



**Hamlin Fistula Ethiopia (HFE)**  
**Annual Performance Report 2017/2018**

**By**

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## 1. Message from A/ CEO

Hamlin Fistula Ethiopia has completed its 2017/2018 fiscal year with success stories in fistula treatment, prevention and rehabilitation & reintegration. The Addis Ababa fistula hospital and the five regional centers have achieved remarkable targets. Though fistula case looks in a declining trend, POP and other major, specialized surgeries have increased. Prevention has also been strengthened in spite of challenge in patient identification. Support was provided to Hamlin-partner health center both with respect to medical equipment and instruments and essential drugs. The national shortage of drugs & medical equipment, however, has affected the support provided.

This year, especially the last quarter, was characterized by dialogue, discussion and strategic inquiry on several critical issues. We were able to widen our horizon and started discussion on our future beyond fistula. ‘Hamlin women specialized hospital’ was born out of the strategic inquiry process. This would enable HFE to embark on a teaching hospital where specialized women care will be given. This female pelvic medicine & reconstructive surgery center will also foster research and evidence based care. The hospital will also provide specialty training and care in areas such as oncology.

The health centers in which we are operating will become upgraded in such a way that they become ‘Hamlin Model Health Centers’. They will be centers of Excellence for midwifery practice & training. Our role will be building these model health centers. The role of the government will be to sustain & replicate best practices to other non-Hamlin health centers. There will be exit strategy that will ensure continuity of care and handing over to government.

Desta Mender will be the future ‘Women Empowerment Center’ where clients from various sources, including fistula survivors will be given vocational & life skill training. It will also be incubation center for income generating activities.

Hamlin Fistula Ethiopia will aspire to increase its internal efficiency through an “operational excellence” program. This will be designed to bring excellence in whatever we do. Reorganization and optimization of man power will be part of this excellence program. Research will be the forth pillar very soon and resource mobilization unit will be established to diversify & enhance partners.

Finally, I want to encourage the SMT and the rest of the staff to share this grand vision of transforming HFE and work as one team to achieve these important projects related to expansion and transformation.

**Tesfaye Mamo**  
**A/Chief Executive Officer**

## 2. Executive Summary

HFE provides its services through prevention, treatment, rehabilitation and reintegration programs. Through the prevention program, HFE recruits young female students from preparatory schools in rural Ethiopia, trains them for four years with B.Sc in midwifery, and deploy them into government health centers where provision of maternal health services is poor. During this reporting period (2010 EFY), 95 midwifery students enrolled for undergraduate training at Hamlin College of Midwives (HCM) and 20 midwifery students who were 4<sup>th</sup> year in 2009 EFY graduated and deployed into rural government health centers during this reporting period and increased the number of Hamlin supported health centers from 36 to 47. These health centers provided skilled delivery service to 23,377 laboring women, which is 55% of the target plan during the completed fiscal year. Moreover, the 2010 EFY's graduating class students also graduated in July 2018. As the number of B.Sc trained midwives increased in the country, their need to promote their knowledge and skill was high as it was identified through the recently completed impact assessment study of the prevention program. HFE therefore is working towards the launching of a master's program in clinical midwifery and prepared a proposal to be transformed into implementation. In line with this, HFE established a task force that prepared an action plan and it is on the process of accomplishing the tasks as to the timeline to launch the program as quickly as possible. Furthermore, the prevention program provided support to partners' government health centers to enable them to have pipe water, midwives' accommodations, renovated delivery rooms, drugs for maternal health care, delivery room equipments, motor bicycle and 58 solar suitcases installed in health centers in Tigray, Oromia, Amhara and SNNPR. As the performance evaluation of the prevention program showed, the percentage performance of delivery and antenatal care (ANC) 4<sup>th</sup> visit showed a decreasing trend in the past three fiscal years (2015/16, 2016/17, 2017/18) where as with other indicators mixed both a decreasing & increasing trend was observed.

During this reporting period, 5,613 patients (94% of the annual plan) were examined at our hospitals' OPDs. Of these, 1,777 (78% of the annual plan) underwent surgery alongside with additional health care services through HFE's hospitals' physiotherapy, stoma, urodynamics and psychiatric counseling units. As part of the strategy to provide improved health care service to women with childbirth injuries, HFE initiated a urogynaecology subspecialty training to its doctors and the first batch of the trainees (Drs. Fekade Ayenachew and Melaku Abriha) completed their training and graduated in the completed fiscal year. Based on HFE's agreement with International Federation of Gynecology and Obstetrics (FIGO), the Addis Ababa fistula hospital provided a training on fistula surgery to 14 trainees (6 doctors and 8 nurses)

through FIGO initiative. In addition to providing training on surgery, HFE surgeons conducted research on childbirth injuries. During this completed fiscal year, seven research projects were progressing. Among these, 3 projects were completed and the remaining 4 are still ongoing. In some of the Key Performance Indicators (KPIs), OPD examinations, major fistula surgery, Pelvic Organ Prolapsed (POP) surgery of the treatment program, there is a substantial performance improvement over the four quarters of the 2017/2018 fiscal year, whereas in some of the KPIs such as fistula related major surgery, caesarean section, the treatment program showed similar performances over the four quarters of the 2017/2018 fiscal year. The percentage performance associated with the total number of procedures performed by the treatment showed an increasing trend for the past three fiscal years (2015/16, 2016/17, 2017/18).

HFE's rehabilitation and reintegration program provided psychosocial counseling, chaplaincy, short term education and life skill training for 912 women (95% of the annual plan) who were treated for severe childbirth injuries and some of these also received transportation and seed money upon discharge. During this reporting period, the majority of patients admitted to HFE's hospitals were provided with both short term educational and handicraft trainings by the rehabilitation & reintegration program; and a significant proportion of these patients completed the training sessions. The number of patients reintegrated showed an increasing trend in the past three fiscal years (2015/16, 2016/17, 2017/18) whereas with the rest of the indicators mixed both an increasing & decreasing trend was observed. On top of the main program activities accomplished by the three thematic areas in 2010 EFY, the operations department supervised and accomplished essential tasks associated with construction, maintenance, procurement, human resource and information technology as it is explained in detail in the body of this report. HFE's annual income for the completed fiscal year was 159,354,726.00 in ETB with an expenditure of 155,685,824.00 and a net balance of 108,049,925 ETB as of June 30, 2018.

