




The Ladybug Project 

## Strategic Plan: Moka Clinic Renovation Project & Malabo Health Initiative

August 2012 – August 2013

Authorized by Board of Directors, December 22<sup>nd</sup> 2011



# Table of Contents

Executive Summary	Page 3
Board Authorization of Strategic Plan	Page 4
Ladybug Project Mission Statement	Page 5
Ladybug Project Vision Statement	Page 5
Ladybug Project Working History – Moka Clinic Renovation Project	Page 5
Ladybug Project Goals – Moka Clinic Renovation Project	Page 7
Appendix A: Action Planning	Page 9
Appendix B: Description of Strategic Planning Process Used	Page 13
Appendix C: Strategic Analysis Data – External Analysis	Page 13
Appendix D: Strategic Analysis Data – Internal Analysis	Page 14
Appendix E: Staffing Plans	Page 14
Appendix F: Operating Budgets	Page 15
Appendix G: Monitoring and Evaluation of Plan	Page 16
Appendix H: Communicating the Plan	Page 17

## Executive Summary

This is a strategic plan for The Ladybug Project Inc.'s Moka Clinic Renovation Program & Malabo health initiative in Equatorial Guinea. This project intends to renovate a rural clinic (serving approximately 400 people) to higher safety standards and increase the ability of healthcare practitioners in both Moka and the capital city of Malabo to respond to emergency care situations (approximately 50 participants, with an impact on the entire healthcare community and 150,000+ inhabitants on Bioko Island). We are focusing our efforts on this clinic because it receives no outside aid, is the only healthcare provider for the region's inhabitants, and because of our existing ties to the village stakeholders (Appendix D). In addition, we are aiming to provide training opportunities to healthcare staff in Malabo City and in the Moka village, because the country does not have a medical school program and additional training opportunities are limited.

There are few other NGOs working within Equatorial Guinea, and given our in-country connections, we would like to increase our level of capacity-building and training within the country, starting with this project (Appendix A, Action Planning). The project is in keeping with The Ladybug Project's mission and values statements (Page 5).

The estimated cost of the project from start to completion is 38,840.00 USD (Appendix F). Ninety-eight percent of the budget goes directly to the personnel and supplies required to undertake this project (Appendix F). The project will begin in August 2012 and be continued until August 2013. Goals (Page 8) and an action plan (Appendix A) have been developed to guide the project to completion. Finally, a monitoring and evaluation plan has been developed (Appendix G), and involves monthly and quarterly updates to the Executive Director and Board of Directors, respectively. The plan is flexible, pending Board of Directors approval, and can be updated to reflect the challenges of working in a developing country.

## Board Authorization of Strategic Plan

Authorization designates board member's approval of the strategic direction and action plan describe in this (Strategic Plan: Moka Clinic Renovation Project) plan document.

Kim Reuter, Chair: 


Date Signed: 12/23/11<sup>10</sup>

Joshua Stewart, Vice-Chair: 


Date Signed: 12/23/11

Micah Burkey, Vice-Chair: 

Date Signed: 12/23/11

Peter Reuter, Treasurer: 

Date Signed: 12/23/11

Audrey Beatty, Secretary: 

Date Signed: 12/23/11

## **Ladybug Project Mission Statement:**

1. The Ladybug Project Inc. aims to connect donations to initiatives in Equatorial Guinea and Madagascar. These projects aim to help foster educational and health infrastructure in target countries.
2. The Ladybug Project Inc. does not participate in political campaigns, nor do a substantial part of its activities involve lobbying.

## **Ladybug Project Vision Statement:**

The Ladybug Project Inc. connects communities across the world to advance education and healthcare in Africa. We are currently working in the countries of Equatorial Guinea, Ghana, and Madagascar on education and healthcare projects which would otherwise remain underfunded by non-local sources.

The Ladybug Project Inc. aims to work with schools and clinics in Africa who are in dire need of funding and/or assistance. In these efforts, we work with local, in-country partners as often as possible, as well as with local stakeholders to ensure that aid is targeted, effective, and necessary. As we move forward, we hope to focus our attention on projects which will have a long-lasting, positive effect on a community such as the renovation of key facilities, training events, and local capacity building.

