



2020-21 ANNUAL REVIEW



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OPERATIONS COORDINATOR'S UPDATE

What a memorable year it has been – COVID-19 has certainly impacted our major activities by restricting international travel. And then we farewelled General Manager Michael Were, who has led Open Heart International (OHI) for the past 10+ years and has done an incredible job during this time. He is a huge loss to the organisation but we wish him and his family well in their new pursuits in rural NSW. After being involved with OHI since taking the first team to Fiji in 1990, I joined the OHI team as Interim Operations Coordinator earlier this year and am proud to be part of a small but mighty team!

While we have experienced lock downs and restrictions here in Australia, so too have many of our partner countries. They have had to prioritise the services that can be provided to their people, much of which is the day-to-day management of COVID-19 illnesses. A further priority is the vaccination of their population as they are able to access appropriate vaccines. Some have also experienced devastating disruptions to their lives with political unrest. We are acutely aware of the devastation that can have and wonder if the situation will return to a state of stability to permit our dedicated volunteers to return.

We have endeavoured to stay in touch with our partner countries and support as we are able. For example, clinical education and the review of cases via Zoom is one such initiative that is happening with Tonga. Some of the patients are demonstrating progressive rheumatic heart disease and I hope and pray that the team will be able to return to assist such patients before their conditions become inoperable.

We are most grateful for your ongoing support, particularly for the response to the End of Financial Year Appeal for the ongoing Women's Health program in Nepal.

I recently came across some leadership gems for organisational agility:

- Intentionally listen (not just hear)
- Assess the current and future needs and impact (not let the past veto the future)
- Question (not automatically accept)
- Be "multi-" (-generational, -culturally sensitive and faceted)
- Awesome (like the "oarsome foursome" as success best needs teamwork)

I trust these gems can help provide focus in our return to normal, whatever the new normal will be. One thing is for certain, teamwork has been one of the strengths of Open Heart International. Teamwork that involves volunteers, corporate partners and of course our supporters who share the vision and purpose of Open Heart International. We look forward to being able to continue together to save one, save many.

Annette Baldwin

Interim Operations Coordinator

ADVENTIST DEVELOPMENT AND RELIEF AGENCY

Open Heart International (OHI) operates as a division of Adventist Development and Relief Agency (ADRA) Australia. ADRA is the official humanitarian agency of the Seventh-day Adventist Church. ADRA Australia works as part of the global ADRA Network, which extends its reach into over 100 countries. ADRA's purpose is to serve others so all may live as God intended. ADRA achieves this in Australia and overseas by creating development and relief projects in collaboration with others, enabling them to have a say in what change will be the most impactful for their community. Transformative change happens when people work together with justice, compassion and love to build a better future that they may never personally benefit from.

In 2020-21, ADRA Australia invested \$16.7 million to facilitate community development projects and disaster relief around the world. From projects that help farmers learn to mitigate the risks of climate change, to providing emergency shelter after a cyclone, ADRA Australia works with partners across Africa, Asia, and the Pacific. At home in Australia, ADRA has partnered with local Adventist churches to create a network of over 100 local ADRA hubs which are assisting their communities in many ways. From counselling to food pantries and emergency relief, all services help people who fall between the cracks and face hardship.

SUCCESS STORY

My name is Wilson, and I am 25 years old. I live in Zambia with my mother, my grandmother and my siblings.

I have always been called 'chilema', meaning 'the paralytic'. People thought I would only be a burden to those around me. I was born with a disability in my hand and leg. I started school but was not able to write, so I only made it through grade one.

A community volunteer encouraged me to participate in ADRA's program. We were taught how to take care of chickens. Then, we were each given five chickens. By following all the things we were taught by ADRA, I now have 50 chickens!

Whenever I need anything or if my brother or sister needs a uniform or books, I catch one chicken and sell it in order to get money for what is needed.

I am very respected here at home as a result of this chicken project. I am grateful for the help that I have received through ADRA.

This project is supported by the Australian Government through the Australian NGO Cooperation Program (ANCP).



IMPACT MAP



TANZANIA



NEPAL



MYANMAR



PHILLIPPINES



PNG



FIJI



TONGA

PROJECT HIGHLIGHTS

NEPAL WOMEN'S HEALTH PROJECT UPDATE

21/10/2021

Managed by our partner ADRA Nepal, and working closely with the Nepal Ministry of Health and Population and local Non-Government Organisation (NGO), Bagmati Welfare Society, the Nepal Women's Health project aims to improve the health of women impacted by pelvic organ prolapse from four districts in Provinces 1 and 2. From women receiving surgery to training health workers on conservative management to community awareness, the Nepal Women's Health project has reached a total of 8,508 women and men in the last 12 months. An independent midterm evaluation was conducted and found the demand for expansion and continuity of the project was high.

