



Hamlin Fistula Ethiopia Annual Report

July 2019 – June 2020



TESFAYE MAMO
CHIEF EXECUTIVE OFFICER

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INTRODUCTION BY THE CHAIR

At the end of extraordinary year during which we saw the passing of our founder Dr Catherine Hamlin, and the blight of an international pandemic, COVID-19, I find myself enormously proud of the work which continues with renewed determination by the many staff who work for Hamlin Fistula Ethiopia, grateful for the ongoing support from our international partners, and honoured to be the Chair of this incredible institution.

Catherine Hamlin's work has made an incalculable difference to so many lives in Ethiopia, and her life serves as an example of selfless dedication and commitment to others. Through her pioneering treatment of fistula patients, and the development of the "Hamlin Model of Care" which treats and supports the patient not just surgically but to change their lives positively, she has created an institution and approach which will endure for many years to come. We celebrate the life of Catherine and move forward confident that we can continue and further develop her work. She has left a strong legacy which will endure through our continued efforts and determination.

COVID-19 has presented a unique challenge for health care organisations worldwide, and Hamlin Fistula have been supporting our staff and patients throughout Ethiopia to cope with the effects of the pandemic. There will be women who have suffered with Obstetric fistula during this period who have been unable to access help and care, and we are determined that in the coming year we will find these patients, and treat them. We are absolutely committed to continue to increase the number of patients identified, treated, rehabilitated and reintegrated into their communities. You will read that our prevention activities, spearheaded by Hamlin Midwives continue with even more graduates deployed to support maternal care across the country. I am encouraged by the progress we made in patient identification campaigns in early 2020 and look forward to building upon this approach in the coming year.

The work we do relies upon the generous financial support given by thousands of individuals throughout the world to our partner organisations. Our partners are working hard to raise funds in increasingly difficult times, and we are enormously grateful for the support they have provided during the pandemic, and the early commitment many have given for the coming year. We will need every bit of help they can give. We are again indebted to Catherine Hamlin, and the foresight she had in establishing a "rainy day" fund (HFIF), with money raised from around the world, which we trust will help us maintain our services during the difficult days ahead.

I reserve my final comments for our staff. This has been an extremely tough year, financially, psychologically and emotionally. Staff have seen the passing of Dr Hamlin, the difficulties presented by COVID-19 both at work and home, and despite that continued to demonstrate their unwavering commitment to the institution. We know that we need to continue the drive for greater operational efficiency and excellence such that we are able to improve more lives through our work. I give my commitment and that of the Board that Hamlin Fistula Ethiopia will endure and thrive in the coming years and treat and transform the lives of thousands more women. Thank you to the staff of Hamlin Fistula, who will assure the lasting legacy of Catherine Hamlin.

Dr Ephrem T Lemango

Chair, Hamlin Fistula Ethiopia

CHIEF EXECUTIVE OFFICER – OVERVIEW OF 2019/20

2019/20 has been a year which has brought significant progress and success for Hamlin Fistula Ethiopia (HFE) in the midst of both extraordinary global challenges and the great sadness of the passing of HFE’s founder and “Mother” Dr Catherine Hamlin.

2018/19 finished in late May 2019 with the inauguration of the statue of Drs Reginald and Catherine Hamlin by the Prime Minister in the presence of Dr Catherine Hamlin as the culmination of the celebration of 60 years of Hamlin Fistula’s work. Catherine was particularly pleased when we opened our new facilities at Addis Ababa Fistula Hospital. She knew that these facilities would enable us to provide modern, efficient and even higher quality patient care.



IMPROVING OPERATIONAL EXCELLENCE

In recognition of the significant strategic and operational challenges we face, particularly in relation to the identification of patients with obstetric fistula, we instigated a strategic review of HFE early in the year. The revised strategic plan outlines an ambitious set of objectives to increase clinical activity over the coming five years. Building upon this strategy, an extensive review was carried out in late 2019 to inform the operational delivery of the strategy. The report “Improving Operational Performance” was approved by the Board in February 2020. The report made a number of recommendations which HFE have made considerable progress in implementing. These focussed upon:

THE NEED TO INCREASE AND INTENSIFY THE EFFORTS RELATED TO PATIENT IDENTIFICATION

In line with the plan, and aware of the challenges in finding historic fistula cases, often in remote and inaccessible areas, HFE launched two major patient identification campaigns in February 2020, identifying over forty additional fistula patients who were subsequently treated. Also, more than 500 health workers in rural areas were trained and equipped with skills for fistula patient identification and screening. An incentive mechanism has been in place to pay for each confirmed case of fistula. The plan was that these would be followed by further campaigns as a coordinated national campaign to identify more fistula patients. Although this was temporarily suspended by the impact of COVID-19, HFE are in a stronger position to launch and deliver more campaigns in the coming year.

TO IMPROVE REPORTING AND MONITORING IN ORDER TO DRIVE PERFORMANCE

A weekly dashboard has been developed which enables the management team to monitor performance against target by type of activity and site. This started to be used in February 2020, and is being further developed to support a monthly report which will be shared with the HFE Board and partners.



The data collection, collation and reporting methodology has increasingly enabled the production and use of far more informative management information, which will increasingly be used to drive delivery of the agreed annual plan.

TO REVIEW COSTS AND INCREASE VALUE FOR MONEY BY BOTH INCREASING ACTIVITY AND REDUCING OVERHEADS

HFE CEO launched a transformation programme earlier in the year, with the aim of improving efficiency and productivity to both support patient identification campaigns and allow increased treatments at a lower marginal cost. The requirement for this programme to reduce costs was heightened by the onset of COVID-19. A range of initiatives have been implemented including a reduction in overtime, changes to the provision of staff food, and retraining staff so they can be used more flexibly in the future. The first phase of the plan will deliver over ETB 36 million of savings in 2020/21. In addition, activity targets were reviewed and updated to reflect the planned patient identification campaigns.

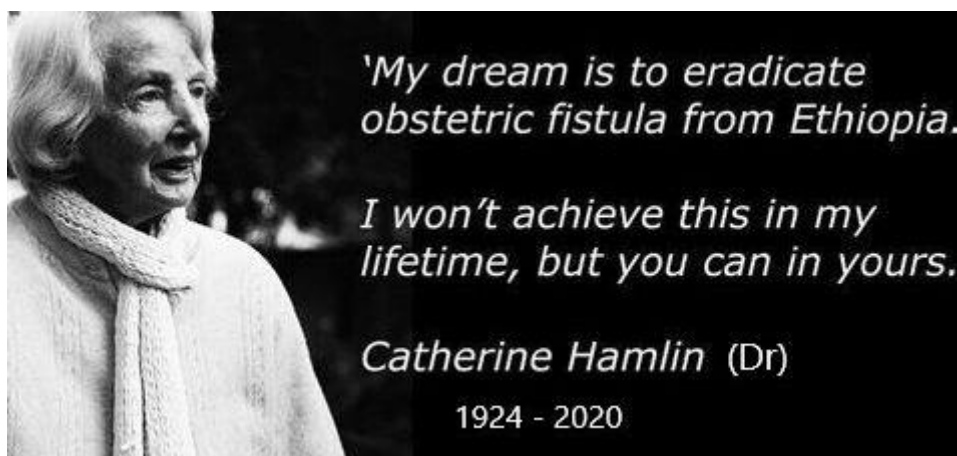
Encouraged by the early success of the patient identification campaigns in February 2020, and in line with the plan, HFE was on the verge of launching further patient identification campaigns when COVID-19 started to have a significant impact upon Ethiopia and normal operations. The pandemic reduced HFE's ability to continue operating at the same level, made any further campaign work both difficult and potentially dangerous, and significantly reduced the flow of patients into the hospitals as travel restrictions took hold, and people became increasingly fearful.