In overall, the annual performance of the prevention, treatment and the rehabilitation & reintegration programs is satisfactory. Although, the performance of the three programs is satisfactory, there were internal and external challenges that the programs faced and the Senior Management Team (SMT) of HFE is enthusiastic to provide solution and thereby to mitigate the challenges manifested in the previous year during the incoming one.

### **3. Prevention**

The prevention program of HFE focuses on two main activities; providing training in midwifery by a B.Sc degree level and deploying them into rural government health centers.

#### **3.1. Undergraduate Program in Midwifery**

HCM has a smoothly ongoing undergraduate program that trains female midwives by B.Sc degree level. Lack of having sufficient skilled midwives, particularly in rural government health centers was the reason for HFE to have a midwifery college, which recruits trainees from rural preparatory school and train them with B.Sc. degree in midwifery and deploy them into rural health centers. During this academic year, 95 midwifery students enrolled at HCM. Of these, 20 graduated with a BSc in midwifery in July 2010 EC (2017/18).

#### **3.2. Postgraduate Program in Midwifery**

In order to respond to the postgraduate training need of B.Sc trained midwives working in partners government health centers and others, HFE planned to launch a postgraduate program in midwifery. In line with this, HFE prepared a proposal and established a task force working on tasks that do lead towards the start of the program. Moreover, as our own need assessment study revealed quite many of the midwives working at partner's health center confirmed their interest to pursue their masters training at HCM with an understanding that the masters program of HCM will be equally as good as its under graduate training.

#### **3.3. Midwives Deployment and Retention**

During this fiscal year, all the midwives graduated in July 2017 from HCM were deployed to rural health centers. Of all the midwives deployed not from the 2017 batches, one midwives moved from Hamlin partner health center to a health center that is not Hamlin's partner for medical reason. Moreover, 20 other midwifery students who were 4<sup>th</sup> year during the completed fiscal year graduated in July 2018.

#### **3.4. Support to Hamlin partner Health Centers**

In Ethiopia, decentralization has been touted as the key management strategy of the Federal Ministry of Health (FMoH) of Ethiopia in its health policy of the last two decades. One component of this strategy is the participation of the non-governmental organizations in helping the government to achieve the stated national health objectives. In line with this, HFE is one of the key stakeholders of the government of Ethiopia in strengthening partner government health centers in four regions (Oromia, Tigray, SNNPR and Amhara). The support of HFE to partner health centers include pipe water, accommodation for the midwives, renovated delivery rooms, drug for maternal health care, delivery room equipment's, motor bicycle, solar suitcase installation, ultrasound machine

**Table 1.** Shows the different types of support that HFE provided to its partner health centers alongside with the cost in the completed 2010 EFY.

Description of Support	Number of health centers	Name of health centers	Region	Support amount in Birr	Remark
Water supply	2	Gorche Teticha	SNNPR SNNPR	713,183.32 296,479.90	
accommodation built for midwives	2	Anbesame Meadi	Amhara Amhara	1,310,591.07 548,201.00	
delivery room renovation	2	Meadi Dengola	Tigray Tigray	73,570.74 46,159.99	
Provision of drug	31	31 health centers in three regions	Amhara SNNPR Oromia	13,367.25 48,763.61 113,901.80	
Equipments Supplied (1 Neonatal Warmer, 3 Trolleys & 6 Delivery Beds)	3	Gobe Gerdemo Onga	Oromia-Metu Zone Oromia-Metu Zone Oromia-Metu Zone	129,595.69 41,950.00 17,950.00	Fetoscope, medication shelf, Autoclave and screen.
Head Lamps Provided	20			25,912.4	At health centers where the 20 midwives work. These are gifts for 2017 graduates from Green-Lamp.
Motor bicycle Provision	1	Teticha	SNNPR	47,000.00	
Solar suitcase	58	56 health centers in the four regions	42 in Tigray, 10 in Oromia-Metu 3 in Oromia-East Harergie, 2 in SNNPR and 1 in Amhara	2,483,309.00	
Ultrasound Machine	5	BHFC MekeleHFC YHFC HHFC MetuHFC	Amhara Tigray SNNPR Oromiya /East Hararge Oromiya/Metu	1,019,642.8	

**Table 2. Performance of HFE supported health centers during the fiscal year 2017/2018 FY in comparison with the performances of the 2016/2017 and 2015/2016 FYs**

Indicators	Plan Vs performance of 2015/16 FY			Plan Vs performance of 2016/17 FY			Plan Vs performance of 2017/18 FY		
	Plan	No.	%	Plan	No.	%	Plan	No.	%
Delivery	27,459	20,825	76%	30,892	20,674	67%	42,648	23,377	55%
Ante Natal Care 1 <sup>st</sup> visit	29,240	24,286	83%	31,256	28,153	90%	46,197	34,334	74%
Ante Natal Care 4 <sup>th</sup> visit	22,991	12,690	55%	30,792	16,379	53%	42,172	20,949	50%
Early First Post Natal Care	29,240	26,368	90%	30,792	28,453	92%	42,648	30,803	72%
# neonatal alive	29,240	20,611	*98.9%	30,792	20,638	* 99.8%	41,745	23,186	* 99.2%
# neonatal death	0	20		0	13		0	24	-
# Still Birth	0	190		0	165		0	155	-
Maternal Death	0	3		0	0		0	1	-
**Screening for PMTCT	29,240	23,093	79%	31,256	26,361	84%	42,172	35,824	85%
Short Family planning	120000	51,277	43%	99,744	61,880	62%	169,685	96,679	57%
Long Family Planning	39680	22,870	58%	80,532	37,084	46%	140,148	58,024	41%

