

## COMPREHENSIVE BURN REHABILITATION PROJECT

<b>Name of Project</b>	<b>Creating a Center of Excellency for comprehensive burn rehabilitation.</b>
<b>Location</b>	30, Av. Las Retamas. Plaza del Deportista Zona Alto Irpavi. La Paz, Bolivia, South America
<b>Duration of project</b>	3 years.
<b>Budget</b>	25.000 US dollars
<b>Beneficiary Institution</b>	Fundacion Pro Centro del Quemado "fund Accion" (Personeria Juridica R:S 192826 06/26/1980) 2598 , Plaza Isabel la Catolica Of; 1st C Zona San Jorge, La Paz, Bolivia PO Box 7365 Tel. 591.2.2444405 fundaccionbolivia@hotmail.com
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<b>Cooperant Institution</b>	International Women s Children s Burn Foundation.
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	<b>Rotary Club</b>
<b>Host Rotary Club</b>	Rotary Club Sur -La Paz – Bolivia 1350 Av. Mariscal Santa Cruz Pasaje Beni PO Box 7151 Tel. 591.2.22364886
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<b>Sponsor Rotary Club</b>	Lafayette Rotary Club Lafayette Indiana United States of America
<b>President</b>	
<b>Project contact person</b>	Mrs. Caroline Briggs
<b>Co sponsor Rotary Club</b>	Edinburgh Rotary Club
<b>President</b>	Bob Hislop
<b>Project contact person.</b>	Mr=. Ian Starkley

**Summary:**

The project aims to provide affordable and comprehensive rehabilitation care to victims of burns, both children and adults.

The project is justified by Bolivia's economical and developmental conditions, the identified needs of the population as well as for the absence of proper specialized care.

Through partnership between a private non profit foundation, the Bolivian Government that donated the land and the Military Group of the American Embassy that built it, the first facility dedicated to prevention and comprehensive rehabilitation is ready to start operating allowing to reach a greater number of patients in need.

The local foundation has experience in acute care and rehabilitation, as well as primary prevention, epidemiological research and teaching. The institution needs support to create modern comprehensive care, both for supplies and equipment as well as training of local personnel.

The cooperating foundation has experience in establishing similar centers in the world and has the in kind resources and technical capacity.

Rotary Club La Paz Sur in La Paz, Bolivia has agreed to partner in this project as a Rotary host institution in partnership with Lafayette Rotary Club Rotary as sponsor. Edinburgh Rotary Club was contacted and agreed to receive and consider the proposal.

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**1. INTRODUCTION**

The burden of burns can be overwhelming for a poor community since the consequences of death, disfigurement and disability increase poverty.

A low income country has other pressing Public Health and primary care priorities, therefore, acute burn hospital care remains modest and rehabilitation services are not provided. Families will do their utmost to face emergency, till financial and emotional exhaustion. The need to pursue Integral rehabilitation may not be perceived as important by the families or the community, however the consequences of disfigurement, invalidity and psychological problems, will affect the person, the family and the community as a whole, deepening the poverty status.

Bolivia is a landlocked country, with 1.098.581 square km, 8.534.000 inhabitants. 62.7% poverty. 63.6 years Life expectancy, Infant deaths: 54/1000 urban areas, 67/1000 in rural areas of those born alive, 27% infant population malnourished. Human development Index is 111 of 179 countries.

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An epidemiological study made in cooperation with the Bolivian Health Ministry and the Pan American Health organization in 2007, estimated that within the cities of La Paz and El Alto, there are approximately 5900 burn cases per year, in which about 44% of victims are under 4 years old. Including those, 70% are under 19 years old. However, rehabilitation service is only provided to 200 of those victims. It means less than 3.4% of the burn victims are being treated with the post-surgery care they need for full recovery. The reasons for the untreated cases are due to the lack of rehabilitation facilities in the hospitals, high cost, and long duration of post-surgery care.

These and other reasons make the endeavor of developing prevention and rehabilitation facilities, suited for a non- government, philanthropic organization; however, the cost is too great for an isolated party.

Regarding *FundAcción*, even though our first 25 years were dedicated mainly to create an acute burn unit in the main public university complex at La Paz Bolivia, we were faced to various severe political and economical turmoil, limitative to our endeavor. However, in time, three acute Hospital Units have been created which we promoted.

