach to afford the surgery that would save his eye. Our network of partners and donors became aware of the fact that, without intervention, Pastor Gideon would lose his remaining eye. Generous donations allowed Pastor Gideon to receive the treatment that he needed. Not only was he able to have his eye treated and be saved, but he was able to have the ill fitted prosthetic eye replaced with one that properly matches the lost eye.

The result is exceptional, which you can see in the before and after photos of Pastor Gideon. What an amazing story that a man who was facing complete blindness, due to the compassion and generosity of others, is able to continue life seeing all the wonders of the world.
Ukraine Medical Equipment
The Ukraine has been the center of much military strife in recent months. Hospitals were being overwhelmed with injured being brought in daily. That is why when we were approached with a need to help outfit a new hospital to keep up with the flow of people needing medical help, we put together medical equipment and supplies to assist them.
We are happy to report that the doctors have received the equipment and are putting it to good use already. Thank you for supporting us so that we are able to continue to save lives around the globe!

Tuguegarao Philippines Surgical Lights
In September of 2014 Assist International, in partnership with the Los Gatos Rotary Club completed a trip to Tuguegarao Philippines, donating two brand new surgical lights to the People’s General Hospital. The hospital caters to the community and to low income families who cannot afford the services at other hospitals in the region. The lights were extremely needed. The previous lights that were in use were only partially functioning and some auto shop lamps were even being used to gain some additional lighting for procedures.

Doctors inspecting and cataloging the donated equipment for the hospital in the Ukraine

Rotary members, hospital personnel and Assist International representative in front of the donated surgical lights
Medical Projects

Oxygen Plant - Kintampo

Oxygen is one of the most vital resources needed to survive. Without it, no one can live, especially in a medical emergency. This may sound basic, but it is one of the most important needs being addressed in the world by our medical teams now.

Vice President of Project Management, Jim Stunkel lead the installation of an Oxygen Plant that has been put in place that will deliver medical grade oxygen to people in life threatening situations. This will help to reduce mortality rates in the hospitals it serves.
Oxygen Plant Commissioning - Kenya

The commissioning of an Oxygen Plant in Kenya this past year was an event to be remembered. The months of dedication and in-country work from Jim Stunkel, Vice President of Operations, will allow this facility to provide life-saving, medical grade Oxygen to hospitals throughout the region. Without these Oxygen systems, many medical procedures cannot take place. Resulting in patients that are unable to receive the life-saving treatment that they need. The commissioning was attended by medical and government officials throughout the country.

Ralph Sudfeld presenting the First Lady of Kenya with a gift at the commissioning ceremony.

Representatives from Assist International and Partners in front of the completed system at the commissioning ceremony.
Palestine Medical Project
Medical projects in two locations of Ein Al Beida and Al Aqaba the West Bank occurred. The aim was to equip two birthing facilities with Fetal/maternal monitors as well as an ultrasound machine. The mothers in these two regions did not have any such support for the births of their children. For certain, this was an excellent installation and the equipment was immediately put to use at Ein Al Beida.

The attached photo of the ultrasound is from Ein Al Beida. This was during a medical appointment that was scheduled during our installation and training. The same ultrasound was used at least 10 more times within the next couple days. The medical staff from Chile who volunteered for the project were outstanding, just as anticipated. The Palestinian Staff at Ein Al Beida was also outstanding and were very engaged at every level. Ein Al Beda will be the leading facility in the region due to the equipment received in this project. The Palestinian Ministry of Health (MOH) Central office came to Ein Al Beida from Ramallah – they travelled a couple of hours to make site visits, inspect and support the installations.

Al Aqaba received a compliment of equipment at the preference of the Palestinian MOH. At Al Aqaba they were visited from the Ramallah Rotary - which was the local host club, as well as by a district level MOH representative. This project location, like the first went incredibly well and both were complete successes. Jim Stunkel, in a report following the trip said “Thank you all for the collective support for this project - certainly a team effort.” How true that when many get together with a common goal of good, amazing things are achieved!
AOET High School Library Project

A great book has the ability to take you to far off lands, challenge you to think or educate you on something new. To have a collection of knowledge in written form within your reach is an essential part of education. This is why we are so proud to report on the completion of a brand new High School library that is nearing completion at AOET Uganda. When completed, the students will be able to experience the joys and the benefits of a top level library, further developing their studies on a new level.