DR CATHERINE HAMLIN

On 18th March 2020 we sadly lost our founder, Dr Catherine Hamlin (Emaye or Mother) who died at the age of 96, still living within the grounds of the hospital she founded with her husband Dr Reginald Hamlin. She was laid to rest at St Peter and St Paul Catholic Cemetery in Addis Ababa five days later following a procession through Addis.

Tributes were made to her from across the world, including our Prime Minister Dr. Abiy Ahmed "Ethiopia lost a true gem who dedicated more than sixty years to restoring the dignity of thousands of women," and President Sahle-Work Zewde "Dr Hamlin was a hero who saved more than 60,000 Ethiopian women and girls from obstetric fistula. I am confident that the many professionals trained under Dr. Hamlin throughout the years will continue the work she started at the Fistula Hospital she founded."

Catherine was confident that her legacy would live on: "*When I die, this place will go on for many, many years until we have eradicated fistula altogether – until every woman in Ethiopia is assured of a safe delivery and a live baby.*". As Catherine planned, we will continue its excellent work. Ethiopian professionals – many trained by Catherine – have for some time been appointed to all major roles at Hamlin Fistula Ethiopia to ensure continuity well into the future. Most of her 96 years were generously given to help the poor women of our country with traumatic birth injuries. We are all thankful for Catherine's lifelong dedication. We promise to continue her legacy and realise her dream to eradicate fistula from Ethiopia, forever.



COVID-19

Every nation of our world today is fighting against the common global enemy, COVID-19. The pandemic is causing heavy damages on our lives, economy and interactions, and a coordinated effort to prevent the pandemic is of a paramount importance. Immediately after the first confirmed case of COVID-19 in Ethiopia in March 2020, the Government of Ethiopia took several public health measures to prevent increased levels of infection. These included closing all schools and restricting large gatherings and movements of people. Hand-washing and social distancing were the main prevention measures that government has communicated to the general public through various media platforms.

HFE is playing a significant role to protect its staff and patients from the pandemic. It has also, with the support from GreenLamp and Austrian Development Agency, distributed personal protective equipment (PPE) to Hamlin supported rural government health centres in Oromia, Amhara, Tigray and SNNPR.

In order to protect both our patients and staff, robust Infection, Prevention and Control procedures have been put in place and are under constant review in light of the latest national and international (WHO) guidelines. We have, as yet, had no COVID-19 cases reported in our hospitals.

The flow of patients to HFE facilities was significantly reduced by the pandemic, and as a result the number of operations carried out has significantly reduced since March 2020. This change in activity necessitated the 'hibernation' of the regional centres from April to September 2020 during which time activities have been limited to assessing any walk in patients and sending those requiring surgery to Addis Ababa, and some basic outpatient services including stoma bag changes. These, and other changes during this period have served to reduce some activity related expenditure. All the regional centres are returning to normal operations as soon as possible.

Looking forward to next year, we are very much aware that COVID-19 will impact upon our partners' and donors' ability to raise funds to support our work. We are enormously grateful for the early commitment which many have made and trust that the funds from the "rainy day" fund (HFIF), which Catherine Hamlin established to support us in lean times, will help us maintain our services during the difficult days ahead.

RETIREMENTS

The year also saw the retirement of two outstanding long serving members of the HFE team, W/ro Mamitu and Gash Biru.

Mamitu Gashe met the Hamlins initially as a patient 52 years ago in 1968 at the Princes Tsehai Memorial Hospital. After fistula repair, she started working with the doctors as a nurse aid until she finally became a certified fistula surgeon. Following Dr. Catherine's retirement, she became a full time assistant to Dr. Catherine. We are looking forward to Mamitu returning to support our surgical work in the near future.



Biru started his career with the Hamlins as a gardener at the Princess Tsehai Memorial Hospital and has worked with the Hamlins ever since, serving as a messenger, working in pharmacy, purchaser and translator, and support to both Dr Reg and latterly Dr Catherine. Both of these "iconic" members of the team have given their entire life to the Hamlin's dream and made exceptional contributions to the success of the organization.

PLANNING 2020/21

Planning for 2020/21 has been particularly difficult given the unknown medium- and longer-term impacts of COVID-19. We understand that there will be many potential patients who will have suffered from obstetric fistula over the last few months and are afraid of travelling for treatment. As travel restrictions reduce and confidence increases, HFE will be ready to help these and other patients with historic fistula.

This year HFE have carried out a comprehensive activity and budget review process which takes into account the impact of COVID-19, the cost improvement programme which has been developed and agreed, some limited investments including proposed patient identification campaigns, the gradual resumption of additional activity and continuing to prepare the way for a Masters Programme due to launch in September 2021.

The overarching strategy remains to re-double efforts to identify fistula patients through extensive patient identification campaigns and at the same time continually improve efficiency and productivity such that more patients can be treated with similar funds. The global pandemic has clearly had a profound impact in the short term and will not deter the organisation from delivering its overall objectives.

PREVENTION PROGRAMME

HAMLIN COLLEGE OF MIDWIVES

All 2019 Hamlin College of Midwives Graduates scored pass marks in the national board exam, and Hamlin College of Midwives (HCM) started the academic year of 2019/20 by recruiting and enrolling 24 new students into its first year undergraduate program bringing the overall number of students to ninety from four regions: SNNPR, Tigray, Oromia and including Gambella (a new intervention site launched this year with lower historical performance in maternal and child health care services). All graduates in 2019 also received additional training on Helping Mother Survive and Helping Baby Breath.

The year started with a revised curriculum to reflect the latest requirements by Ministry of Science and Education. The first semester objectives were delivered for all year groups up until the point that schools and colleges closed as a result of COVID-19 in March 2020. This includes for the Graduating class additional Nonviolence communication (NVC) training from Green Lamp before going to the community for their internship at the beginning of March 2020.

All students at the college, returned home in March 2020, and although they weren't able to complete the years work, or take the normal exams, they left equipped with course study material. Students were categorized into advisory groups based on their academic year with instructors assigned as advisors. Each group created a Telegram group account so that members had access to teaching materials and exchange ideas among themselves. Each group also had its own group leader responsible for coordinating discussions.



Despite some challenges, such as not having adequate technology and internet connectivity, the teaching-learning continued. The students are also recommended to visit their nearby government clinics for practical observations.

The challenges of providing online education and support have not been simple but the College has largely succeeded in staying in contact with the students using every possible option, and it is hoped that this ongoing contact with the students will make the transition to regular class learning and the inevitable catch up easier to achieve.

Hamlin College of Midwives (HCM) graduating class has already completed their studies, including their practical attachment to health facilities. Their grades and other graduation requirements are being reviewed for approval by the college's academic commission. The national board exam that was scheduled for September has been cancelled by the Ministry of Health (MoH), due to COVID-19. Without board exam results, graduating students cannot secure their professional license. However, the MoH has issued a special consideration for this year's graduates in order to allow them to start working in health facilities without having the actual license and come back for the board exam and license later. The National Board Examination will now take place in Addis on 23rd October 2020. HCM's graduating students will soon be sent to their respective regional health offices for assignment to health centres.

Graduation ceremony this year will not be conducted as we know it before. However, a graduating bulletin will be prepared and messages from the graduating class and other officials will be recorded and distributed in electronic formats. We are waiting for government guidelines to reopen the college in this coming academic year for the rest of HCM's students to restart their studies. A taskforce has been established to create a safe and conducive teaching-learning environment in the coming academic year. Programs are being designed to allow students to make up missed classes during the past academic year and complete the requirements of the next academic year as per the schedule.

In addition, the College has successfully obtained government accreditation to launch the MSc in Clinical Midwifery, which will start in September 2021, with a three year license from 2020. The License for the undergraduate program has also been renewed for a further five years.

In 2019/20 one of our academic staff went to the Zurich University department of midwifery as part of an exchange programme. Further, the Hamlin College was going to be represented at the International Midwifery Conference in Bale, however this was cancelled due to the COVID-19 outbreak.