Remark: Those percentages indicated

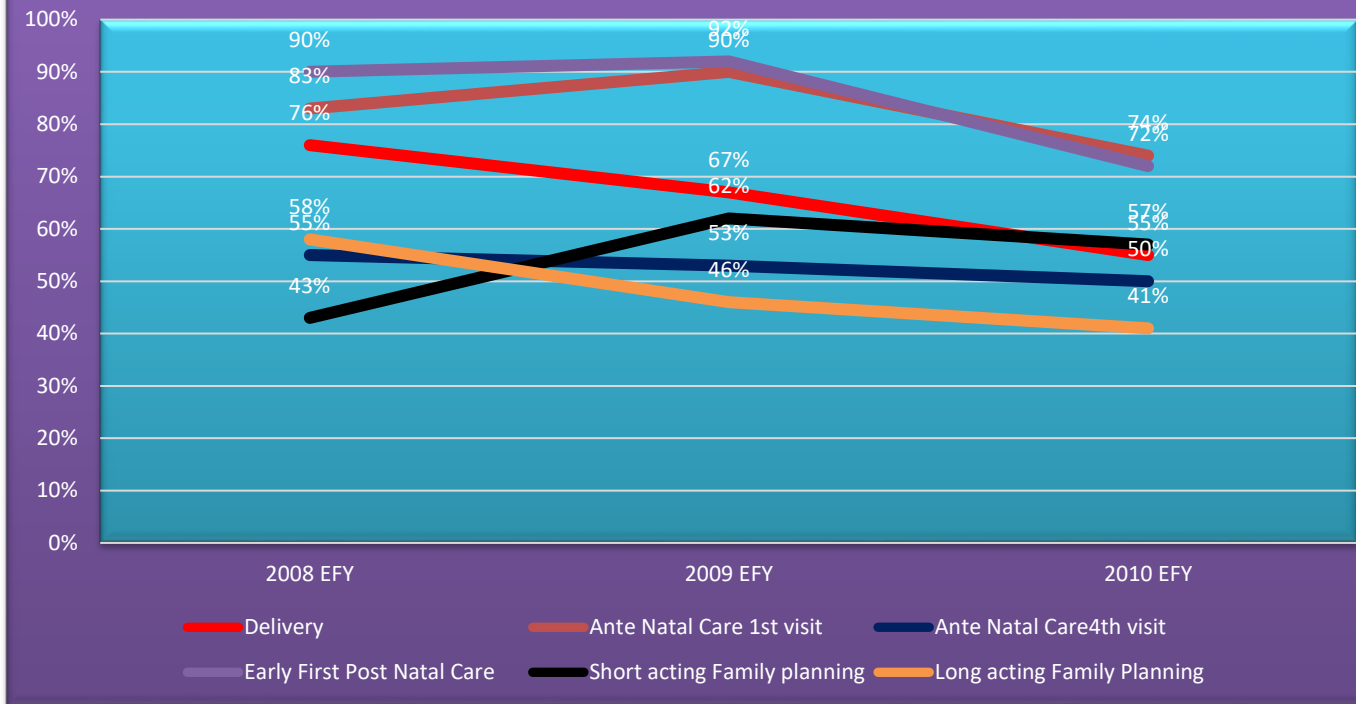
- in red shows a declining performance
- in yellow shows a steady performance
- green indicates improved maternal health care
- black indicates an increasing & decreasing performance

\*\*Prevention of mother to child transmission of HIV

\*The percentage neonatal alive is calculated as the ratio of # of neonate alive divided by total delivery



**Fig.1. The %age performances of Hamlin partner HCs over 2015/16, 2016/17 and 2017/18 FYs**



### 3.5. Prevention program performance Summary

- The percentage performance of delivery and ANC 4<sup>th</sup> visit showed a decreasing trend in the past three fiscal years (2015/16, 2016/17, 2017/18) where as with other indicators both a decreasing & increasing trend was observe

### 3.6. Challenges of the Prevention Program

#### 3.6.1. External Challenges

- Lack of drug and medical equipments to purchase in local market:
- Lack of water supply in many of the health centers that HFE is supporting
- Security problem in some geographic areas of the country
- Difficulties in entering data to DHIS due to frequent internet interruption
- Poor health seeking behavior of the communities in our catchment areas

### **3.6.2. Internal Challenges**

- Inadequate community awareness. In order to overcome this challenge, Hamlin midwives mentors are prompting the importance of community awareness to midwives working in Hamlin supported health centers.
- Shortage of transport for community mobilization. In order to overcome this challenge, HFE advised its center managers and midwives mentors to be better coordinated& effectively use the available transportations.
- Unavailability of long term and short term trainings for mentors and midwives. In order to address this need, HFE considered performing training need assessment for the midwives' mentors and thereby to include it in the annual training plan.
- Poor referral linkage and referral feedback between Health Extension Workers (HEW), Health Centers (HCs) and referral hospitals. In order to address this challenge, HFE`s management recommended Hamlin supported health centers to communicate with the referral hospitals and health posts to establish a well coordinated referral system.
- Delay in Purchasing)
- Inadequate support of the woreda health office for community mobilization
- Geographical and Seasonal barrier or gap.
- Shortage of Medical material supply and PMTCT kits.

### **4. Treatment**

The treatment program of HFE focuses on the treatment of women with childbirth injuries (Obstetric fistula patients and prolapsed uterus), training visiting Doctors and nurses through FIGO initiative and conducting research on childbirth injuries. Moreover, the treatment program focuses in empowering fistula surgeons with more advanced skills through Urogynecology fellowship program.