These photos show the new bookshelves being installed, the finished outer face of the library and the books for the high school students.
Tuguegarao Philippines E Granary Server

Assist International completed the successful installation of an E Granary digital library at a computer lab in a high school in Tuguegarao Philippines. Due to the remote location of the school, internet speeds are so poor that simple research is almost impossible. The server has Terrabytes of information that is stored on the server and does not require the internet to access. The students have their own, digital library, at their fingertips.

A few years prior to this Dana Bowles of Assist International completed this task, but the school was the victim of vandalism and theft that left the students with no computers or resources. After comprehensive steps were taken to increase security, the school began to replace what was taken. This system was the final piece to fully reestablish the lab and provide the students with a complete library at their fingertips off of the internet.

Los Gatos Rotary representative Ron Cassel, local Philippine Rotary Representative Ron Ortiz, School officials and Assist International employee Curtis Cannizzaro with the new Egranary system.
Honduras Water Purification
We received a report from Tim Reynolds regarding some of the work that is being done to supply clean water at a hospital in Honduras.
In the photos below you can see the installed system that provides 66 new taps installed on the piping with plans to do a total of approximately 150 clean water taps throughout the hospital.
The two photos of pressure tanks that you see on the right detail the replacement of the old pressure tank that was flooded and had a rust hole in the top so that no pressure could be maintained and the new tank.

In these photos you can see the installed system to the left. The two photos directly above show the before and after of the pressure tanks.
Caminul Felix Roofing Project
Assist International has had a relationship with Caminul Felix orphanage for over 20 years. As with any project, it is not only the initial efforts that are important, but the maintenance in order to continue the work for years to come. Some of the roofing at Caminul felix was damaged and would leak during the rains. There was a need to acquire and ship roofing material to protect the building for the winter months. After the materials were received, the construction began and a newly completed roof will cover the home for years to come!

These photos of the homes near completion with their new roofs will allow continued protection from the rain for the family members who reside there.

Sketchers Shoes - Mexico
Assist International was able to support a team of teenagers and adults from the Sacramento area who traveled to Tijuana, Mexico over the week of Thanksgiving to spend 5 days reaching out to families and individuals in need in the Tijuana area. This team partnered with La Roca Ministries and Caravan Ministries in Mexico along with a Sacramento ministry called Gateway. Assist International had a significant supportive role in donating hundreds of pairs of children’s shoes, which impacted these children and their families in very positive ways.

Above: Martin Barajas, Debbie Brown and Brian Blazek loading up shoes to be delivered
Left: shoes being distributed
TOMS Shoe Giving Program
Assist International is proud to be a TOMS Giving Partner, providing new shoes to children in need in Eastern Europe. The partnership with TOMS helps children like Emanuel, a 13-year-old boy from Bihor County, Romania. Emanuel and his two brothers, Madalina and Adrian, lost their mother at an early age and were raised by their grandmother. As she became too old to care for the three boys, Emanuel and his siblings were moved to live with a host family from Caminul Felix. So, they received new parents, and 11 brothers and sisters. Their lives changed completely. Emanuel is a proud young man and he is very happy for receiving new TOMS shoes. Emanuel uses his shoes for school and loves to play soccer with them.

Sister Rosemary Planning Trip
In 2014 we had the opportunity to engage in a planning trip to Uganda to meet with Sister Rosemary. She grew up in Uganda and became a nun who saw the evils of the Lord’s Resistance Army first hand during the terror they brought to Uganda. Now, the war is over, but the decades of brutal conflict have deeply scarred the people of Uganda. Child soldiers return to the very communities they committed violent crimes against, and the girls carry with them a constant reminder of their abuse: their captors’ children. These girls and their children are often ostracized by their communities, and most lack the skills they need to provide for their families.