The college has become a member of Ethiopian Private Higher Education Institution Association.

PREVENTION ACTIVITIES



In July 2019 the second annual summit for the Hamlin Midwives Alumni Network was held in Addis Ababa, bringing together over 80 Hamlin-graduated rural midwives from the five regions where Hamlin Fistula Ethiopia has hospitals, for two days of networking and workshops. The midwives refreshed and extended their skills in midwifery, developed mentoring and leadership skills, and had an opportunity to share their skills and experience with each other.

Prevention activities continued across the year including upright birthing position training conducted for 28 Hamlin and non Hamlin midwives in Amhara region in September 2019, and basic ultrasound training for the Hamlin midwives and academic staff of HCM started in December 16 with 12 days intensive theoretical sessions followed by practical attachment into different selected health centers at the regions.

Maternity unit renovation in Onga and Uka health centers is almost finished and are already being fully used, with midwife accommodation construction finished in Bensa Oda Health Centre.

Four motorbikes bought by funds received from MINF (Sweden partner) have been distributed to Tigray(1), Amhara(2), Oromia Mettu(1) to enhance community outreach activities. These will be ready for our midwives to use once they obtain their driving licenses (delayed by COVID-19).

MATERNAL AND CHILD HEALTH INDICATORS (MCH)

Considering the outbreak of COVID 19 and its impact on the non COVID services, the performances in the main maternal and newborn health care services are acceptable. Please see the table below;

Indicators	Annual Plan	Annual Performance	Coverage (%)
Contraceptive			
Short Acting FP	156,396	119,874	77%
Long Acting FP	140,004	58,949	42%
ANC 1st	48,867	37,232	76%
ANC 4th	47,645	24,001	50%
Delivery by Skilled Attendant			
Delivery cxn managed	4,290	1,302	30%
Delivery cxn referred	2,253	1,640	73%
Early First PNC	53,299	30,270	57%
PMTCT	53,028	33,888	64%
Maternal Death	-	3	

Table 1: Maternal health Indicators 2019/20

COVID-19 presented a range of challenges to the prevention support programme, particularly with the increase in Hamlin partner health centres in year. There were challenges in obtaining and purchasing medical equipment, completing full training programmes, and in providing supportive supervision as planned. With the financial support gained from GreenLamp, Personal Protective Equipment's (PPE) was provided for 66 Hamlin partner health centers. Additional support was provided to Hamlin midwives who on the battlefield of fighting COVID 19 and providing maternal and newborn health care services, with communication and latest COVID-19 information provided through Telegram.

Figure 1: HMAN Summit 22-23rd July 2019



PATIENT IDENTIFICATION AND TREATMENT

The strategic review carried out at the beginning of the financial year, together with the further work undertaken in October to December 2019 “HFE- Improving Operational Performance” highlighted that one of the principle strategic challenges facing HFE and Partners relates to the reduction in the delivery of major fistula operations and that it has become more difficult to identify fistula patients. To some extent this reflects the success of government policy and the incremental improvement in maternal health, however the evidence suggests that although the number of new obstetric fistulas are going down, there remains a large number of historic cases in Ethiopia. These historic cases are most likely to be in more remote geographical areas and therefore more difficult to reach. In addition, HFE are treating an increasing number of cases with pelvic organ prolapse.

It is clear that maternal care in Ethiopia has improved markedly over the past 15 years. This will have had a significant impact upon the number of fistula cases presented each year. The latest government ‘Demographic Health Survey 2019’ also illustrates the well-known link between poverty, education and geographical location with maternal health. Thus, the prevalence of new fistula is much higher in more remote regions where there is less access to obstetric care, and amongst those with less education and from poorer families.

As part of the review, the senior management team agreed to develop an 18 month concerted campaign nationally and regionally to maximise the number of obstetric fistula cases identified and treated. The activity targets for 2019/20 and 2020/21 were revised to reflect the likely impact of these campaigns. It was further agreed that HFE would use the intelligence gathered from these focussed campaigns to better understand the numbers of historic cases to inform the future strategy. As this initiative develops it opens up the possibility of **declaring Ethiopia “fistula free” woreda by woreda.**

The initial plan was to run eight local campaigns from each of the regional hospitals (including Addis Ababa) giving a total of 48 campaigns across 18 months. Operational delivery of the required activity is well within the capacity available across all facilities. The first patient identification campaigns as part of the new initiative ran in January and February 2020, identifying an additional 40 fistula patients who were subsequently treated and provided training on the identification of fistula patients for over 500 local health workers.

Up until the impact of COVID-19 in March 2020, HFE was on track to deliver the planned increase in the number of operations. The chart below shows how activity increased up until February 2020, then plummeted as the pandemic started to affect patient movement. The large increase in the number of operations in December is as a result of a concerted campaign in Mekelle which was coordinated to coincide with the fellowship programme and the presence of additional surgeons, these were largely pelvic organ prolapse (POP) cases. The increase in February 2020 is due to the patient identification campaigns which occurred at the end of January and was in line with the revised plan.

The reduction in activity since the restrictions as a result of the COVID-19 pandemic are clear. The regional hospitals went into hibernation in June 2020 reflecting the lack of patients demand.