In 2011, 82% of our expenditure was on our charitable causes. In addition, our large volunteer base (200+ volunteer) donated over \$76,000 in volunteer services; \$4 of volunteer effort for every \$1 received in monetary and in-kind donations.

## **Ladybug Project Working History – Moka Clinic Renovation Project & Malabo Health Initiative:**

The Ladybug Project Inc. has been working in Equatorial Guinea in education and healthcare project since May 2010. Equatorial Guinea was the first country in which The Ladybug Project Inc. was active, and the country's people and political situation are the inspiration behind the charity's founding principles. The Ladybug Project Inc. continues to work in Equatorial Guinea, and would like to increase its work in the country, because just a handful of NGOs currently function within the nation's borders<sup>1</sup> due to political hurdles and the artificially high per capita GDP<sup>4</sup> (in actuality, the population poverty rate which exceeds 70%). We are currently partnered

with another NGO (Simply Equal Education) in our Equatoguinean education projects, but this partnership does not extend to healthcare.

Our current project sites are located in the village of Moka, a 400-person establishment located in the highlands of Bioko Island. Moka is several hours away (by car) from the capital city of Malabo. We sponsor the village's school and clinic.

Healthcare in Equatorial Guinea is extremely limited; facilities and trained staff are scarce and reliable medications even more so<sup>1</sup>. and it is estimated that there are only 2 physicians and 4 nurses/midwives for every 10,000 people in the country<sup>3</sup>. Given that Equatorial Guinea's population is currently approximately 600,000 people<sup>4</sup>, one can deduce that only about 60 physicians are located in the country itself<sup>3</sup>. The country's medical field is undertrained and understaffed as evidenced by a Cholera outbreak in 2005 that required the Equatoguinean government to hire a medical team from Israel to assist in the epidemic<sup>5</sup>. In 1980, 26 of the country's 31 physicians were from Cuba<sup>6</sup>; there are no recent statistics but our work in Equatorial Guinea indicates that a large proportion of the country's trained healthcare professionals (especially in Malabo and other urban areas) are non-citizens<sup>1</sup>. Furthermore, there is no medical school in Equatorial Guinea and we are not aware of any training initiatives (continuing education, for example) available for individuals in the healthcare field. It should be noted that statistical data on Equatorial Guinea, especially in the healthcare field, is scarce and unreliable<sup>4</sup>; further evidence that our work is there collecting baseline data and undertaking charitable initiatives are needed. Healthcare facilities are chronically underfunded<sup>3</sup> and are not known for being able to provide reliable sources of care<sup>1</sup>. From 2002 to 2006, healthcare expenditure (percent of government expenditure on public healthcare services) decreased by 24%, despite a 45.5% increase in GDP and 2.9% population growth<sup>4</sup>.

Emergency care is not available, and those with money are advised to fly out of the country to seek assistance<sup>1</sup>. It is common for families to pool money in order to send a sick relative to Spain, where illnesses can be better treated and mitigated<sup>1</sup>. Basic health supplies are impossible to purchase in Malabo, the main city, or elsewhere on Bioko Island (constituting approximately half of the country's area)<sup>1</sup>.

It is monetarily prohibitive for Moka residents to go to nearby cities or Malabo for healthcare<sup>1,2</sup>. A visit to a clinic in Malabo can cost upwards of 100 USD<sup>1</sup>. With the average Equatoguinean earning 250 USD per year, and city-based professionals earning the equivalent of approximately 600 USD per month, this is not a feasible option for most Equatoguineans.

International assistance to the country's clinics and hospital is rare and sporadic. We hope to better outfit Moka's clinic, and positively affect area residents by giving long-term aid in the

form of renovations to the healthcare facilities and training of the staff in emergency care medicine.