Therefore, we have extended the project for another two years and will now include cervical cancer screening and response to gender-based violence. This provides vulnerable and at-risk women with a one-stop service, avoiding the need to go to multiple locations. Although impacted by COVID-19, the project quickly adapted its strategies and made a significant contribution to the Nepal Government's response efforts.

Although we could not travel to Nepal due to the COVID-19 pandemic, 45 women received surgical treatment and post-operative care for uterine prolapse

at Koshi Zonal Hospital (KZH). Capacity and training increased for 62 health workers to provide uterine prolapse screening, early treatment and referral. 1,343 women in four districts accessed and utilized screening and conservative management services for uterine prolapse. A further 2,728 people were also reached through community health interventions targeting uterine prolapse prevention.

Health-seeking behaviour and knowledge among women was one of the significant achievements of the project. This was achieved through advocacy, counselling, and access to free health services at the local level. Religious leaders and key community leaders from disadvantaged and marginalized communities were oriented and mobilized to reach out to women in these communities, who have until now not been informed about services for women's health issues and or have been forbidden from utilizing them owing to myths, misconceptions, and stigma.

8,508
LIVES HAVE
BEEN IMPACTED
THIS YEAR



PROJECT HIGHLIGHTS

TONGA

While COVID-19 prevented Open Heart International volunteers from travelling to Tonga, advances in internet connectivity there made remote support easier than ever before.

The original project plan was to deploy a small team of volunteers to Tonga in the second half of 2020, for cardiology reviews of patients and echo ultrasound training for the Tongan clinicians, and then a full surgical visit in April 2021.

Until Open Heart International can send clinical volunteers to Tonga again, patients' conditions are still being monitored from afar. Open Heart International volunteers in Australia have been participating in remote case conferences where patients of concern are presented by clinicians in Vaiola Hospital.

The forum provided an excellent opportunity for the Tongan clinicians to receive support and treatment suggestions from clinical experts in Australia. The positive outcomes for the Tonga health system are two-fold – the clinician is furthering their own capacity to confidently treat patients, and the patient is benefiting from expertise outside the borders of their country.



Laura pictured far R.H.S.



LAURA SCERRI

Laura volunteers as a pediatric Intensive Care Nurse for Open Heart International. Her first trip was in 2015 and she has been volunteering ever since.

Where do you live?

I recently moved to Maroubra. Before this I was living in Wollongong, NSW

What does a typical week look like for you?

For much of the past year I've been living in the Sydney lockdown. I work fulltime at NETS NSW (Newborn and Paediatric Emergency Transport Service); we are a retrieval service transporting critically unwell newborns and children around NSW (and sometimes over the border) to intensive care units. In my downtime I typically spend my days outside walking and drinking coffee (like the rest of Sydney), face timing friends and family and have recently started ocean swimming.

How long have you been volunteering or involved with OHI?

My first Open Heart International (OHI) trip was Tonga 2015 and I have been volunteering ever since.

How did you become involved with OHI?

I worked with Carolyn Wilkinson in Sydney Children's CICU and she would return from her OHI trips and tell me some amazing stories; I was always so interested in OHI and her experience. She encouraged me to become involved.

What do you do in your involvement with OHI?

I volunteer as a paediatric Intensive Care Nurse. I have also had the opportunity to be the ICU team leader in Tonga and Tanzania. This involved coordinating ICU staff, liaising between theatres/ICU/ward, providing education to local staff and assisting with packing equipment prior to the team departing.

What's the most impactful story from your involvement with OHI?

In Tonga in 2015 (my first trip) I met this young boy who had a physical and intellectual disability. He was non-verbal, underweight and had stunted growth; he had been given to his grandmother as his family were unable to care for him. He desperately needed cardiac surgery, was currently in heart failure and had associated medical problems. He had quite a long surgery and was

unstable post operatively, with an extended stay in ICU to aid his recovery. We were all worried about him. The trip was coming to an end and the OHI team handed over his care to the trusted hands of the local Tongan team, with the hope he would make it home, take his medications and continue to have regular follow ups. This is often difficult given the language barriers, limited access to funding/resources and geographical isolation (living in villages on remote islands).

In 2017, I returned to Tonga for another OHI trip and a few days in I was called into the waiting room as we had a 'special visitor'. It was him! He looked great. He had recovered well from his surgery, he was back at school, he had gained weight and had a growth spurt too – he was now as tall as me! He had come back to say hello to the team and give us all a hug.

It was so great to see him doing so well, despite his rough start to life; he is the reason we all continue to do these trips.



Laura pictured far RHS.

How has COVID-19 affected your day-to-day work and also your involvement with OHI?