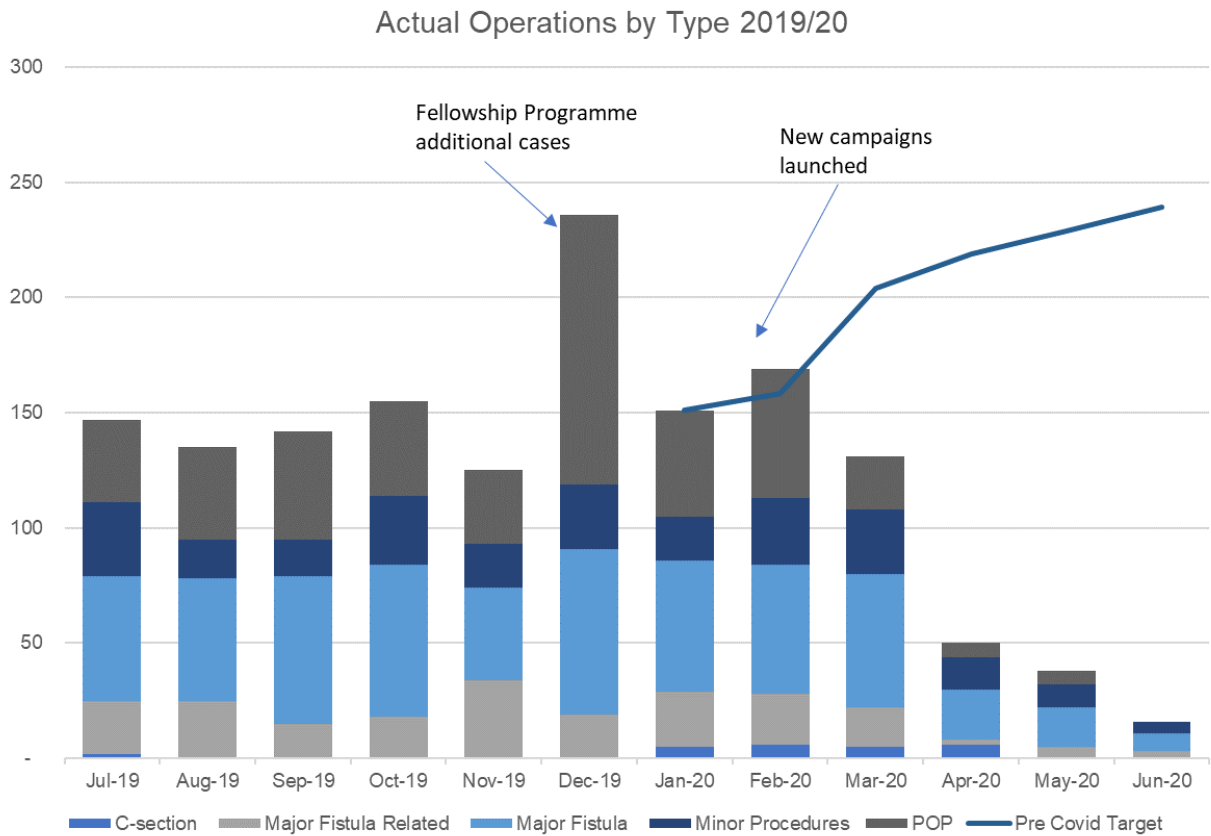


Figure 2: Operations Delivered 2019/20 All Sites

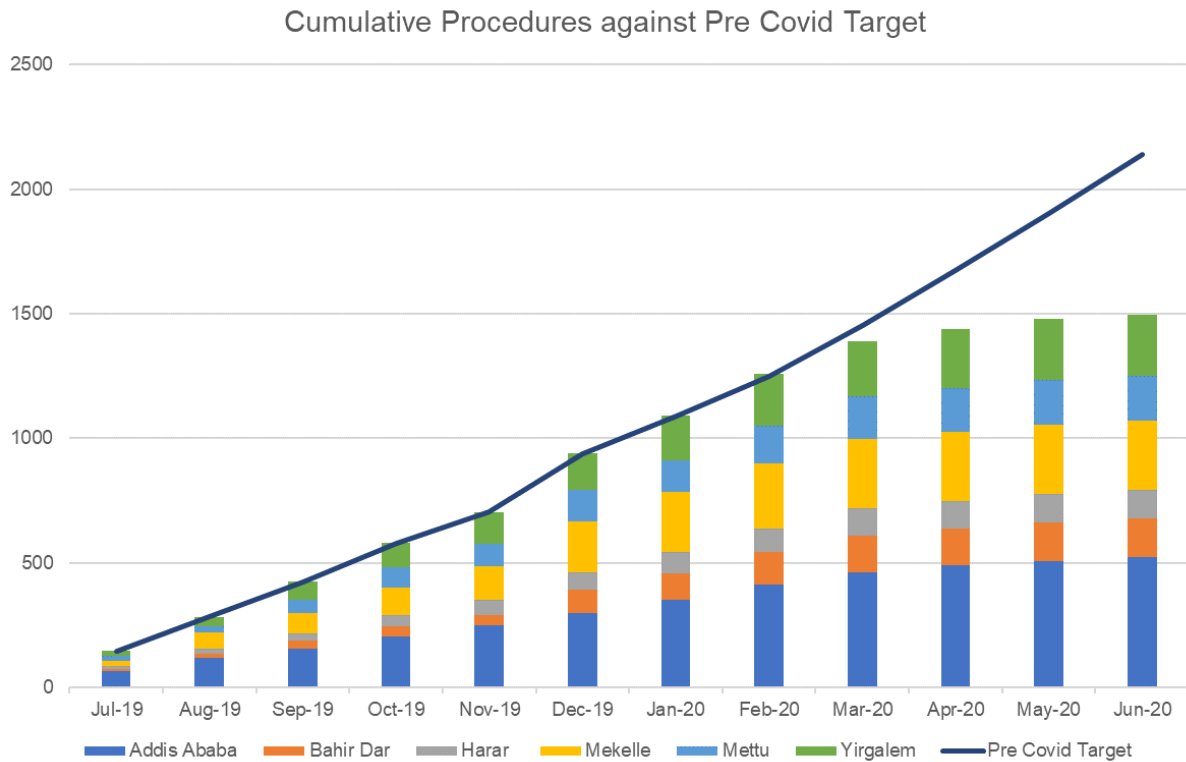


Figure 3: Cumulative Operations Delivered 2019/20



HFE's Matron, Sr. Konjit Kassahun, explains how the pandemic is affecting the flow of fistula patients to HFE's hospitals. "The pandemic is definitely affecting the flow of fistula patients towards our hospitals. We usually expect a slowdown of patients flow during rainy seasons, but the fear of the pandemic has worsen the situation this time.

We are assuring our patients and communities at large that we are taking all the necessary preventive measures against the pandemic, and our services are still available for our fistula patients."

In planning for 2020/21 HFE are very much aware that there will be unmet need from women who have had fistulas during the COVID period and for whatever reason have been unwilling or unable to travel to a Hamlin facility. The identification and treatment of these patients will be our first priority as restrictions ease and the impact of the pandemic subsides. In addition, HFE will resume the planned campaign activity at the earliest possible opportunity.

See Appendix 1 for full report on activity in 2019/20.

REHABILITATION AND REINTEGRATION

The provision of rehabilitation post-surgery and the subsequent reintegration of women into their communities is a core foundation of the "Hamlin Model of Care". Desta Mender which means "Happy Village" is central to the delivery of high quality rehabilitation and training.

Desta Mender continues to improve the range and extent of activities available for patients and women benefit from on the job training in the dairy farm, vegetable farm and cafeteria. The agricultural training facility now covers over 2,5000 sqm with a large range of produce, including cabbage, spinach, carrot, beetroot, and tomato. The vegetable farm not only provides fresh produce to the cafeteria, Desta Mender and the college but also helps with reintegration training.

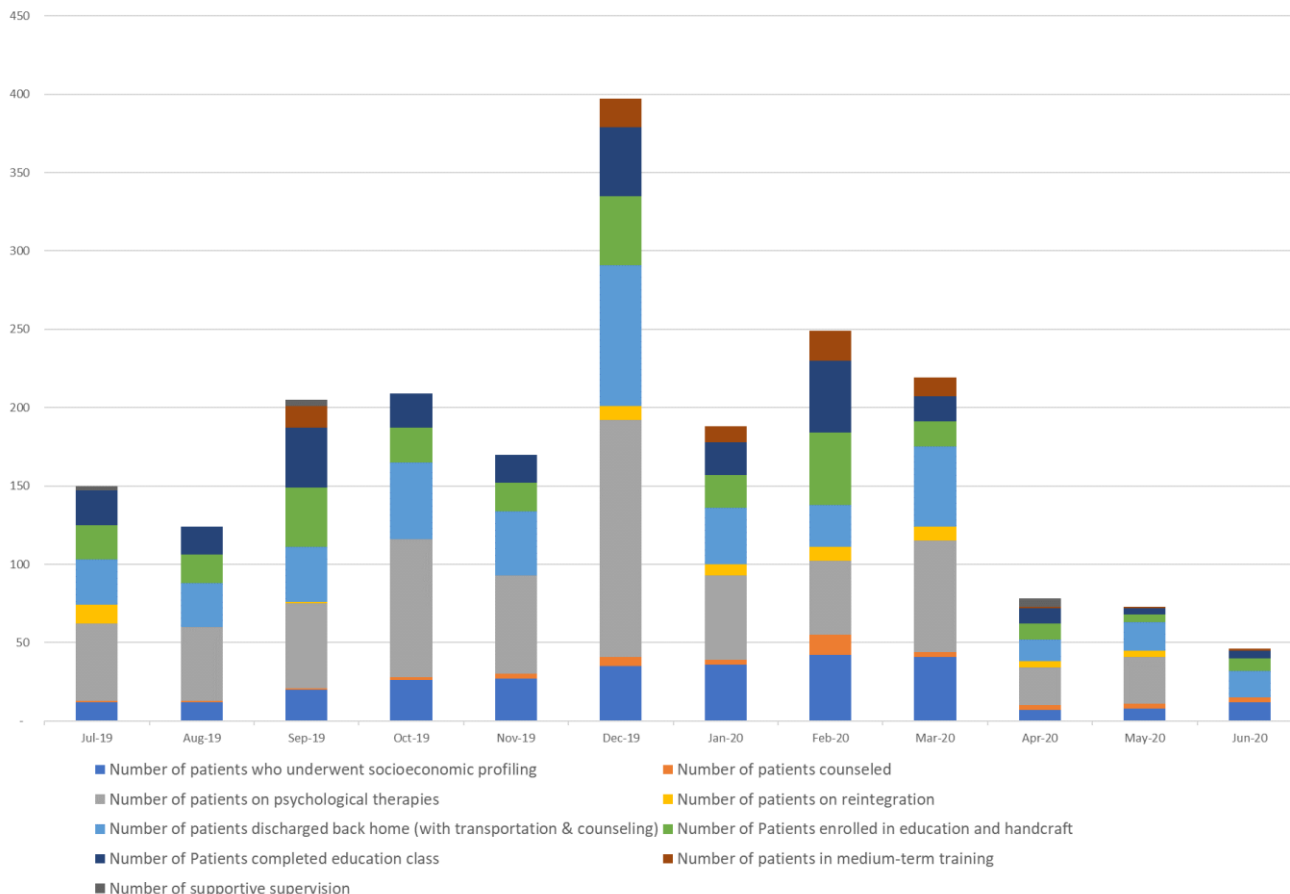
Desta Mender has carried out a review of operational efficiency and resource utilisation which has led to the implementation of cost reduction strategies at both the Café and Dairy Farm. In addition, business planning templates have been introduced to improve the planning and delivery of the reintegration programme.