We are working with Sister Rosemary Nyirumbe, who presides over Saint Monica’s Vocational School in Gulu, Uganda. She lived through the horror created by Kony’s LRA and now works to heal the wounds he inflicted on her people. She invites formerly abducted girls to Saint Monica’s where they learn skills to provide for their families. Through vocational training, these young women gain independence. Through community with
their fellow students, they find forgiveness. Through the restoration of their lost futures, they find hope. She was this year noted by Time Magazine as one of their 100 most influential people in the world and also recognized as a “CNN HERO” in 2007. We have been asked to help to support Sister Rosemary’s work over the years. She not only rehabilitates those devastated by the Lord’s Resistance Army but she is also a strong voice to bring back the 300 Nigerian girls captured by terrorists. Her dedication to continue shouting to bring awareness of the plight of the oppressed and the marginalized is an inspiration to us to continue the work that we do.

Caminul Felix U.S. Choir Tour
The Caminul Felix Romanian Orphan Choir and ensemble again toured the United States. These tours are an integral part of informing Americans about the important work of Caminul Felix and how they can be involved by sponsoring a child. This is an experience that shows the amazing growth of children who have experienced some of the most difficult things that we could imagine. Hearing their voices and stories is an encouragement that will stay with you long after the tour has concluded. The choir visited sites in Alabama, Georgia, Florida, and North Carolina while a separate group toured California and Oregon.

These photos show the two groups that toured the United States, telling their story and raising awareness for the need to support the orphaned and abandoned children in Romania.
AOET Fence Project
After an Assist International team visit to Sam Tushabe, the founder/director of AOET Family Orphan Village, Schools and medical outreach programs we are happy to report that a security fence requested by the Uganda Government will surround AOET Village and the high school when completed. This new requirement is to protect school children from what has happened to the children in Nigeria. A generous donor has sponsored this construction of this fence through Assist International.

With the Security fence around the facility, the staff and children can go about their day without the fear of intrusion from outsiders. This step along with others that are taken to ensure the safety of these children are always paramount in the minds of those entrusted with their care.

AOET Duplexes
2014 marked the addition of two new projects to house more children at AOET. Through fundraising and special donations 2 separate duplexes underwent construction, “the Hoffy House” and “the Sankey House”. While many times individual homes are built, the need to house more children at AOET required novel thinking to keep costs at a minimum and still support the children at the school. These two duplexes are more than simply buildings, they are places to foster the growth of children. Head of AOET, Sam Tushabe had incredibly powerful words describing the true impact of this work.

“Even Looking at it right now in it’s incomplete form, I can already see hundreds of children stabilized here and pointed into their respective futures. There is no greater blessing than helping a child find a future they were just about to lose.”

Every brick that is laid in this project is targeted at improving the lives of children. The continued work at AOET along with donations for projects like these continue to reach more and more children. These buildings will house many children over the decades to come, offering each child a better opportunity to thrive.
Project 41 Rainmaker Event

In January, Assist International attended the Project 41 Rainmaker launch day. The launch introduced to local communities and the press the product designed to alleviate poverty and enhance food security by allowing farmers to irrigate crops affected by dry season and climatic change. The rainmaker is a low-cost, bicycle-powered water pump aimed at small-scale rural farmers. It is simple, user-friendly and appropriate technology which utilizes pool pumps from the United States to pump 60 liters of water a minute up to 200 meters in any direction. In comparison, the pedal pumps on the market only pump 15 liters of water per minute.

The rain maker pump is a complete unit that only requires farmers to have a bicycle and a water source. It can be used with any water source, including a borehole, lake, river, or swamp. It requires no special parts or tools to operate and does not require any maintenance. It is easily transported by folding the pump up onto a bicycle.

After the event, Assist International employee Dana Bowles was able to train Women First’s bookkeeper on QuickBooks and set up their accounting in QuickBooks for them. She provided a curriculum including accounting practices, principles, and best practices. A woman trained on QuickBooks came up to Dana and told her how she had previously been denied a bookkeeping position because she did not know how to use QuickBooks. The training provided allowed her a better job for her and her family.

It is stories of providing opportunities like these along with the goal of producing the Rainmaker pumps in country that make us so happy to support Project 41. The ability to lend a hand up rather than a hand out allows people to take pride and ownership of their situation, knowing that they are able to succeed.
Poverty Solutions

Sewing Machine Donation

One of Assist International’s dedicated volunteers through the years, Shirley Harding, has sewn thousands of baby bundles for orphaned children. Her work over 15 years has even been featured in her local newspaper. These bundles have made their way all around the globe and meet the needs of many poor mothers who do not have baby clothing for their young children.