### **Past work with the Moka Clinic:**

The Moka clinic was first visited by the Executive Director, Kim Reuter, in May 2010 and became inspiration behind The Ladybug Project Inc. Shortly after visiting, Kim organized with expat volunteers to deliver custom-built shelves to the clinic, which lacked any sort of organizational furniture. Office and organizational supplies were sent in May 2011, and healthcare supplies were sent in August 2011 (200 pounds of supplies). Two site assessments were attempted in 2011: one in May by Nguere Nguema and one in August by Deme Bocume. Only the site assessment in May 2011 was successful; the nurse was not available during our August visit. An assessment of the clinic for this renovation project will be made by Kristy Massengale in March 2012 in preparation for this project to begin in August 2012. Following this trip, an architect based in the United States will be working together with Kristy Massengale to produce a detailed renovation plan, following industry best practices guidelines.

### **Sources Cited:**

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2. Nguema, N. (2011) Site Assessment – Moka Clinic. The Ladybug Project Inc.
3. Konde, V. (2005) Expanding healthcare in Africa: current status and possible options. African Technology Development Journal. 2(3): 12-20
4. Larru, J.M. (2010) Foreign Aid in Equatorial Guinea: Macroeconomic Features and Future Challenges. Munich Personal RePEc Archive. Paper No. 25001. Available online: [http://mpra.ub.uni-muenchen.de/25001/1/MPRA\\_paper\\_25001.pdf](http://mpra.ub.uni-muenchen.de/25001/1/MPRA_paper_25001.pdf)
5. Katz, U. et al. (2006) Caring for the Caregivers. Journal of Travel Medicine. 13: 63-66
6. Grundy, P.H. et al. (1980) The distribution and supply of Cuban medical personnel in third world countries. American Journal of Public Health. 70: 717-719

## **Ladybug Project Goals – Moka Clinic Renovation Program:**

Goal #1: Work with the local community to set up renovation program.

Strategy #1.1: Complete a thorough assessment of the clinic's needs and quantify the amount of work to be done.

Strategy #1.2: Accept bids from the local workforce and work with community groups to find capable individuals to complete different aspects of the renovation project.

Strategy #1.3: Ensure that all local laws, regulations, and permitting procedures are being followed.

Goal #2: Create a safer clinic environment for the Moka community and clinic staff.

Strategy #2.1: Remove dangerous and unnecessary debris from the clinic property and dispose according to local laws and regulations.

Strategy #2.2: Reinforce and replace broken locks on all doors and windows.

Strategy #2.3: Bar all windows and building entrances as required.

Strategy #2.4: Fill and fix holes in the brick walls.

Strategy #2.5: Fix/remove defunct electrical wiring. Where possible, replace with safe wiring and new light fixtures.

Strategy #2.6: Assess water access (water supply is currently sporadic at best for a variety of reasons).

Strategy #2.7: Clean and sanitize mold and mildew covered areas. Re-paint clinic with mold-resistant paint, laminate important documents, build air vents to prevent re-growth of mold, and provide anti-mold treatments to the clinic.

Goal #3: Create a more comfortable working environment for clinic staff.

Strategy #3.1: Heavily sanitize and assess the need/ability to renovate/build new restroom facilities.

Strategy #3.2: Provide organizational office furniture (requested and direly needed by the clinic).

Strategy #3.3: Provide plastic storage bins for medicines, supplies, and important documents.

Goal #4: Create a collaborative working process with all local stakeholders.

Strategy #4.1: Meet with staff, local authorities, and government officials in a series of meetings to discuss legality and need of renovation projects.

Strategy #4.2: Engage the local community in the beautification of the clinic (perhaps murals or the planting of a community garden on the otherwise empty school grounds).

Goal #5: Create long-term working relationships in the Moka & Malabo community.

Strategy #5.1: Provide a place for community citizens to talk about community needs.

Strategy #5.2: Have full-time project manager working with the local populace on this project, and getting feedback on other training and capacity-building needs of the community.

Goal #6: Collect baseline data set on Bioko Island, Equatorial Guinea's healthcare services, healthcare professionals, and service gaps (both urban and rural areas).

Goal #7: Based on baseline data, create robust training program for Equatoguinean healthcare professionals to gain valuable skills for both everyday and emergency medicine.