As time went passing on, we learned that there are many ways to help the burn patient, such as :

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- primary prevention, before the harmful event in order to avoid it
  - Secondary prevention, improving care in order to limit the disabling consequences
  - Tertiary prevention, as comprehensive rehabilitation
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Also, epidemiological and clinical research, health personnel continuing education, promotion of public policies, etc etc. which are the areas we have worked in this last 10 years.

Finally, now we are in charge of managing and developing the first Center dedicated to the above described goals. We are reaching to the community and specially to Rotary Club to answer together to the challenge.

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## **2. THE PARTICIPATING INSTITUTIONS.**

### **The beneficiary organization**

**Fundación Pro Centro del Quemado (FundAcción)** was founded in June 1975 as a private non-profit organization. Its mission is to relieve pain and suffering of victims affected by burns and congenital or acquired deformities. FundAcción not only offers affordable reconstructive surgeries but also provides comprehensive rehabilitation care. FundAcción's comprehensive rehabilitation approach stresses interdisciplinary collaboration among doctors, nurses, physical therapy specialists, psychologists, and other medical professionals to provide all-around care for our patients. FundAcción's goal is to assist victims to recover their physical and psychological abilities, and to help them reintegrate into society. FundAcción also works in communities to raise awareness of fire safety and prevention measures, and train family members to provide proper care for the victims. In addition, FundAcción promotes public policy to improve the overall health and quality of life for citizens in our communities.

FundAcción's Board of Directors consists of 10 members who are medical, legal and business professionals. We have nine regular staff members and 30 volunteers, including medical students and visiting doctors and surgeons from US, Europe and South America.

FundAcción sees the need for rehabilitation services. In order to expand our service, we have worked for years searching to build, to equip and to staff a specialized rehabilitation center. In 2010, we obtained the funding supports from the US Ambassador to Bolivia and the governor of La Paz. On May 16, 2012, the first rehabilitation center in Bolivia for burn victims and people with congenital and acquired deformities started serving the public. With this new facility, we plan to provide services to patients beyond the two cities and to offer our care at different levels of affordability.

## **The cooperating institution.**

### MISION STATEMENT:

**International Women's and Children's Burn Foundation** The IWCBF is a 501 C3 licensed not for profit organization in the US. dedicated to healing burn victims in underserved areas of the world by creating clinics which

- Provide ongoing rehabilitation and education to severely burned women and children
- Train and empower local residents to achieve their clinic's self-sustainability within the first three years of inception.

### OBJECTIVE :

- Establish Comprehensive Burns Rehabilitation Clinic
- "Gifts-in Kind"
- Replicability
- Sustainability

Select countries in which there is a known pediatric or adult burn population that is not being adequately serviced by the host country. This country must request and exhibit a desire to work with the Non Profit Organization (NGO) to establish, maintain and work towards functional independence of the burn rehabilitation clinics. IWCBF must have support from the government, Minister of Health, the medical community and preferably a local community (NGO) to provide oversight and assistance to the burn patients. The objective of clinic is to provide the highest quality services. It is imperative that the IWCBF maintain an administrative rapport with the clinics and medical leadership to have both quality assurance and documented patient outcomes.

The objective of the IWCBF is to establish or improve the capabilities of the burn medical staff within countries to meet the current and future rehabilitation needs of burn victims on a permanent basis. The training of local health care providers to become both clinically and administratively capable of managing every facet of comprehensive burn rehabilitation is paramount. The objective is explicit and long term.

We should address the range of rehabilitation needs in a phased approach. The center will have a component for fabrication of custom compression garments, custom UVEX face masks, custom

thermoplastic splints with proven effective, appropriate, low cost technologies at affordable prices. Rehabilitation should be both addressed in the acute care setting as well as the outpatient rehabilitation setting. These rehabilitative clinics should become self sustainable at the conclusion of the third year.

### **3. PROJECT GOAL AND OBJECTIVES.**

To create a center of excelency for the comprehensive rehabilitation for burns in the city of La Paz, Bolivia by means of the following actions:

- Provide equipment and supplies
- Train professionals and evaluate advances during 3 years
- Introduce a data base for the epidemiological register
- Create strategic lines for self sustainment.

### **4. PROTOCOL FOR BURN REHABILITATION CLINIC**

IWCBF considers that There are multiple factors that must be considered is setting up a rehabilitation clinic:

Site Visit-Fact Find Mission: (3-5 day process)

Invitation by Host

Quantify number of burn patients based on population and hospital admission

Degree to which needs already being met. Is collaboration with other programs acceptable?