Shirley’s skill for sewing, along with the practical needs for equipment to allow women to take jobs as seamstresses in the developing world led her to fund donations of sewing machines to women in Uganda. This equipment will allow the women to create garments and sell them in their local communities. The need for repair and patching of clothing is also a market that these women can operate in. With basic training these women are able to provide for their families. They are able to buy food from the local markets, they are able to secure housing for their families and they are able to send their children to school.

Efforts like these provide opportunity for growth, both economically and personally, not just for the women who have been empowered, but also for their children. The entire family is given an opportunity to raise their standard of living to one that is better than was possible before.

Shirley Harding works in her home making additional baby bundles

Zach Sudfeld and Matt Sudfeld present the donated sewing machines to local seamstresses. These units will allow the women to continue in sustainable jobs within their communities.
Bulgaria Furnace Project
Assist International has completed major medical projects at a very poor hospital in Razlog, Bulgaria. These hospital projects were brought to our attention by a young Gypsy girl from Razlog who was attending Oxford University. Her uncle is a pastor to the Gypsy people in Razlog as well as the overseer of over 400 Gypsy Churches in Bulgaria. His church, located in the Gypsy slums of Razlog, serves as not only a large congregation to the poor gypsy community, but also as a regional school. Previously teams from the US refurbished the building and the roof, but the building still lacked a functioning furnace to heat the school during the harsh Bulgarian winter.
You can see the rusted heater in the photograph compared to the new one that has been refurbished. With these successful projects at the Church and school, the result is a facility that can be used to teach year round, rather than only when the weather conditions permit it. The students can spend more time studying and learning in a facility that is now put to even better use.

Pastor Assen stands and smiles in front of the newly installed furnace. Seeing the photograph of the previous unit, the satisfaction on his face is easy to understand.
Developing Health Globally

2014 marked the 10th year of the GE Foundation’s Developing Health GloballyTM (DHG) Program, which aims to improve healthcare delivery for some of the world’s most vulnerable populations. Assist International has been a key operational partner since the program’s inception, helping to support and coordinate local programs and initiatives. The DHG program focuses on simple interventions and works to improve access to healthcare through capacity-building initiatives.

The DHG program impacted 15 million people in 2014 in 16 different countries. The DHG program has invested more than $120 million since 2004 and has reached over 254 hospitals and health centers, impacting clinical practice, patient outcomes and community well-being around the world.

In 2014, Assist partnered with DHG on 24 individual programs in 8 countries, each designed to improve healthcare services to underserved communities. Each of these programs involve multiple NGO and academic partners including The Center for Public Health and Development (Kenya), Health Builders (Rwanda), Consultores para el Desarrollo de Honduras (Honduras), Engineering World Health, sidHARTe (Columbia University), Emory University, Vanderbilt University, and Kijabe Hospital (Kenya). Some partners provide local context and knowledge to ensure successful implementation, while others contribute their expertise and know-how to support implementation, capacity-building and follow-up evaluation. This broad collaboration enables the DHG programs to have a high-degree of success with significant health outcomes.

Oxygen

Medical oxygen is a necessary treatment for a wide variety of medical needs, from severe to common ailments. While oxygen is an intervention that is assumed available in the developed world, access to medical oxygen in East Africa is erratic and expensive, particularly in rural hospitals. As part of a new Developing Health Globally initiative, Assist International partnered with the GE Foundation, the Center for Public Health and Development (Kenya) and Health Builders (Rwanda) to provide inexpensive and reliable oxygen to public district hospitals in Kenya and Rwanda.

Oxygen is foundational to many important medical interventions. It is critical for surgery, respiratory illnesses, premature infants, and mothers with obstetric complications, in addition to many other case types.
Oxygen is necessary for the use of anesthesia. The WHO states “failure to deliver oxygen to patients [is] the leading cause of mortality during anesthesia.”

Oxygen eases respiratory distress, preventing respiratory failure and keeping patients alive long enough to receive treatment for the underlying cause of distress.

It is instrumental in treating the top six causes of child mortality, particularly pneumonia.

35% fewer children die of pneumonia when they are treated with oxygen.