Patients who have their treatment at regional hospitals also benefit from extensive rehabilitation and have been successfully reintegrated into their communities. Desta Mender continues to support the HFE staff at regional centres to maximise the effectiveness of rehabilitation and reintegration efforts.

As part of the institution's response to the COVID-19 pandemic all but the long standing patients have been successfully returned to their homes and will be followed up as impacts of COVID are eased. Desta Mender has effectively been hibernated during the COVID-19 period.

It is planned in 2020/21 to carry out comprehensive review on the provision of Rehabilitation and Reintegration across all HFE facilities in order to better understand the comparative benefits from the different approaches and continue to improve its effectiveness.

Desde Mende Activities 2019/20



TRAINING AND RESEARCH

HFE remain strong participants in the fields of training and research. The Urogynaecology Fellowship programme, which started in 2015, is an international collaboration with Mekelle University and Hamlin Fistula Ethiopia Urogynecologists. It aims to train physicians who have the knowledge and expertise in the evaluation and treatment of women with pelvic floor disorders, reproductive organ and urinary system injuries and their complications. The physicians are able to perform research and operational studies including mentoring and coaching of residents and undergraduate medical students under their supervision and have the managerial skills to run specialized centres. The fellows are expected to be actively involved in the teaching of residents, medical students and midwives

Since the fellowship was launched in 2015, significant change has been made on the care of women with pelvic floor disorders. The traditional approach to vault and uterovaginal prolapse surgery with non-apical suspension procedures is changing to surgical repairs that appropriately address all pelvic floor compartment defects. Senior fellows can now perform these surgeries without faculty supervision and are mentoring junior fellows. Fellows and nurses have also started offering conservative management options to patients including pessary, pelvic floor exercises and behavioural modifications. Surgical outcomes are tracked through ongoing research projects looking at outcomes of different surgical interventions for prolapse in Ethiopian women. Another research project looks at characterization of type and impact of urinary incontinence after obstetric fistula repair.

These projects are jointly run by Ethiopian and international fellows including the fellowship programme Director, Dr Renate from Germany. The first two urogynecology fellows graduated from this program

on March 10, 2018 with three more fellows currently in training. The new graduates have taken the role of faculty mentorship to the fellows.

HFE staff have been involved in multiple research projects and a number of published articles in the last year:

- 1) "Surgical Management of Pelvic Organ Prolapse in Ethiopian Women: What Is the Preferred Approach?" Kimberly Kenne, MD, MCR, Melaku Abreha, MD, Kyle D. Hart, MS, W. Thomas Gregory, MD, and Rahel Nardos, MD, MCR. *Female Pelvic Medicine & Reconstructive Surgery* • Volume 26, Number 2, February 2020
- 2) "Primary vaginal calculi in repaired VVF with vaginal outflow obstruction: case report" Melaku Abreha, MD, Mekelle Hamlin fistula Centre, Tigray Ethiopia
- 3) "Characteristics of persistent urinary incontinence after successful fistula closure in Ethiopian women" Rahel Nardos, MD, Elena K. Phoutrides, Laura Jacobson, Allyson Knapper, Christopher K. Payne, L. Lewis Wall, Bharti Garg, Senait Tarekegn, Almaz Teamir, Melaku Abriha *International Urogynaecology Journal March 2020*
- 4) "Capacity building in female pelvic medicine and reconstructive surgery: Global Health Partnership beyond fistula care in Ethiopia" Rahel Nardos, Fekade Ayenachew, Renate Roentgen, Melaku Abreha, Laura Jacobson, Amanuel Haile, Yibrah Berhe Karen Gold, W. Thomas Gregory, Theresa Spitznagle, Christopher K. Payne, L. Lewis Wall. *International Urogynaecology Journal Jan 2020*
- 5) "Traditional versus Suspension Augmented Prolapse surgery in Mekelle Hamlin Fistula center, Ethiopia: Retrospective Cohort Study" Melaku Abriha, MD, Rahel Nardos, MD, MCR, Kimberly Kenne, MD, MCR, Blake MD, MCR. *Female Pelvic Medicine & Reconstructive Surgery August 2019*

OTHER MAJOR DEVELOPMENTS

IMPROVEMENT IN BUSINESS INTELLIGENCE AND REPORTING

HFE in 2019/20 has greatly improved its data collecting and reporting with the introduction of a weekly data recording process, coordinated by the monitoring and evaluation officer, and development of a weekly dashboard. The dashboard and process collects patient level data from all regional sites on a weekly basis for outpatients, procedures, admissions and discharges. All HFE centres have reported their activity weekly to the Monitoring and Evaluation team since March 2020. This process has replaced the monthly DHIS summary report, as it is more accurate and provides a greater level of detail.

The dashboard is reviewed by the Chief Executive and Senior management team, enabling more informed and timely decision-making process. The dashboard was produced for the HFE management team from March 2020 - June 2020 in the format below (showing a week in April 2020).

HFE Operational Dashboard

Year_2020

Report Week Commencing:

20/04/2020

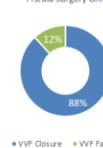
PATIENTS IDENTIFIED

Region	New Patients This week	Weekly Target	YTD Target	YTD Actual	YTD Variance
Addis Ababa	0	3	24	0	(24)
Bahir Dar	0	1	8	2	(6)
Harar	0	1	6	6	(0)
Mekelle	0	1	9	17	(8)
Metu	0	1	7	0	(7)
Yirgalem	0	1	8	22	(14)
Desde Mende					
Total	0	7	63	47	16.0

INPATIENTS - ADMITTED, DISCHARGED & Length of Stay (LOS)

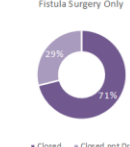
Region	Admissions this week	Discharged this week	Avg Los by Site	Avg Los Target	Avg Los Variance
Addis Ababa	3	5	35	21	14
Bahir Dar	1	0	21	21	0
Harar	0	2	15	21	(6)
Mekelle	0	0	18	21	(3)
Metu	1	0	63	21	42
Yirgalem	4	21	27	21	6
Desde Mende					
Total	9	28			

% VVF Closure Rate YTD

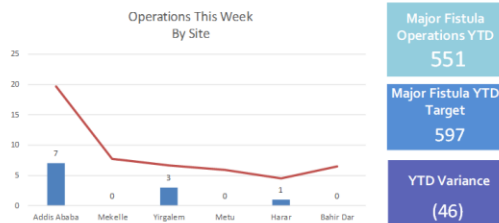
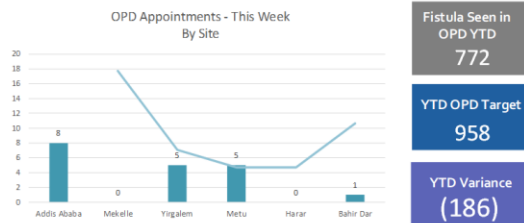