**Table 3. Annual performance report of the treatment for 2015/16, 2016/17 and 2017/18 fiscal years**

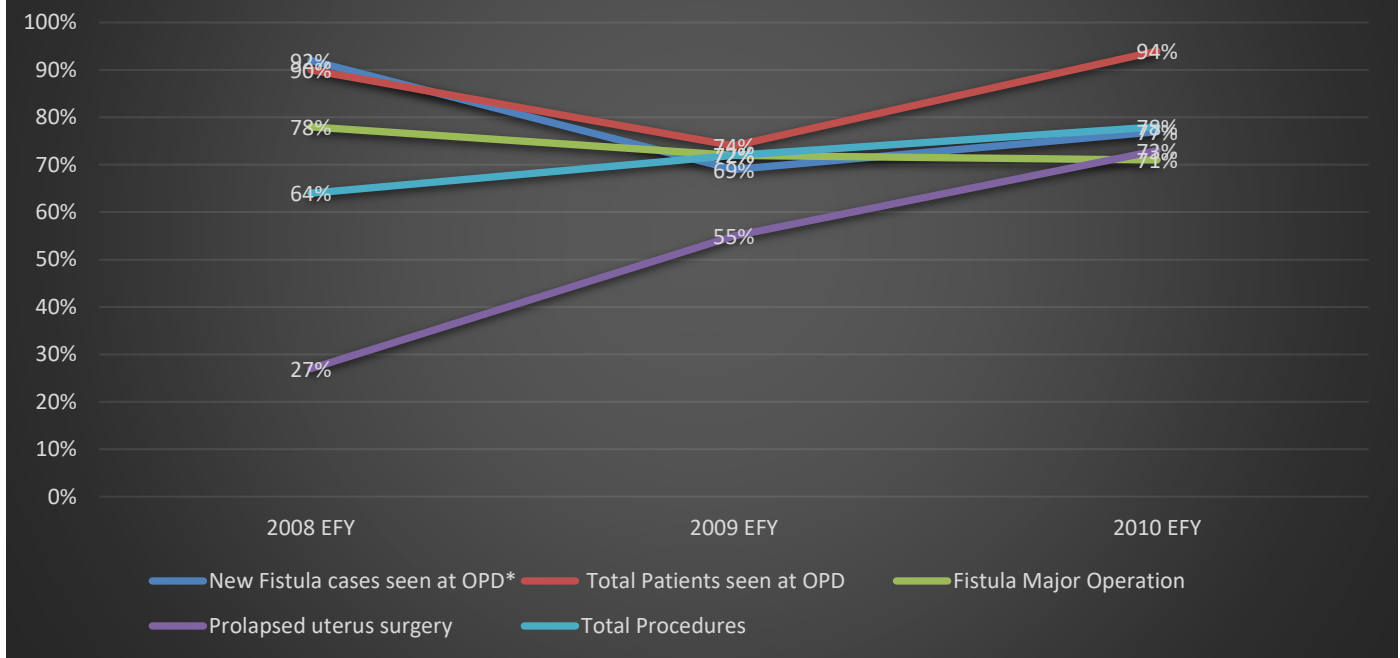
Indicators	Plan Vs performance of 2015/16 FY			Plan Vs performance of 2016/17 FY			Plan Vs performance of 2017/18 FY		
	Plan	No.	%	Plan	No.	%	Plan	No.	%
<b>OPD visit</b>									
New Fistula cases seen at OPD*	1067	979	92%	1089	746	69%	1000	773	77%
Repeat Fistula Case seen at OPD	133	87	65%	100	79	79%	150	116	77%
Non-Fistula Cases seen at OPD	2800	2692	96%	3011	2524	84%	3,050	3455	113%
Total Patients seen at OPD without staff	4000	3758	94%	4200	3349	80%	4,200	4344	103%
Staff and staff relatives seen at OPD	2000	1614	81%	1800	1094	61%	1,800	1269	71%
Total Patients seen at OPD	6000	5372	90%	6000	4443	74%	6,000	5613	94%
Total # of admitted patients									
<b>Surgery</b>									
Fistula Major Operation		820	78%	955	691	72%	944	666	71%
Fistula related major Surgeries		295	78%	400	264	66%	302	357	118%
Minor Procedures	1735	241	78%	230	269	117%	339	257	76%
Caesarean Section (C/S)	130	121	93%	130	98	75%	170	109	64%
Prolapsed uterus surgery	739	202	27%	515	285	55%	533	388	73%
Total Procedures	2604	1679	64%	2230	1607	72%	2288	1777	78%

Remark: Those percentages indicated

- in red shows a declining performance
- in black means mixed ( both increasing & decreasing) trend
- in green shows an increasing performance

OPD= Outpatient Department

**Fig. 1. The performance of the treatment during 2017/2018 fiscal year compared with 2015/16 and 2016/17 FYs**



#### 4.1. Treatment Program Performance summary

- As it is shown in table 2, the performance of the treatment program was lower in 2016/17 compared to 2015/16 and 2017/18 except with prolapsed surgery. This could be due to the fact that AAFH’s operation theatre was under renovation during the first quarter of the 2016/17 and there were no surgeries performed. Moreover, two of Hamlin’s outreach center surgeons were on annual leave for about two months during the first nine months of the 2016/17.
- The total number of patients visiting HFE’s OPD increased over time and the number of patients underwent prolapsed uterus surgery showed an increasing trend. However, the number of patients who need to have major fistula surgeries has declined through time. It is to be noted that HFE’s patient identification strategy could not be optimally entertained in all outreach centers. Community awareness creation and fistula patient identification training to health professionals by prevention officers might improve active case detection

## 4.2. Urogynecology Training

Before 3 years, HFE launched the Urogynecology fellowship program in collaboration with Mekele University; college of health sciences, Saint Paul hospital millennium medical college and the worldwide fistula fund (WFF). The fellowship program intended to provide highly specialized care to women with complex gynecologic disorders including obstetric fistula cases. The first batch of urogynecology fellows enrolled in the fellowship program have graduated from Mekelle University during this reporting period. Another three of Hamlin fistula surgeons are under training in this fellowship program. In general, the urogynecology fellowship program is ongoing smoothly

## 4.3. FIGO training

HFE is known to have fistula surgeons who could mentor fistula surgery for surgeons from different countries. Due to this reason, FIGO signed an agreement with HFE to start the fistula surgeon's training program in 2013. During this reporting period, HFE provided training on fistula surgery to 6 doctors and 8 nurse that made the total number of trainees to be 14.