However, oxygen in East Africa is limited, expensive, and unreliable. In a recent study, only 35.1% of health facilities in Sub Saharan Africa have oxygen always available. A staggering 24.8% never have oxygen available. The supply of medical oxygen in Kenya and Rwanda is limited almost exclusively to one oxygen company, and this monopoly severely increases oxygen’s cost. The price of oxygen in Kenya is seventeen times higher than the price of oxygen in the US, and Rwanda’s costs follow this unfortunate trend. While oxygen is often available in smaller quantities at central hospitals, district hospitals frequently exhaust their supply due to lack of funds and difficulty transporting oxygen from plants to rural locations. When faced with rapidly depleting supplies, many physicians triage cases, allowing only patients with a good chance of recovery access to the life-saving drug.

Our solution to the problem of oxygen scarcity is innovative and includes a strong sustainability component.

Providing an oxygen plant at district hospitals delivers a reliable supply of oxygen to be piped directly into hospital wards.

This plant is governed by a Public-Private Partnership. It is built on public land owned by the hospital, but it is operated by a private company. This allows the hospital to do what it does best – save lives–while private sector professionals bring their expertise to manage the technical, business, and operational aspects of the project.

The plant produces more oxygen than the hospital needs; this oxygen is sold to hospitals and health facilities surrounding the district hospital at far below the market value.

Funds generated from oxygen sales pay for oxygen plant maintenance and staff.

Cheap, reliable oxygen allows more patients to receive oxygen. This simple intervention saves lives.

Clinicians at public hospitals are trained by medical experts on optimal oxygen use to ensure more patients receive oxygen.

Just one year into the project, great progress is being made.
Developing Health Globally

- Plant construction for Siaya County Hospital in Kenya and Ruhengeri District Hospital in Rwanda is complete.
- The Siaya Oxygen Plant was commissioned on November 19, 2014 by the First Lady of Kenya, Margaret Kenyatta and is capable of producing 60 large cylinders per day.
- By the end of 2014, the plant had sold enough oxygen to treat patients for over 790 hours at a cost 33% lower than the current market price.
- After seeing the plant in Siaya, many other counties in Kenya are expressing interest.
- The Ruhengeri Oxygen plant was operationalized in October 2014 is capable of producing 60 large cylinders per day.
- By the end of 2014, the plant has produced enough oxygen to treat patients for 3,128 hours.

This project has the potential to impact thousands of lives by helping hospitals provide a crucial intervention: oxygen.

CPAP (Continuous Positive Airway Pressure)

In 2013, 128,000 children under five years old died in Kenya and Rwanda. Often children die because respiratory distress prevents doctors from treating their disease. By removing the strain of fighting for every breath, physicians can treat the underlying cause of the respiratory distress like malaria or sepsis and dramatically increase survival. Continuous Positive Airway Pressure (CPAP) is a non-invasive, low-technology intervention proven through randomized clinical trials to improve survival rates in patients with respiratory illnesses. Additionally, it is easily applied in the developing world where complex treatments like advanced airway management may not be available. It can also help deliver oxygen, which is a critical intervention for many respiratory illnesses; pneumonia-related deaths dropped by 35% when patients were treated with oxygen. As both Kenya and Rwanda have high child mortality rates from diseases like pneumonia and malaria, introducing CPAP into the public health system can make a significant improvement to child health in East Africa.
Initiating and expanding CPAP use in the Kenyan and Rwandan health systems is the key goal of the CPAP program.

To accomplish this goal, the program has been working in partnership with the GE Foundation, Columbia University’s Systems Improvement at District Hospitals and Regional Training of Emergency Care (sidHARTe), Health Builders (a Rwandan-based NGO), and the Center for Public Health and Development (a Kenyan-based NGO). Primary objectives and progress made toward these objectives are listed below.

1. Create a cadre of local CPAP senior trainers in East Africa to allow for scaling-up within Kenya and Rwanda.
   - In Kenya, ten senior CPAP trainers were trained, six pediatricians and four nurses.
   - In Rwanda, ten senior CPAP trainers were also trained. One physician and one nurse from each hospital site were trained, in addition to two clinical staff from Health Builders and two ETAT (Emergency Triage and Assessment Treatment) clinicians who were recommended by CPHD.
   - CPAP machines have been donated to the four hospitals in Kenya and three hospitals in Rwanda where the trainers work.