COVID-19 has had a huge impact on my day-to-day work. I am a front-line worker and we have definitely felt the surge in patients. COVID has negatively impacted our retrieval processes as we have been restricted with border crossings (NSW patients who live close to the state border will often be escorted into a different state for medical treatment as this is the closest hospital). Families have been separated due to hospital visitor restrictions, we are constantly entering hot zones and are required to wear full Personal Protective Equipment (gowns, gloves, goggles, masks and face shields) for hours on end without relief. We have to get COVID surveillance testing weekly and our retrieval processes have been changing weekly for the past 18 months to keep current with NSW Health advice. We are all feeling the physical and emotional fatigue of the pandemic, but we have a good support structure. Unfortunately, OHI trips have been postponed for 2020 and 2021, so my involvement has been limited. I am eagerly awaiting the call from OHI for 2022!

What are you most looking forward to once OHI trips can take place again?

I am so excited to go on an OHI trip again! I am excited to see my OHI friends – many of us only see each other on these trips as we live far and wide but we have bonded over our passion and commitment to OHI. I am excited to see the local staff again and to continue their education. They were progressing well with their learning and development, but it's hard for them to maintain currency if they aren't exposed to regular OHI trips.

What's your vision for the area of OHI that you are involved with?

It is my vision that we will continue to provide education, training and support to the local ICU staff to empower them to be able to care for post op cardiac patients in the future, unassisted.

What would you say to anyone that was considering becoming involved with OHI, either as a volunteer or a supporter?

I would encourage anyone wanting to be a supporter or volunteer to get involved with

OHI. It's a great organisation with a real sense of community. OHI are truly having a positive impact on the lives of many people living in poorly resourced countries, providing lifesaving surgeries, and training, education, and support for local staff.





DR NOAH TAPAU

Dr Noah Tapaua is our lead surgeon at Port Moresby General Hospital and can do both paediatrics and adult cardiac surgery. He has been involved with Open Heart International (OHI) since 2004 and is our team leader on the ground.

Dr Noah pictured far LHS

Where do you live?

Port Moresby, Papua New Guinea

What does a typical week look like for you?

I am a cardiothoracic surgeon. My job is split into 60% clinical work in surgery and with patients, and 40% administrative work.

How long have you been volunteering or involved with OHI?

I have been involved with Open Heart International (OHI) since 2004. I was able to travel once to Fiji with Open Heart International as the assistant surgeon.

How did you become involved with OHI?

The Port Moresby Hospital where I work partnered with Open Heart International as part of the Papua New Guinea Operation Open Heart program.

What do you do in your involvement with OHI?

I am the team leader for the PNG cardiac team on the ground in Port Moresby. I liaise with the OHI team prior to coming as well as assisting when on the ground. I am trained to do both paediatrics and adult cardiac surgery.

What's the most impactful story from your involvement with OHI?

Participating in surgical operations for patients with congenital heart diseases (diseases they are born with that can affect blood flow to the heart) and Rheumatic Heart Disease (damage to heart valves after rheumatic fever), providing corrective definitive surgical procedures.

How has COVID affected your day-to-day work and also your involvement with OHI?

COVID-19 has very much affected the progress of the cardiac program. The disruption has denied patients in need from receiving corrective surgery. Many have unfortunately passed away due to cardiac complications rather than COVID-19 as they have been unable to receive the cardiac care due to these interruptions.

What are you most looking forward to once OHI trips can take place again?

I am looking forward to the OHI team coming back and assisting us in treating our patients so the program can move forward once again.

What's your vision for the area of OHI that you are involved with?

To train more young surgeons to work in our team as well as cardiac nurses.

What would you say to anyone that was considering becoming involved with OHI, either as a volunteer or a supporter?

It is a most satisfying calling to see the smiles on both patients and family members when their loved ones are treated and discharged.

Is there anything you would like to share that hasn't already been covered?

Thanks to the assistance and perseverance from all stakeholders, including OHI, for the Operation Open Heart program in PNG to be fully established, the Cath Lab at Port Moresby General Hospital opened in August 2021. So far, 80 patients have undergone angiograms and 15 patients have had stenting. The closed heart program is still ongoing and we are doing paediatric screening. We have 30 children who will come in for PDA closure.



Dr Noah pictured far LHS, back row.



MARILYN LEWIS

Marilyn has been involved with Open Heart International since 2010 when she moved to Nepal. She is the coordinator for our Burns team.

Where do you live?

I live on the Gold Coast in Queensland, Australia.

What does a typical week look like for you?

I work as a nurse unit manager at the Gold Coast University Hospital in the radiation oncology unit looking after cancer patients. My typical week entails looking after my patients, treating the side-effects of their treatment and solving problems for them.