VVF Closure Standard 90%

% Incontinence Cure Rate YTD



YTD Procedures By Site

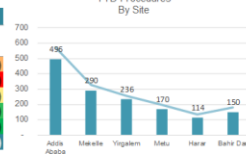


Outpatient Appointment By Type (all sites)

Outpatient Appointments	This Week Actual	Weekly Target	YTD Actual	YTD Target	YTD Variance
Fistula	9	49	772	958	(186)
Fistula Related	3	23	369	453	(84)
Non fistula related inc	1	1	588	588	0
Other OPD	5	22	1,070	1,070	0
POP OPD	0	32	753	853	(100)
Previous Fistula Pregna	1	1	114	114	0
Totals	19	128	3666	4,036	(370)

Operations by Type (all sites)

Type of Operation	This Week actual	Weekly Target	YTD Actual	YTD Target	YTD Variance
Major Fistula Surgery	5	19	551	597	(46)
Fistula Related Major Sur	0	9	202	255	(53)
POP	0	13	448	492	(44)
Minor Procedure	4	8	234	249	(15)
Caesarean Section	2	2	21	29	(8)
Total	11	51	1,456	1,621	(165)



Following a few months of use, small refinements to the dashboard have been made to give the management team a way of tracking YTD performance against plan by site and monitor trends in outpatients and procedures. The new dashboard will be produced weekly in the format below. Note this is actual data reflecting the low levels of current activity due to the COVID-19 pandemic and hibernation of centres.

HFE Operational Dashboard

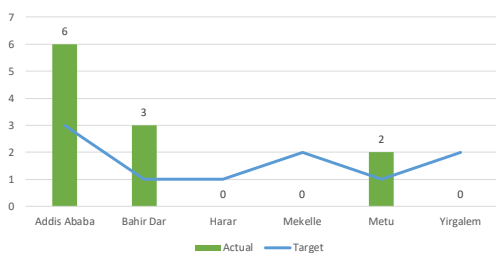
Year 2020

Report Week Ending:

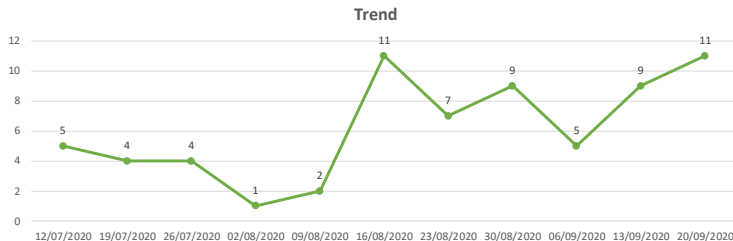
20/09/2020

Procedures

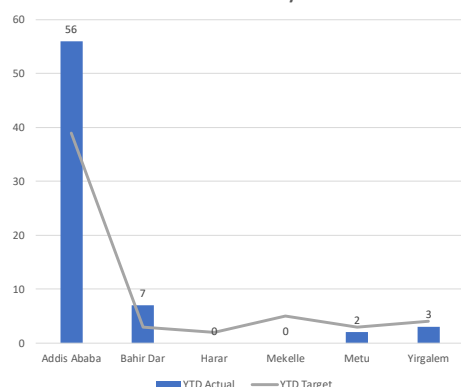
Procedures this week - By Site



Procedures - All Sites Trend



YTD Procedures By Site



Major Fistula Surgery YTD 25

Major Fistula Surgery Target YTD 21

YTD Variance -4

INPATIENTS - ADMITTED, DISCHARGED & Length of Stay (LOS)

Region	Admissions this week	Discharged this week	YTD Avg Los by Site	Avg Los Target	Avg Los Variance
Addis Ababa	2	8	27	21	6
Bahir Dar	9	-	-	21	0
Harar	-	-	-	21	0
Mekelle	-	-	-	21	0
Metu	4	-	-	21	0
Yirgalem	6	0	4	21	(17)
Total	21	8			

Operations by Type (all sites)

Type of Operation	This Week actual	Weekly Target	YTD Actual	YTD Target	YTD Variance
Major Fistula Surgery	4	4	25	21	4
Fistula Related Major Si	4	1	10	8	2
POP	1	3	2	17	(15)
Minor Procedure	2	2	30	9	21
Caesarean Section	0	0	1	1	0
Total	11	10	68	56	12

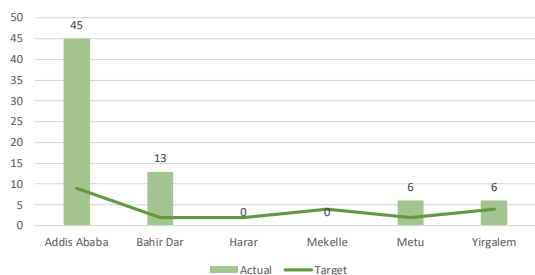
Outpatients

Year 2020

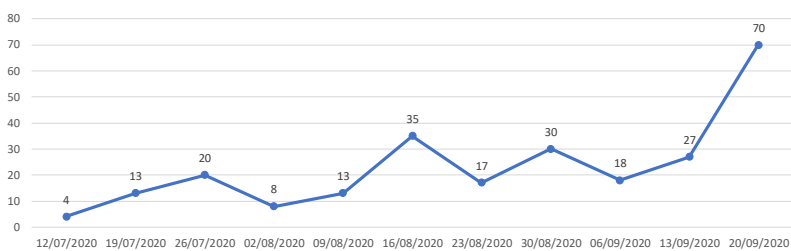
Report Week Ending:

20/09/2020

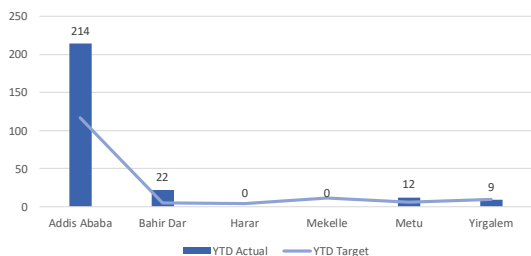
OPD Appointments - This Week by Site



OPD Appointments - All Sites Trend



YTD Outpatients by Site



Fistula Seen in OPD YTD **37**

YTD OPD Target **34**

YTD Variance **3**

Outpatient Appointment By Type (all sites)

Outpatient Appointments	This Week Actual	Weekly Target	YTD Actual	YTD Target	YTD Variance
Fistula	12	5	37	34	3
Fistula Related	14	4	35	24	11
Non fistula related inco	6	3	26	20	6
Other OPD	32	6	144	40	104
POP OPD	5	4	11	29	(18)
Previous Fistula Pregnai	1	1	4	5	(1)
Totals	70	23	257	152	105

HFE have been producing an update report monthly. A update dashboard, showing YTD against target and a 12 week trend has been developed to accompany this report and will be shared with all partners on a monthly basis. See below:

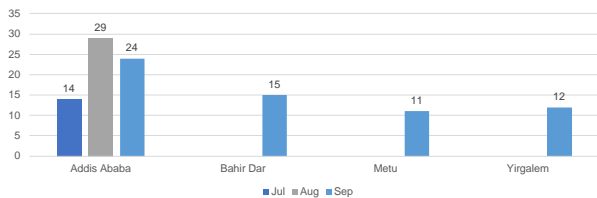
HFE Monthly Update

Year 2020

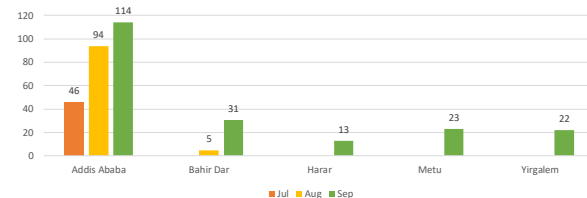
Report to week ending:

04/10/2020

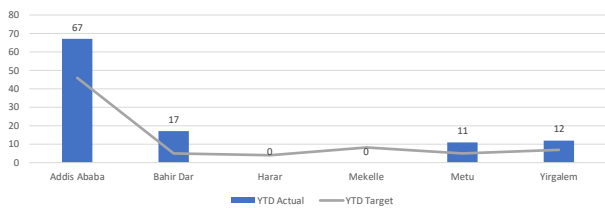
Procedures by Site July - September



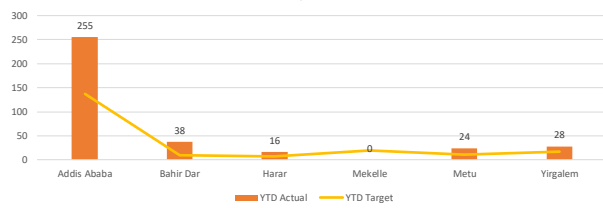
Outpatients by Site July - September 2020



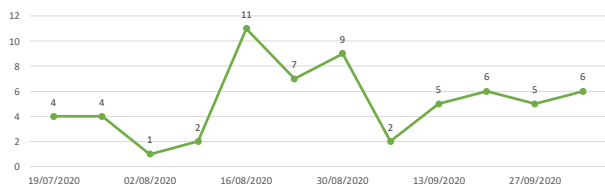
YTD Procedures By Site



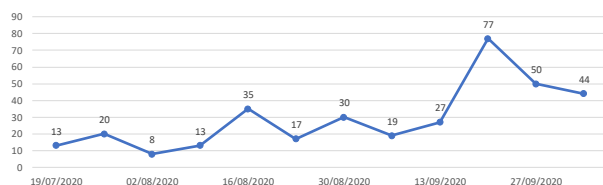
YTD Outpatients By Site



Procedures - All Sites Trend



Outpatient Appointments - All Sites Trend



Operations by Type (all sites)

Type of Operation	This Week actual	Weekly Target	YTD Actual	YTD Target	YTD Variance
Major Fistula Surgery	8	3	44	28	16
Fistula Related Major	1	1	15	10	5
POP	3	2	7	23	(16)
Minor Procedure	6	1	39	12	27
Caesarean Section	0	0	2	1	1
Total	18	8	107	75	32

Outpatient Appointments by Type (all sites)

Outpatient Appointments	This Week Actual	Weekly Target	YTD Actual	YTD Target	YTD Variance
Fistula	14	5	77	45	32
Fistula Related	8	4	51	32	19
Non fistula related incontinen	10	3	39	27	12
Other OPD	5	6	163	53	110
POP OPD	6	4	24	39	(15)
Previous Fistula Pregnancy	1	1	7	6	1
Totals	44	23	361	201	160

FINANCIAL REVIEW AND VALUE FOR MONEY

As part of the overall drive to improve operational excellence and value for money HFE have carried out a rigorous review of costs and budget both to deliver immediate improvements and effectively plan for 2020/21.

The review:

- Reflects the productivity and efficiency and cost improvements which have been realised in 2019/20, and those planned in 2020/21
- It aligns to the activity that is planned for the coming year, and
- Takes account of the likely short-term impact of COVID-19, both upon operational activities and demand.

The full details of the review are contained in the “HFE: Proposed Budget for 2020/21” approved by the Board in July 2020.

CAPITAL WORKS

With the support of our international partners a range of construction projects and capital programmes have been completed throughout 2019//20 further improving our ability to deliver quality patient care.

Addis Ababa Fistula Hospital

- New outpatients entrance, clinical, pathology & pharmacy buildings
- Administrative building

Desta Mender

All projects below were completed in 2019/20 and have enhanced our rehabilitation and reintegration training.

- Poultry house construction
- Vegetable protection fence work
- Beehive purchase
- Compound fence work
- Re-installation of water pipe lines
- Painting of tukuls, stoma clinic, kitchen, hall, Juniper cafe and the old administrative building
- Construction of an additional guard house
- Calf house extension

Mettu Fistula centre

- Suppe MCH block construction - (92% complete)
- Gobe midwives Accommodation (61% complete)

Yirgalem H. Fistula centre

- Bensa Midwives Accommodation (89% complete)

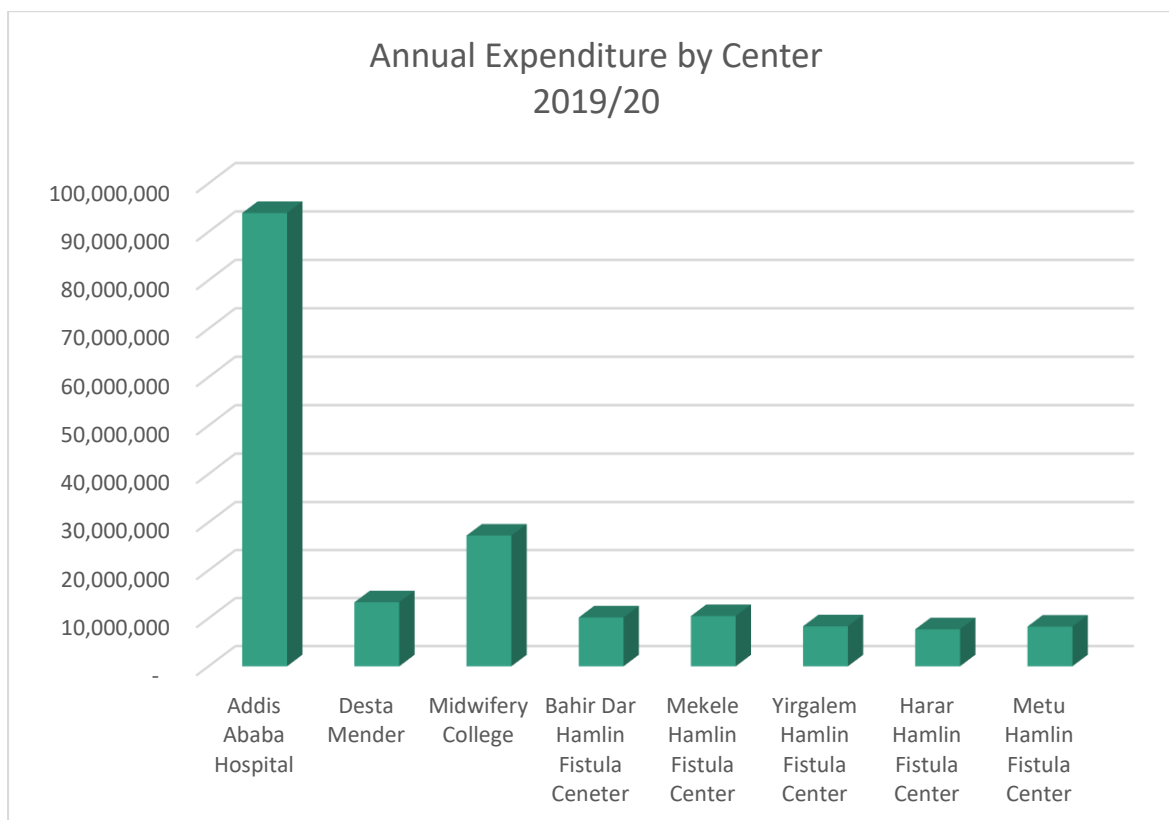
Mekele Fistula Centre

- Mekele Centre reconstruction to avoid further settlement (42.5% complete)

FINANCE REPORT 2019/20

The accounts for 2019/20 are currently being audited with no issues having been raised. The audit is expected to be finalised soon. In the meantime, the following table and figure show the final statement of income and expenditure for 2019/20.