**Table 4.** shows the FIGO trainees alongside with their country of origin who visited AAFH over 2017/18 fiscal year.

S/no	Country the trainees came from	Doctor	Nurse	Total
1	Madagascar	1	0	1
2	Ghana	1	0	1
3	Afghanistan	1	0	1
4	DRC	2	1	3
5	Somalia	1	3	4
6	Somaliland	0	4	4

## 4.4. Research

As the partial fulfillment of the Urogynecology subspecialty training, two research projects were developed by HFE's senior fistula surgeons & trainees of Urogynecology subspecialty Drs. Fekade Ayenachew and Melaku Abriha. Moreover, other research projects were ongoing during this reporting period. Below are the lists of these research projects.

**1. Title:** Ureterovaginal Fistula in Addis Ababa Fistula Hospital, a five year review (2013-2017)

**Current Status:** The research work was completed. Manuscript was prepared to be submitted for publication.

**2. Title:** Traumatic rectovaginal fistula with mullerian dysgenesis, a case series

**Current Status:** The research work was completed. Manuscript was ready to be submitted for publication

**3. Title:** Measurement of quality of life for permanent urinary diversions after previous obstetric fistula treatment in Addis Ababa fistula hospital

**Current Status:** Ongoing

**4. Title:** Case Report of Primary Vaginal stone in post repaired VVF

**Current Status:** The research work was completed. Manuscript was prepared and submitted to the Journal of the American Urogynecologist Society (AUS)

**5. Title:** A case control study(Multi center, Mekelle & Uganda), on quality of life in post repair incontinence),

**Current Status:** Ongoing, data collection completed

**6. Title:** Comparative Retrospective cohort, Traditional versus suspension Augmented Prolapse surgery in Mekelle Hamlin fistula center, Mekelle, Tigray Ethiopia.

**Current Status:** Ongoing, data collection is also completed

**7. Title:** Surgical Management of Pelvic Organ Prolapse in Ethiopian women: What is the preferred approach?

**Current Status:** Ongoing, data collection is progressing

## 4.5. Challenges of the Treatment Program

### 4.5.1. Internal Challenge

- Fistula preventive officers are not working as much as they are expected to actively identify fistula cases. In order to overcome this challenge, HFE management recommended a discussion with prevention officers and to find out a way forward for future.
- Dissatisfaction of part-time anesthetists in our outreach centers. In order to address this, HFE's management recommended assessing the local part time salary payments in the regions.
- Maintenance related challenges
- Our gynecologist most of time occupied by emergency surgery which affects work schedule of the center & inhibit expansion other service like POP surgery
- The guest house did not get attention to full fill missing items in the rooms
- Delay in procurement

#### 4.5.2. External Challenge

- Decreased patients flow
- Restriction of movement due to instability in the catchment areas.
- The fistula elimination task force is not established at zonal and district level so that patient identification could not be as effective as expected
- Patients utilizing Urethral plug increased

#### 5. Rehabilitation and Reintegration

The rehabilitation and reintegration program of HFE focuses on two areas of activities; rehabilitating patients and providing training on income generating skill to enable them to restore their self-esteem and the capacity to generate their own income after reintegration.

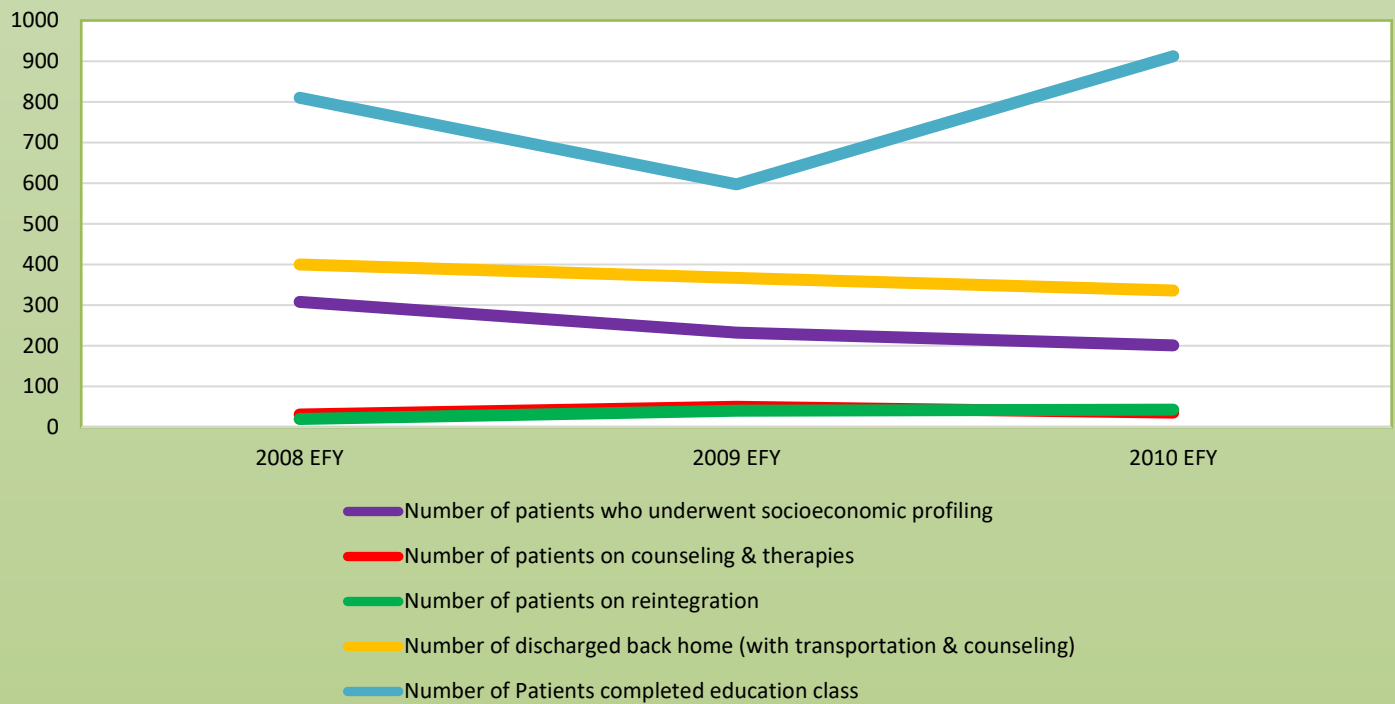
**Table 5. Annual performance of the rehabilitation and reintegration program in comparison with the performances of the previous fiscal years 2015/16 and 2016/17**