2. Senior trainers train their colleagues.
   - Senior trainers have begun using CPAP at their hospitals and introducing fellow staff to the intervention.
   - Mentoring from Columbia University is available through the Whats App texting group, where doctors and nurses can ask questions and receive support.
   - Knowledge exchange meetings are also taking place where medical colleagues can share problems, come up with solutions, ask questions, and build support across different medical facilities.
3. **Provide children with access to CPAP.**
   - In Kenya and Rwanda, 177 children have been treated with CPAP between August and December 2014. Usage continues to grow as health care providers become more familiar with the technology.
   - In 2015, new sites have been suggested in both Kenya and Rwanda. As familiarity with the equipment increases, this simple intervention has the potential to save many lives.

4. **Integrate the CPAP curriculum into the public health systems in Kenya and Rwanda.**
   AI partner CPHD has had three meetings with the Kenya Pediatric Association to discuss mentorship for new health care professionals using CPAP and the development of usage guidelines.

**Water**

Continued access to clean, safe water is one of the foundational building blocks of good health. Although they seek to provide health care, many health facilities in low-income countries are unable to provide this basic need on their premises. Risks of acquiring infection due to inadequate water and sanitation are elevated for both health care providers and patients at these locations.

Danger to expectant mothers is especially high, as mothers who give birth in these hospitals often experience less-than-sanitary procedures and contaminated water. Maternal mortality is a dire problem in the developing world, with 99% of preventable maternal mortality deaths occurring there. Avoidable infections, often caused by contaminated water, account for 36% of maternal mortality. To combat these health problems caused by unsafe water, Assist International continued its partnership in 2014 with the GE Foundation and Emory University to provide water treatment systems to health facilities in Cambodia, Uganda, Rwanda, Kenya, Ghana, and Honduras.
Program Description

Prospective sites are visited once for initial feasibility, then a second time to design the water system. Then construction begins on upgrading the infrastructure. Piping, water towers, and electric systems must all be renovated to fit the new water system design. Next, water treatment systems are installed. AI staff takes great care to ensure that the water system is the most technologically appropriate for each site, simplifying some complex systems so that maintenance is easier. The longest phase of the programs occurs after installation. Hospital administrators and staff are trained on how to use the filter, what preventative maintenance is required to keep it operational, and how to tell that it is treating the water properly. Often, AI hires an in-country program manager to provide continuous support throughout the duration of the program. Once any system design issues have been worked out and hospital staff have been taught to maintain systems over a period of months or years, the system is handed over to the hospital director.

In addition to providing safe water at health clinics, the Rwandan program uses sales kiosks to provide inexpensive, clean water to the local public. These kiosks are used in conjunction with a water and sanitation program run by Emory University.

Objectives

The program has four primary objectives:

1. Install the most technologically appropriate water filter system for each health facility.

   - In Honduras, a filter system was installed at a new site, Santa Barbara Hospital. An existing site, San Lorenzo, received a full system redesign and upgrade to treat water for the entire hospital, not just specific sites.
   - In Rwanda, the final water kiosks were constructed, providing clean water to the community at a reasonable price.
   - In Uganda, phase 1 water program systems have been designed to meet health center
needs.

- In Cambodia, phase 1 water systems have been installed to provide safe water to health clinics.
- In Rwanda, new sinks were installed in all health centers to provide increased access for health center staff.

2. Achieve a consistent supply of safe water.

- In Rwanda, water systems have treated over 13,671,400L of water.
- Water systems in Honduras are treating over 131,000L of water per day.
- Chlorine levels for both Honduras and Rwanda average within the WHO recommended levels, between .5 and 2 ppm.

3. Effectively train health facility staff to use water management best practices.

- Program experience has demonstrated that continuous training support and mentoring is key to sustaining the water treatment systems.
- Honduras, Rwanda, and Cambodia all have in-country program managers to provide consistent training and assist with problems when needed.
- Retraining happens on a consistent basis in all countries. In Honduras, it occurs as scheduled every three months. In Rwanda, it varies based on need. However, in all cases, program managers engage hospital maintenance workers in the troubleshooting process in order to familiarize them with repairing the machinery.

