

AN EVALUATION OF

GAZA & MOSUL RECONSTRUCTIVE SURGERY PROJECTS

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BACKGROUND

MSF OCB's projects in Mosul and Gaza began in 2017 and 2018, respectively, as a means to alleviate the burden of war trauma injuries, which the local health care systems were ill-equipped to handle. MSF OCB partnered with local organizations and constructed well-equipped facilities to provide free reconstructive surgery in a multidisciplinary manner with MSF IPC and ABR protocols in place. With the end of the GMR protests, the number of "fresh" war-wounded patients declined leading the projects to pivot and broaden their admission criteria to include non-violent and accidental injuries. The current evaluation was aimed to assess the relevance, appropriateness, effectiveness, efficiency, and impact of these projects, and also gain insights that could improve functioning of present and future reconstructive surgery projects.

METHODOLOGY**MIXED-METHODS APPROACH & CASE STUDY****DESK REVIEW (211)****ROUTINELY COLLECTED MEDICAL DATA****KEY INFORMANT INTERVIEWS (54)****PATIENT INTERVIEWS (45)****RECOMMENDATIONS****RECOMMENDATION 1:**

Establish a definition of reconstructive surgery that can be applied across projects.

RECOMMENDATION 2:

Increase knowledge exchange between the two sites, and with OCP Amman.

RECOMMENDATION 3:

Ensure data collected is 'fit for purpose'.

RECOMMENDATION 4:

Strengthen patient follow up to ensure loss to follow up is minimal.

RECOMMENDATION 5:

Strategically, address the emergency vs. development debate.

RECOMMENDATION 6:

For future projects, consider: 1) partnership with MoH, 2) local skills development, 3) length of expat staff deployment, and 4) RS activities from the outset.

RECOMMENDATION 7:

Strengthen physiotherapy services (Mosul); and address the HR issues facing local staff (Gaza).

CONCLUSIONS

1. MSF OCB's interventions in both Mosul and Gaza were **highly relevant** given the contextual needs.
2. **Projects were coherent in terms of working with external partners**, but internal coherence within MSF was weak.
3. **It was challenging to definitively assess efficiency and effectiveness of both projects** especially without a clear, consistent and accepted definition of Reconstructive Surgery across the two projects.
4. **Assessment to impact was similarly mixed.** Patients were ecstatic and staff highly supportive; but there were no objective metrics to attest to this. Not only was objective assessment of each project's impact difficult but comparing across both projects was impossible.
5. **Physiotherapy is a weak link in the treatment pathway in Mosul.** Critical challenges need to be addressed in staffing, skills, and equipment so that the patient treatment-outcomes are not adversely affected.
6. **The HR challenges (especially the differential contracts between MSF and Al Awda staff) in Gaza remain unresolved.** These have the potential to seriously affect the operations of the project and should be addressed in a timely manner.
7. There is an **underlying debate between an emergency intervention vs. a developmental approach.** Reconstructive surgery falls squarely within the ambit of developmental projects, which require considerable effort – in time, money, human resources, and commitment. **Once the decision to move into this space is taken at a strategic level, then the operational details can follow.**