Infrastructure assessment

Staff credentials-training-competency in burn care- "in-country" champion identified.

Funding sources "in-country" identified

Population of country

Quality of burn related service provided-

Quantity of services provided-

Materials currently used or available "in-country"

Evaluate current space allocated for rehabilitation program and clinic

Assess University or Hospital clinical and administrative support

Facility for shipment and storage of components assessed

Customs and taxes of clinic components addressed

Administration meeting and level of support

“In-Country” NGO identified and goals-objectives addressed.

Memorandum of Understanding signed

Memorandum of Understanding: International Women and Children’s Burn Foundation

IWCBF:

1. Will attempt to obtain necessary supplies and equipment as necessary for the implementation and support of rehabilitation clinic for first 3 years of development.
2. Will provide training and educational support with skilled burn health care providers
3. Will work with host country to solicit outside sources to help promote the project in perpetuity.
4. Will assist in the design and development of the rehabilitation clinic.

Host Country Hospital-University-Clinic;

1. Host site will provide space for a comprehensive outpatient rehabilitation clinic and be willing to address physical space of acute care department.
2. Host will provide continuity of the center with appropriate clinical and administrative support.
3. Host will identify and recognize appropriate program or department head for clinical continuity.
4. Host will provide adequate (two to three ) therapists, or MD’s with appropriate support personnel to the center.
5. Host will provide adequate maintenance and support including phones, communication equipment to support the center.

**Pre-Implementation shipment: Prior to the implementation and training program, a large shipment of supplies and equipment is sent. IWCBF and corporate partnerships provides the donations necessary to establish the clinic. This includes the capital to purchase the raw materials, equipment and supplies necessary for each component of the comprehensive rehabilitation clinic.**

Implementation Mission: (5-10 day process) this implementation mission should occur within 3-4 months following the fact-find mission and the pre-implementation shipment.

1. Burn Clinic and medical education program volunteers spend a minimum of five working days in-country training the local staff.
  1. In-kind equipment and supplies allocation and facility set-up
  2. Mask design and fabrication
  3. Garment design and fabrication.
  4. Upper-extremity splinting.
  5. Data collection process
  6. Educational in-services and training specific to each component of the rehabilitation clinic.
  7. Meetings with hosts, local NGO’s, hospital administration and governmental agencies.

8. The host clinicians that receive this training include a supervising physician, a prosthetist or orthotist (if available), a seamstress or tailor, a physical or occupational therapist and administrator.

Year One: (1-3 missions of 5-7 days duration)

During the first year of the clinic being established, a minimum of one and maximum of three follow-up missions are typically required. During year one, a volunteer familiar with the country or program returns to assess the quality of care being provided, provide additional medical education and training, resolve administrative problems and ensure the continuity of care.

Years Two and Three:

The goal is to achieve functional independence from any financial dependence from IWCBF and medical volunteers by the end of year 3. One-two medical education program is scheduled each year for advanced topics in burn rehabilitation and physical therapy. Program management and oversight during the 4<sup>th</sup> and 5<sup>th</sup> years will be based on expressed needs and concerns of the host. During this timeframe, much of the management will be done remotely through the internet and established database and communication plans.

Yearly shipments are scheduled to maintain adequate supply levels. Ongoing educational and promotional efforts within the country to seek financial support and oversight from “in-country” leaders, companies and non-governmental organizations by year three will have been enabled.

1. Links to websites, relevant articles, etc.

- [WWW.IWCBF.ORG](http://WWW.IWCBF.ORG)
- <http://fundacionbolivia.org/>
- <http://fundacionbolivia.org/boletines/index.html>
- <http://bolivia.usembassy.gov/burnclinic2012.html>
- <http://photos.state.gov/libraries/bolivia/337500/pdfs/Press%20Release%20Burn%20Center%202012%2005%2016%20SPANISH.pdf>
- [http://www.facebook.com/media/set/?set=a.10150897322754028.437729.42136419027&type=1&comment\\_id=22479790&offset=0&total\\_comments=2](http://www.facebook.com/media/set/?set=a.10150897322754028.437729.42136419027&type=1&comment_id=22479790&offset=0&total_comments=2)
- [http://whqlibdoc.who.int/publications/2008/9789241596299\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596299_eng.pdf)
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