4. Successfully hand over responsibility of water system to health facility.

- Full responsibility and management of water treatment systems in Honduras, Ghana, and Rwanda are scheduled to be handed over to hospital administrators in quarters three and four of 2015.
ImPACT Africa Anesthesia Program

Improving Perioperative and Anesthesia Care and Training (ImPACT) in Africa works to improve access to safe anesthesia and critical care in Western Kenya by enhancing human resources and equipment. This Developing Health Program involves the collaboration of multiple partners: Assist International, Kijabe Hospital KRNA (Kenya Registered Nurse Anesthetist) program, Vanderbilt University, and the Centre for Public Health and Development (CPHD).

Western Kenya has an immense need for more anesthesia resources. Without anesthesia and competent anesthetists, providing safe surgeries is almost impossible.

- Seven medical schools in Kenya train surgeons; only one trains anesthesiologists.
- Only 30 anesthetists are trained nationally per year.
- Anesthetist workload is so stressful that an estimated 70% change vocations.
- In a recent need analysis, one region in Western Kenya had 36 operating theaters but only 16 qualified anesthesia providers.

To meet this need, ImPACT Africa is training Kenya Registered Nurse Anesthetists (KRNAS) at the facility in Kijabe Hospital. Currently, Kijabe School of Nursing is the only institution in the country training nurses as anesthetists. Because of its affiliation with Vanderbilt University, KRNAS from Kijabe retain a very high standard of care and have an excellent reputation nationwide.

Additionally, the program is creating a new curriculum in order to build the capacity of the Kenya Medical Training College (KMTC) to train future KRNAS. These programs plan to initiate simulation-based training at Kijabe and Kisumu hospitals to expose students to supplementary case studies they might not encounter during their training and improve practical aspects of learning. In order to capture the results of this program and interpret them for replication globally, the program seeks to establish analysis tools and rigorously evaluate subsequent data.
Program Progress

The first cohort of seven students from Western Kenya are scheduled to graduate in February 2015 from Kijabe Hospital. The second cohort of 12 students were selected and are set to begin their studies in March 2015 at Kijabe Hospital.

Kenya Medical Training Center KRNA training program is scheduled to begin in September 2015 and plans are well underway for the launch of that endeavor. A curriculum and related training tools have been developed in collaboration with Vanderbilt University, Kijabe Hospital, and KMTC. Sites have also been selected for the creation of a simulation center for anesthesia training. Partner hospitals that will participate in the program have been selected.

When the program is completed in 2017, 30 nurses will have received anesthetist training at Kijabe Hospital. In addition, the Kenya Medical Training Center will have a practical curriculum for training in anesthesia, a core group of trainers that can continue the program at KMTC, and a developed model that can be used by the Ministry of Health to scale this program nationally in order to meet the high demand for anesthesia providers.
Maternal Neonatal Child Health Program in Honduras

While maternal mortality rates in Honduras have been decreasing over the past fifteen years, maternal health risks still remain high, with 120 of every 100,000 mothers dying during birth. This means that a woman living in Honduras is fifteen times more likely to die during childbirth than if she lived in a country like Great Britain. Assist International is working to address this issue by partnering with the GE Foundation, Consultores para el Desarrollo de Honduras (CODHO), and Health Builders. Maternal Mortality rates are especially problematic in Western Honduras, where the many of the most vulnerable populations live.

In order to determine what methods could most benefit women in Western Honduras, a baseline survey was conducted, analyzing numerous cases with obstetric complications using USAID’s “Pathways to Care” methodology. This analysis revealed that the major source of delay for mothers needing care occurred at the community level, although problems occurred once mothers had reached medical facilities as well.

Problems Identified through Case-Based Analysis

1. Few people in the community knew warning signs for pregnancy complications, therefore mothers sought care only when the need was dire, which was often too late to treat the problem.
2. Many people could only reach a health center to give birth after walking for two hours.
3. Doctors attending births were recent medical graduates having little experience in obstetrics, Ministry of Health recommended best practices, and the local health system.
4. Adolescent pregnancy rates were very high.
5. There was little continuity between health care providers. Referral hospitals were often unaware of patient history and treatments provided at health clinics.
6. Many mothers did not want to give birth at health centers because they were quite dilapidated.
Addressing the Issues

Based on the data from the case-based analysis, a program was designed that provides five key interventions to combat these common delays in the Intubacá, Lempira, and La Paz regions.