How long have you been volunteering or involved with OHI?

I have been involved with Open Heart International (OHI) since 2010 when I moved to Nepal. At that time, I worked for ADRA Nepal as a health officer and I would recruit patients for the OHI Women's Health and Burns team. In 2015 my family and I moved to New Zealand where I had the privilege of joining the Burns team as a registered nurse for the first time. I continued to return to Nepal each year until 2019 when I coordinated the Burns OHI team.

What do you do in your involvement with OHI?

I am the coordinator of the Burns team. I help the Scheer Memorial Hospital in Nepal screen potential burn reconstruction patients in remote villages. The local Nepal team will take a photo of a patient and send to me to see if they are a potential patient for reconstructive surgery. This is discussed with the plastic surgeons on the team to see if this patient has the capacity to restore function. If the doctors are happy to go ahead with surgery, we will notify the local team to add this patient to the list for when the team arrives in Nepal. I then plan a team of doctors, nurses, anaesthetists and volunteers to be a part of a team that will go to Nepal annually to perform life-changing surgery on patients with burn contractions. I work with the team to purchase all of the equipment that is necessary to fulfil the surgeries. Then, together with the OHI team, we organise a team of volunteers to head to Nepal for that year.

How has COVID affected your day-to-day work and also your involvement with OHI?

In March 2020, the Burns team were ready for their annual trip to Nepal. But two weeks before leaving

COVID-19 hit and cancelled all international flights. COVID-19 has changed everything in our world. Even Australia, a place that has very good health care, has been affected. But especially in Nepal where healthcare is not good, there have been a lot of deaths. It saddens me that at this stage of world travel we are unable to help those in desperate need of reconstructive surgery to restore function. I hope that in the near future we are able to resume our international travel in a safe mode and continue to help with education through surgery so that our Nepal partners become self-sustaining in the role of reconstructive surgery. This is not possible yet but we are close!

What are you most looking forward to once OHI trips can take place again?

What I'm looking forward to the most when our trips can take place again is seeing the faces of the people we have helped with life-changing surgery.

What's your vision for the area of OHI that you are involved with?

My vision for the Burns team is to be made redundant. Where Nepalese surgeons and the healthcare team are able to perform surgeries that will restore function and a healthcare system where patients can afford the surgery that is so desperately needed.

Have you heard from the local team in Nepal and how they are doing?

I have stayed in touch with the team at Scheer Memorial Hospital on a monthly basis. They have asked for advice on particular patients and I'm able to either educate or seek answers from surgeons on the best way to conduct the surgery for maximum function to be restored.

What would you say to anyone that was considering becoming involved with OHI, either as a volunteer or a supporter?

For anyone who is considering volunteering with OHI, it is a life changing experience, something that you will never forget, something that will touch your heart and put a fire in your belly, to help those in need. It is a priceless experience with true value.



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ORGANISING PARTNERS



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Welch Allyn Australia Pty. Ltd.
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FINANCIAL SUMMARY



Revenue	30 Jun 2020	30 June 2021
Donations and gifts		
Monetary	658,640	113,600
Non-monetary - International	990,790	4,859
Non-monetary - National	0	0
Bequests and Legacies	0	0
Grants		
DFAT ¹	569,186	469,785
other Australian	0	0
other overseas	187,334	0
Appropriations received	180,000	90,000
Other income	58,311	106,688
Investment income	17,846	5,239
TOTAL REVENUE	\$2,662,108	\$790,171

¹ DFAT funds are granted to Open Heart International's parent organisation, ADRA Australia LTD. The amount reported reflects the share of the DFAT grant provided to ADRA Australia that was directly used in Open Heart International projects.



EXPENDITURE	2016-1017 30 Jun 2020	30 June 2021
International Program		
Funds to overseas projects	1,089,736	548,267
Program support costs	291,306	201,790
Community education	0	0
Fundraising costs		
Public	114,737	96,190
Government, multilateral and private	0	0
Accountability and Administration	67,613	52,398
Depreciation & Capital Expenses	27,769	22,414
Non-Monetary Expenditure	990,790	4,859
Domestic Programs Expenditure	0	0
TOTAL EXPENDITURE	\$2,581,951	925,918
(DEFICIT)/SURPLUS OF REVENUE OVER EXPENDITURE	\$80,157	(\$135,747)

RESERVES	30 Jun 2020	30 June 2021
Reserve Funds at start of period	939,249	1,019,406
(Deficit)/Surplus of Revenue Over Expenditure	80,157	(\$135,747)
Reserve Funds at end of period available for future use	\$1,019,406	\$883,659

Open Heart International is not specifically audited, but the accounts are encompassed in the wider audits of ADRA Australia LTD by Grant Thornton.





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