Village Health Partnership

safer motherhood in rural Ethiopia

Annual Report 2019

Founder's Letter

Dear Friends,

It is hard to see the progress of projects that are close to your heart when you are consumed by the details of implementing them. This past spring, I was a bit discouraged during Village Health Partnership's (VHP) annual trip to Ethiopia. It wasn't until I took a step back and reflected that I could appreciate the progress that has been made since the founding of VHP 10 years ago. Every single person and organization that has given time or resources to our efforts for safer motherhood should know that VHP is having a significant impact on maternal and neonatal health in the rural areas of Ethiopia where we are working. I couldn't be prouder of our progress.

I grew up in a remote area of Ethiopia. I left in 1973. My father was an engineer who worked for the Presbyterian Church. In his spare time, he volunteered in a health clinic nearby where I would often help him. One day, a woman came in having been in labor for 4-5 days. She was in terrible pain, and her baby was dead, stuck up high in her pelvis. My father pulled the infant out to save her life. I remember afterward, the two of them sitting together, calmly drinking tea. And then she died.

When VHP began implementing programs in rural Ethiopia, one in ten women were still dying in childbirth and, without medical assistance at the time of delivery, many more were left with a severe gynecologic injury. There was little in the way of healthcare infrastructure. The situation was desperate. We struggled to define how we would intervene in the setting of such overwhelming need and with so few resources. We began with a clear focus on women. Theirs was the greatest healthcare need, but we hoped that in focusing on women, we would lift up whole communities. We chose to work at the grassroots level with local stakeholders and to build health systems of care by implementing programs that broke down barriers to seeking, reaching, and receiving medical care. We also chose to interface with the Ethiopian Government's efforts for maternal health.

Now VHP supports three major programs in three parts of the country, and we are working in four hospitals and four health centers. In western Ethiopia, we are successfully treating women with pelvic organ prolapse and obstetric fistula through our Screen, Transport, and Treat (STT) Program. In southwestern Ethiopia, we support three education and training efforts. These include Skill Building for Rural Healthcare Providers (SBRHP), Basic Emergency Maternal Obstetric And Neonatal Care (BEMONC) for nurse-midwives practicing In the field and a scholarship program for village women who wish to become nurse-midwives. In southwestern Ethiopia, we are also piloting a Water, Sanitation and Hygiene and Maternal Health Initiative (WASH MHI) in five medical facilities.

Going forward, we will work to build and scale-up programs. Sustainability involves continuing to interface VHP activities with Ethiopian Government efforts to decrease maternal and neonatal mortality. Success will also depend on building long term relationships with community stakeholders. We must and will return every year to review programs, ensure accountability, and perform needs assessments. We will also continue to work with our Ethiopian partners to define and implement programs that break down barriers to women accessing care. In the process, we will continue to create and strengthen health systems of care.

There is hope! I can honestly say that VHP programs are positively impacting women in the rural areas of Ethiopia. Where we are working, we are beginning to see rates of maternal and neonatal death fall. The result has a ripple effect that positively impacts families, villages, and whole communities. In the words of one government official, VHP programs are bringing "peace and security" to the rural areas.

Sincerely,
Margaret "Migs" Muldrow, MD

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Ethiopian Partners

Village Health Partnership has a network of on the ground partners in Ethiopia. Our work would not be possible without them. A special thank you for their leadership and for their ongoing commitment to safer motherhood.

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Mizan Tepi Univeristy and Mizan Tepi University Teaching
Hospital

Rotary Club Of Addis Ababa

Sawla Hospital

We work where the need

in rural Ethiopia is greatest.

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In the Oromia Region

Bench Maji Zone
In the Southern Nations, Nationalities, and Peoples' Region

Gamma Gofa Zone
In the Southern Nations, Nationalities, and Peoples' Region

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STT Program

Working with the Western Wollega Bethel Synod Development and Social Service Committee (WWBS DASSC) and Aira Hospital, we initiated our efforts for safer motherhood with a Screen, Transport, and Treat (STT) Program for women with gynecologic complications of childbirth, including obstetric fistula. Initially, women were hesitant to come in for help. They hid in shame, leaking urine and stool as they waited to die, thinking that there was no hope even if they were offered medical assistance.

As the program broke down barriers to accessing care, we created a thriving health system. A trickle of women coming in for help turned into a flood. Now, in spite of ongoing armed conflict in the area, working with our Ethiopian partners and with funding from the Fistula Foundation, we are treating 150 women with severe pelvic organ prolapse and 25 women with obstetric fistula per year.

WASH MHI

In 2016 the Ethiopian Government began encouraging women to come into health facilities where they were told that they could deliver more safely than at home. Having seen the state of health care in the rural areas and wanting to focus on prevention efforts, we performed a needs assessment of 14 hospitals and health centers in some of the most remote parts of the country. What we found was shocking. Women in labor slept under trees in the cold rain with little to eat. Compounds were overgrown, and trash was strewn everywhere. Health facilities had sinks with broken taps filled with dirty needles, bloody gauze, and rat feces. Open defecation was common. The pit latrines that were present were made of stick and mud. They often overflowed into patient care areas in the rainy season. Nobody sterilized surgical instruments or practiced hand washing. Health facilities were actually deadly places to deliver.