Indicators	performance of 2015/2016 FY			performance of 2016/2017 FY			performance of 2017/2018 FY		
	Plan	No.	%	Plan	No.	%	Plan	No.	%
Number of patients who underwent socioeconomic profiling	264	308	117%	316	232	73%	277	201	73%
Number of patients on counseling & therapies	56	31	55%	140	50	38%	52	36	69%
Number of patients on reintegration	36	20	56%	52	40	77%	46	43	93%
Number of discharged back home (with transportation & counseling)	396	400	101%	500	367	73%	450	336	75%
Number of Patients enrolled in education and handcraft	900	942	105%	600	1089	181%	960	1102	115%
Number of Patients completed education class	800	810	101%	400	597	149%	800	912	114%

**Remark:** Those indicated

- in red shows a decreasing performance
- in green show an increasing performance
- in black shows mixed both increasing & decreasing performance

### Selected Performance indicators of the R&R program over the years 2008 (2015/16), 2009 (2016/17) and 2010 (2017/18) EFYs



#### 5.1. R & R program performance summary

- The number of patients underwent socioeconomic profiling has shown a decreasing trend over the three fiscal years. This could be due to the declining number of new fistula cases who sought treatment at AAFH and unable to do socioeconomic profiling activities in Hamlin outreach centers. The number of patients who discharged with transportation and counseling services showed a decrease.
- The number of patients reintegrated showed an increasing trend over the past completed three years



## 5.2. Challenge of the Rehabilitation and Reintegration

### 5.2.1. Internal Challenge

- Professional psychologist does not counsel patients. In order to address this challenge, the process owners at HFE requested for the recruitment of appropriate professional.
- Replacement of patient teacher was delayed. In order to address this issue, the SMT at HFE decided the substitution to take place as fast as possible.

### 5.2.2. External Challenge

- Instability in Oromia region where our rehabilitation and reintegration program center is located and functioning.
- Shortage of community based partners for the reintegrated women

## 6. Major operational activities

The Table below shows the annual performance report of the operations department

**Hamlin Fistula Ethiopia**  
**Performance Report of Operation Department for the 2010 EFY**

Center	Dept.	Task Subject	Value	Current Status in %	Remark
		<b>Construction Projects</b>			
AA/HQ/	<b>Engineering</b>	Clinical Building and Admin. Extension	22.5 million	22%	In the process
		Shear wall construction	399,890.54	100%	Completed
		River side wire mesh fence project	132,548.60	100%	Completed
		Desta mender \guards' block	790,999.10	100%	completed
<b>Mekele</b>		Meadi midwives accommodation	1,314,583.52	100%	Completed
		Mekele Hospital RHS fence work	100,000	100%	Completed
<b>BahirDar</b>		Anbessamie midwives accommodation	1,249,744.65	100%	Completed
		<b>Water Projects Construction</b>			
<b>Yirgalem</b>		Gorchie HC water supply	284,540.94	100%	Completed
		Teticha HC water supply	604,919.09	100%	Completed
Mettu		Mettu 7 HCs renovations and one maternity unit construction design work, BOQ and specifications were made. And Tender process has been carried out	15,623,045.09	Technical and financial evaluation has been carried out	On process
AA/HQ/	<b>Maintenance</b>	Office Relocation; b/c of relocation various Wards, OPDs and Offices were renovated accordingly, like Aluminum partition and door works for finance Dept., OPD & Lab	197,862.01	100%	Completed
		Generator Maintenance	45,000	100%	Completed

		Anesthesia and Suction Machine maintenance	23,000	100%	Completed
		New water and Electric line system installation done because of clinical and Admin building effect	290,000	100%	Completed
		Ash pit, chimney, & Ash transferring pipe renovation	14,300	100%	Completed
<b>Center</b>	<b>Dept.</b>	<b>Task Subject</b>	<b>Value</b>	<b>Current Status in %</b>	<b>Remark</b>
AA/HQ	Maintenance	TF-head office door new door opening	9,000	100%	Completed
		Miscellaneous Maintenance works such as plastering, wash basin, electric items replacement & fixing, fittings, furniture and different office machines repairing, drainage manholes repairing etc	15,000	100%	Completed
		Formal Training is given to 6 Maintenance staff	42,000	100%	Completed
Meadi&Dengolat HC renovation		121, 400	100%	Completed	
Mekele		Autoclave maintenance, replacement & Patient monitor Repairing		100%	
Mettu		Mettu HFE maintenance	164,000	100%	Completed
Harar		Autoclave maintenance &Replacement as well as Generator Maintenance	35,000	100%	Completed
		Laundry machine -Non functional Laundry machine was upgraded to fully automatic at Harar	35,000	100%	Completed
Yirgalem		Laundry Machine drainage system was renovated at Yirgalem	12,000	100%	Completed
AA/HQ/		Materia I manage	Property administration manual is delivered to all HFE centers		100%
	Transport & Fleet	<ul style="list-style-type: none"> <li>Two drivers were trained</li> </ul>	<ul style="list-style-type: none"> <li>14,000</li> </ul>	100%	Completed
		<ul style="list-style-type: none"> <li>Vehicles procurement</li> </ul>	<ul style="list-style-type: none"> <li>4,705,758</li> </ul>	100%	Completed
<b>Center</b>	<b>Dept.</b>	<b>Task Subject</b>	<b>Value</b>	<b>Current Status in %</b>	<b>Remark</b>
	<b>Procurement</b>	All aspects of items and properties such as medical equipment, medical supplies, stationary materials, sanitary items, IT equipment, maintenance parts, food items and other were purchased as per the procurement plan.	11,391,788.60	100%	Completed