1. **Train community health volunteers (CHVs) to identify pregnancy risk warning signs.**
   - Over 200 community health volunteers in 100 communities have been trained in basic maternal and neonatal care.
   - CHVs now help create birth plans for mothers, helping them decide when and where to seek care for the birth.

2. **Train doctors and nurses on Ministry of Health (MOH) best practices and connect them with seasoned specialists.**
   - 100% of staff in 16 health care facilities have been trained in Essential Newborn Care, Kangaroo, and Emergency Obstetric and Neonatal Care.
   - Many doctors and nurses have also been trained to administer CPAP to infants with pneumonia. Nine CPAP machines have been donated, with more to come this quarter.
   - Due to this training, over 200 premature babies with low birth weight have been recovering well with Kangaroo Mother Care.

3. **Increase knowledge of pregnancy best practices and prevention among adolescents.**
   - Teen pregnancy circles help teen mothers understand what to do during pregnancy and delivery, in addition to lessons for avoiding a second teen pregnancy.
   - Case-based analysis of teen pregnancy cases will occur to determine most necessary interventions to prevent teen pregnancy.

4. **Strengthen communication within the hospital referral system.**
   - A form has been designed that ensures treatments and recommendations from CHVs and health clinics are communicated to the referral hospitals.
   - This form also ensures that CHVs and health clinics retain records of all their patients even when patients are referred.

5. **Provide light infrastructure and HR support to make health clinics more desirable places for mothers to give birth.**
   - Renovations like providing a new kitchen where expectant mothers or their families can make food while waiting for the birth dramatically increases odds that mothers will not leave the clinic and jeopardize the birth.
Developing Health Globally

Medical Equipment Installation, Maintenance, Training and Sustainability

The various Developing Health Globally programs require medical equipment such as anesthesia units, ultrasounds, patient monitors, infant warmers, infant incubators, CPAP machines and other medical devices. This equipment requires installation, maintenance, training and sustainability plans, all of which are the responsibility of Assist International. In 2014, $2,529,509 million dollars of healthcare related equipment was donated to hospitals and clinics partnering with the DHG programs. This year’s equipment, along with equipment donated in previous years, will require regular maintenance and repair. This year, Assist International managed nearly $1.1 million in service contracts for 800 medical devices at 59 locations in six countries.

GE equipment donated to various healthcare facilities receives a 3-year service contract. This will ensure that the equipment will function properly and will also give time for hospitals to develop a maintenance strategy once the service contracts expire. The issue of long-term equipment sustainability is a critical problem in developing nations. The World Health Organization estimates that 70% of the medical equipment in sub-Saharan Africa is out of service. There are many reasons for this including the lack of trained biomedical technicians, limited access to repair parts, the high cost of service contracts and parts, and the absence of a comprehensive service strategy by health facilities.

In partnership with the GE Foundation, Assist International has developed two pilot programs that will seek to provide a sustainable solution for long-term maintenance of medical equipment. The pilot programs, initiated in late 2014, will address this issue from two different approaches. In Kenya, Assist International is working with the Center for Public Health and Development (CPHD) to create a market-based solution. This social enterprise will provide health facilities outside of the major metro areas with affordable biomedical services, access to repair parts, technical support, clinical training and mentorship. In Honduras, Assist International will mentor hospital biomedical technicians (BMET’s) that were trained through a GE Foundation-sponsored BMET training program. Assist International will help implement technology management procedures at the hospitals, identify repair part sources, and create budgeting tools for BMET services.
**FINANCIAL SUMMARY**

*For Year Ended December 31, 2014*

### ASSETS

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### LIABILITIES & EQUITY

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<td><strong>Total liabilities and net assets</strong></td>
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### REVENUES & EXPENSES

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<td><strong>Total expenses</strong></td>
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The annual audit of the financial statements of Assist InternationalSM is available upon request. Assist InternationalSM is audited annually by Ronald Blue & Co. CPAs and Consultants, LLP.
Board of Directors

Assist International is guided by our Board of Directors:

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