With the support of David Douglas of Global Water 2020, the Wallace Genetic Foundation, the Farvue Foundation, Rotary Clubs in Denver and Ethiopia, Engineers Without Borders and Water Engineers for the Americas (and Africa), we implemented a pilot project in five medical facilities in southwestern Ethiopia: one District Hospital and four health centers. Under the Water, Sanitation and Hygiene and Maternal Health Initiative (WASH MHI), the Ethiopian Government began cleaning compounds and facilities, building incinerators and placenta pits, fencing biohazard areas and educating medical providers on the practice of clean and safe healthcare. VHP in partnership with Afro Ethiopia Integrated Development, an Ethiopian NGO, constructed


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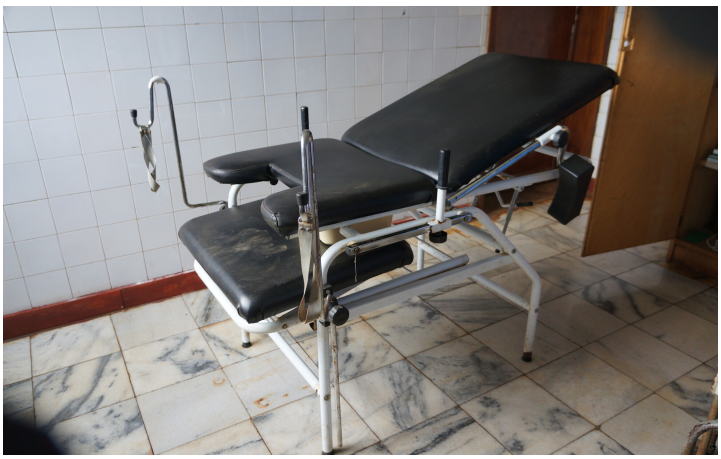

maternity waiting areas with kitchens, showers, and pit latrines. We implemented water systems providing year-round access to clean water, and put in handwashing stations in patient care areas.

Shey Bench and Tum Health Centers are now exemplary examples of what is possible to achieve with the initiative. In these health facilities, medical providers are practicing cleaner, safer healthcare, and women can deliver with more assurance. Bachuma District Hospital and Chebera and Jomu Health Centers aren't far behind.

That said, there certainly are challenges. The Bachuma Hospital will require a borehole well, and Chebera Health Center will require a rainwater catchment system to provide year-round access to clean water. We plan to implement the well and rainwater catchment system in the spring of 2020. We also struggle with leadership at the Jomu Health Center. The facility is still dirty, the biohazard area needs to be fenced, and open defecation remains an issue. The Government's Clean and Safe Healthcare (CASH) Program has only trickled down to two facilities. The management and providers who received training at the Shey Bench Health Center have successfully implemented this program. Management and providers in the Bachuma Hospital know of the program, though it has yet to be implemented, and providers in the other facilities haven't even heard of it. VHP cannot successfully implement and sustain the WASH MHI without government leadership, training, and mentorship.

Education and Training

Since 2016 we have been working in parallel with the WASH MHI to train and educate medical providers in rural health facilities in southwestern Ethiopia. Early needs assessments revealed that not only was the infrastructure in these facilities severely challenged, but nurses, nurse midwives, and health officers felt ill-equipped to deliver babies. Working with the Mizan Tepi University (MTU) and the Mizan Tepi University Teaching Hospital (MTUTH), we implemented three programs to address this problem. Through VHP's Skill Building for Rural Healthcare Providers (SBRHP) program, along with the assistance of Patty Kelly, RN, and Internal Master Trainer, we have now trained 340 students in neonatal resuscitation using the American Academy of Pediatrics' Helping Babies Breath curriculum. Additionally, with the Ethiopian Nurse-Midwifery Association, we have also trained 120 nurse-midwives (NMW) in a three-week intensive using JHPIEGO's curriculum for Basic Emergency Maternal Obstetric And Neonatal Care (BEMONC). Finally, working with the Mizan Aman Health Science College and the Aira Hospital School of Nursing, we have given 17 village women scholarships to become NMW. Seven of these students graduated in the spring and are now working in rural communities where the need is greatest.

Our goal is to turn the MTUTH into a regional center of excellence for maternal and neonatal health that will anchor the WASH MHI and VHP education and training programs. Medical providers on labor and delivery and in the neonatal intensive care unit (NICU) will become master trainers for the SBRHP and BEMONC training programs and lead a mentorship program that focuses on the five pilot facilities under WASH MHI. NMW and a physician will visit the five facilities to ensure providers are implementing their skills in neonatal resuscitation, postpartum hemorrhage, eclampsia, and sepsis and that NMW can readily identify and refer women with high-risk pregnancies to the MTUTH for emergency obstetric care and caesarian sections. The team will also work with government representatives, medical providers, and facility administrators to score each health facility to ensure it has the infrastructure for WASH and maternal health and that the providers are practicing clean and safe healthcare. Margo Harrison, MD Assistant Professor at the University of Colorado, the CEO of MTUTH, and critical physicians are collecting baseline data on maternal and neonatal health at the hospital that will further inform clinical programs and outreach to rural areas.

Thank You to our Donors

Without them, this progress would not be possible.

$50,000+

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Our work is not done

Every donation matters.

Your investment in VHP will help us implement and expand what we are doing in rural Ethiopia and bring change internationally.

Your commitment ensures that we can continue our work in Ethiopia, removing barriers to maternal health, providing reliable infrastructure and resources to expecting mothers, and educating community health professionals to make these efforts more sustainable.

To learn more and donate visit

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