AA/HQ		Procurement of Uniforms, aluminum partition doors and medical equipment items are	4,691,707	Finalized	Completed
		Procurement of medical equipment	8,309,196	Technical and financial evaluation has been completed	On Award Stage
		-Ultrasonography training for midwife mentors & academic staff of HCM,	499,139	-Completed	
		-Ultrasound equipment procurement	1,019,643	-Completed	
		Impact Assessment of the prevention strategy and Training needs assessment for HCM	586,500.00	Agreement has been signed and the work has been started	On the process
	Human Resources	Organizational set up, optimal staffing and career path development consultancy work	547,070	Interview, center visit, and document review has been made	Is on process
		19 permanent staffs have been recruited for replacement due to resignation, promotion, and death.		Completed	
		Satisfaction survey has been conducted to create conducive working environment		Completed	
		Capacity building training for Auditing training for finance staffs and infection prevention training for all head office Nurse Aids and guards			
<b>Center</b>	<b>Dept.</b>	<b>Task Subject</b>	<b>Value</b>	<b>Current Status in %</b>	<b>Remark</b>

	<b>Human Resource</b>	<ul style="list-style-type: none"> <li>• Collective Agreement (revised &amp; approved)</li> <li>• Making salary adjustment based on market assessment even though it was taken away by the subsequent devaluation in the country that raised the cost of living</li> <li>• Perform other HR activities such as Performa. management, staff health service related activities, staff employment and induction and others</li> <li>• Disciplinary action on four staff members</li> </ul>		completed	
<b>AA</b>	<b>Information Technology</b>	<p>IT &amp; Biomedical work</p> <ul style="list-style-type: none"> <li>• A new Biomedical Engineer has been hired.</li> <li>• Medical Equipment Inventory including status and replacement plan has been made</li> <li>• Medical equipment breakdown and preventive maintenance work has been done</li> </ul> <p>Navision Support (finance software)</p> <ul style="list-style-type: none"> <li>• Navision back up and necessary support has been done</li> </ul> <p>DHIS monitoring &amp; evaluation software</p> <ul style="list-style-type: none"> <li>• Supervising that the application is accessible to all users via internet</li> <li>• Back up service &amp; trouble shooting work is being done</li> </ul>		completed	
<b>Center</b>	<b>Dept.</b>	<b>Task Subject</b>	<b>Value</b>	<b>Current Status in %</b>	<b>Remark</b>

	Information Technology	<p><b>Website information update</b></p> <ul style="list-style-type: none"> <li>Information has been uploaded regularly on the website upon the request of the communication department</li> </ul> <p><b>Internet access and related telecom services</b></p> <ul style="list-style-type: none"> <li>Upgrading internet service to fiber media and 10MB speed is on process</li> </ul> <p><b>Extension telephone lines expansion to different offices</b></p> <ul style="list-style-type: none"> <li>Supervise the proper functioning of telephone lines to different offices</li> </ul> <p><b>Other tasks</b></p> <ul style="list-style-type: none"> <li>Perform the preventive maintenance of IT equipment &amp; Network devices at the main hospital and outreach centers,</li> <li>Perform disaster recovery test (MS Dynamics Navision application),</li> <li>Provide training to staff</li> <li>Upgrading office application to Office 2016 has been done to different offices &amp; will be finalized in a couple of weeks</li> </ul>		completed	
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### 6.1. Challenges

- Unavailability of the required parts for maintenance
- The existence of large number of maintenance request compared to the number of staff available
- Devaluation of currency and the corresponding obstacle to the tender process, staff dissatisfaction and increasing prices
- A great deal of price fluctuation or the existence of volatile market
- Delay in the construction of the main building due to the bureaucratic procedures to fulfill legal requirements

## 7. Case Report

Name: Yitaktu

Age: 28 years old

Yitaktu Zewede is originally from North Showa, a desert small rural village called Molalle. The bad coincidence resulted following her marriage at age 15 and the immediate pregnancy was like the end of the beginning in Yitaktu's life. The three days prolonged labor at home ended up with stillbirth, urinary incontinent and leg injury which left Yitaktu immobile with multiple grief. When her father brought her at the Addis Ababa Fistula hospital after three months of recovery time at home, Yitaktu was unable to walk by herself and had various birth injury associated problems resulted from the long labor. During her over ten years of stay with us through an on and off treatment, Yitaktu had six consecutive surgeries which could not brought a total cure. But, the final, complex, surgery she got two years ago became her final one to make her dry forever. "my cure is like a miracle. I never had thought of cure while I was living with the devastating fistula for 10 years. I had been blaming myself for being a burden on my caring father. It was his strength that gave me endurance and to stay alive longer and till now" Yitaktu recalls.

Following the diversion surgery, she received and our social workers need assessment, Yitaktu was identified as one of the rehabilitation trainees at Desta Mender. Alongside the psychological counseling that helped her to lead an independent life, Yitaktu underwent through various business skill trainings at Desta Mender. "in my three months stay at Desta Mender I got lots of new life skills and business skills which still I am using them in my day to day life" as she said.

Before the reintegration, Yitaktu had assessed business potentials around her birthplace and decided to work on agriculture. One year ago with the seed money that she received from Hamlin, close to 500 USD, Yitaktu have started vegetables farming on a rented farmland. The small market town where Yitaktu reintegrated, which is only a half an hour walking distance from her birth village, has relatively better social services like water supply, electric power, transportation and a clinic. This makes it fit enough for fistula survivors such as Yitaktu. On market day, her family members regularly visit her and she feels secured due to these visits.

First with her elder brother then with her caring husband, Yitaktu works on vegetable farming and harvests twice a year. On her first year harvest, she profited double of her investment. She also

works on ox fattening and produce crafts for sale, using the skills she grasped at our hospital. “with all your support, I regained my dignity, confident to participate in any socialization and have my own income to lead an independent life. You totally transformed my life and put me on to a happiness I had never been before. My deepest thanks to you all for your endless support in reconstructing my life”

It was last January that Yitaktu got married again to a new and caring husband and started new family. “He is the payback for my first marriage life. He knew everything about my treatment and treat me as a queen. He is lovable even with my family. I am lucky to have him.” She says on our visit to her home we witnessed that Yitaktu is leading a modern life. Her rented house is small but very clean, full of household facilities with a well-organized kitchen. She also had enough food reserve for the rest of the year. Above all her bright looking face tells how happy she is now. At present her total asset is estimated 2000USD and has a promising potential of growth. The family future dream is to build their own house and have children as well. And they are getting close to their first dream of having house and their second dream will depends on her next medical checkup. “The first person I would like to thank most is my father. He was there on my side in all those days of agony, washing my cloths, showering my body and searching for cure. Next to my father, I would like to forward my heartfelt thanks to Emayye (Dr. Catherine) and the staff at the hospital. You are providing the best humanitarian holistic service for poor women like myself” Yitaktu explains.



## 8. Financial Report

### Draft Statement of Cash Balance, Donation received and Expenditure for the period July 01, 2017 to June 30, 2018

Available Cash Balance as at June 30,  
2017 109,251,416

#### Donation from Partners:

Hamlin Fistula Germany	2,799,210	
Hamlin Fistula UK	14,721,035	
Hamlin Fistula Australia	28,026,644	
Hamlin Fistula International Foundation	13,610,700	
Hamlin Fistula Netherlands	5,190,329	
Hamlin Fistula Sweden	2,032,582	
Hamlin Fistula New Zealand	2,062,382	
Hamlin Fistula USA	13,592,971	
Catherine Hamlin Fistula Foundation	62,821,029	
<b>Subtotal</b>	<u>62,821,029</u>	<b>144,856,882</b>

#### Donation from Donors:

Ethiopiaid Ireland	1,433,241	
Ethiopiaid UK	2,039,470	
World Vision	977,908	
Women's Hope International	2,223,636	
Green Lamp	1,811,970	
The Ethiopia Fund	653,886	
FIGO	292,835	
MINF	455,723	
Rotary Club	321,762	
Individual and other contribution	4,259,949	
<b>Subtotal</b>	<u>4,259,949</u>	<b>14,470,380</b>



<b>Total Donation</b>	<b><u>159,354,726</u></b>
<b>Expenditures</b>	<b><u>155,685,824</u></b>
<b>Cash balance as at June 30, 2018</b>	<b><u>108,049,925</u></b>

**Note:** Please note that out of the total cash in our hand birr 13,530,684 is designated for capital projects.

we have received 70% of the total estimated income of the year and 91% of the total donation came from Partners.

**Income:**

Description	Budget	Actual Received	Percentage
<b>Capital</b>	82,949,078.00	35,047,234.00	42%
<b>Recurrent</b>	142,999,357.00	124,307,492.00	86 %
<b>Total</b>	225,948,435.00	159,354,726.00	70%

**Draft budget utilization by Program areas  
July 01, 2017 to June 30, 2018**

Program	Budget	Actual	Utilization
Treatment	81,749,892.68	85,259,446.93	104%
Prevention	23,801,503.66	20,755,123.47	87%
Reintegration and Rehabilitation	9,550,472.60	9,525,272.38	100%
Administrative support services	38,502,139.24	40,145,981.35	104%
<b>Total</b>	<b>153,604,008.17</b>	<b>155,685,824.13</b>	<b>101%</b>

## 9. Conclusion for all programs

- Fistula case identification need to be actively performed by Hamlin instead of waiting patients at the hospital
- There was social unrest that affected Hamlin program activities in some of the Hamlin prevention intervention areas
- Low motivation of partner health centers` staff
- Low health seeking behavior of the community
- Provision of improved maternal health care services at health centers where Hamlin graduated midwives had been deployed is continuing
- Urogynecology fellowship program is smoothly ongoing
- Patient reintegration was better performed during this reporting period (the 2017/18 fiscal year)
- Consistently produced number of fistula surgeons, mentoring conducted, and equipment supplied
- Created a forum of structured approach to the treatment of fistula and other birth injuries and developed a level of enthusiasm in official certification
- Holistic care provision was promoted
- FIGO training is ongoing smoothly

## 10. The way forward

- Cascading the ultrasound training
- Facilitate deployment of 2018 graduates & future support to the new sites.
- Strengthen collaboration with the RHBs and other stakeholders
- Further work on Master program.
- Establishing sustainable community mobilization program.
- Strengthen drug and medical materials support program.
- Strengthen the prevention program.
- Strengthening of community activity and coffee ceremony during pregnant women forum
- Improved commitment of midwives to promote the health seeking behaviors of the community is recommended

- Supplies for women with diversion surgery, it is impossible to provide plugs for them and need to change to urostomy supplies
- Increasing the number of patients who do need prolapses uterus surgery
- Another doctor is required for AAFH
- Strategic points (Women centered, income generating, self sustainable).
- Strengthening psychiatry, physiotherapy Prevention and RR departments
- Strengthening task to work hard for the implementation (Building)
- Update the progress of Water well
- Need community mobilization on awareness raising & patient identification
- Increasing the number of partners at the community
- Increasing workable business options at rural
- Develop consistent rehabilitation approach and quality of services in all centres
- Establishing first phase Hamlin's women empowerment centre at Desta mender