HAMLIN FISTULA ETHIOPIA INCOME STATEMENT (DRAFT) FOR THE YEAR ENDED 30 JUNE 2020				
		30 June 2020		30 June 2019
		ETB		ETB
INCOME				
Donation Received from Partners		135,163,737.05		137,661,504.75
Donation Received from Donor Organizations		17,142,238.04		11,121,214.92
Local Income		7,878,101		7,465,026
TOTAL INCOME		160,184,076		156,247,745
EXPENDITURES				
	OPERATIONAL	ADMISTRATIVE	TOTAL	
Addis Ababa Hospital	68,600,192	25,278,437	93,878,629	91,512,957.21
Desta Mender	8,359,219	4,976,176	13,335,395	13,165,162.51
Midwifery College	23,391,089	3,851,354	27,242,443	29,245,705.73
Bahir Dar Hamlin Fistula Ceneter	8,621,436	1,554,663	10,176,099	10,196,473.21
Mekele Hamlin Fistula Center	8,768,625	1,691,666	10,460,291	15,565,915.96
Yirgalem Hamlin Fistula Center	7,067,423	1,265,983	8,333,405	8,303,967.04
Harar Hamlin Fistula Center	5,896,455	1,811,017	7,707,472	7,918,267.04
Metu Hamlin Fistula Center	6,184,057	2,090,670	8,274,727	8,406,767.15
	-	-		
Total Expenditure	136,888,496	42,519,966	179,408,461	184,315,216
EXCESS OF INCOME OVER EXPENDITURE			(19,224,385.44)	(28,067,470.54)
	136,888,490	42,519,966		
Other comprehensive income, net of income tax				
Items that will not be subsequently reclassified into profit or loss:				
Gain on revaluation of Biological asset			657,400.00	408,500.00
Total comprehensive income/(Loss) for the year			(18,566,985)	(27,658,971)



PLAN FOR 2020/21

In planning for 2020/21 HFE have been cognisant of a number of issues, which will affect the year:

- The potential and ongoing impact of COVID-19 in terms of temporarily suppressed demand, the need to keep costs down to reflect activity reductions in the short term, the potential effect upon income for the organisation, and the need to respond quickly as the effects of the pandemic reduce to identify and treat new patients who have suffered during this period.
- The imperative to find and treat historic fistula cases often from remote areas through launching the new national and local patient identification campaigns.
- The need to continue to improve productivity and efficiency in order to treat more patients with the funds available.

The full financial and activity plan for 20/21, which takes account of these issues and delivers an increased activity run rate across the year, and saves over 36 million ETB in year, is contained within the budget paper “HFE: Proposed Budget for 2020/21”

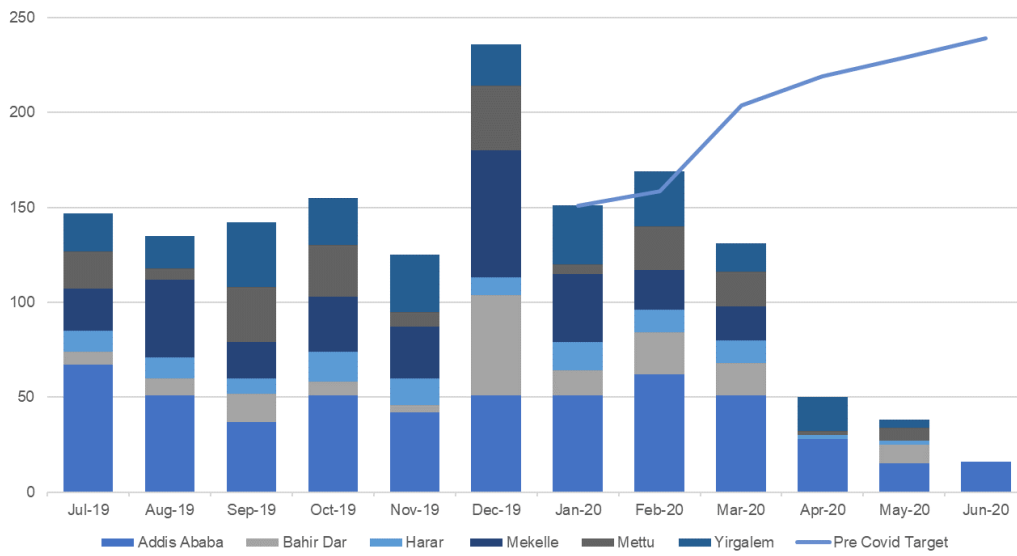
HFE will continue further work to improve operational excellence in the coming year potentially including:

- Detailed review of Rehabilitation and Re-integration
- Nationwide and local patient identification campaigns
- Development of phase two cost improvements programme
- Implementation of a new Hospital Information System, which will further enhance the organisations ability to monitor and improve performance.
- Further development of the annual planning process
- Redefining and Codifying the “Hamlin Model of Care”

APPENDIX 1:

2019/20 ACTIVITY

Actual Operations by Site 2019/20

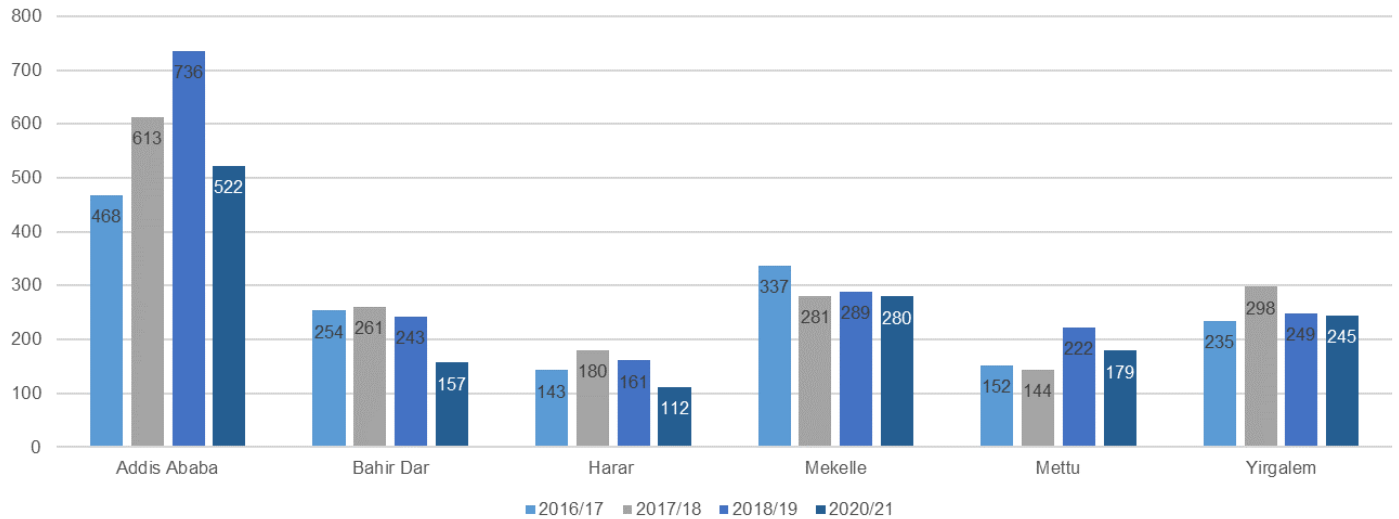


Actuals 2019/20													
Total By Site	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	2019/20
Addis Ababa	67	51	37	51	42	51	51	62	51	28	15	16	522
Bahir Dar	7	9	15	7	4	53	13	22	17	0	10	0	157
Harar	11	11	8	16	14	9	15	12	12	2	2	0	112
Mekelle	22	41	19	29	27	67	36	21	18	0	0	0	280
Mettu	20	6	29	27	8	34	5	23	18	2	7	0	179
Yirgalem	20	17	34	25	30	22	31	29	15	18	4	0	245
Total	147	135	142	155	125	236	151	169	131	50	38	16	1,495

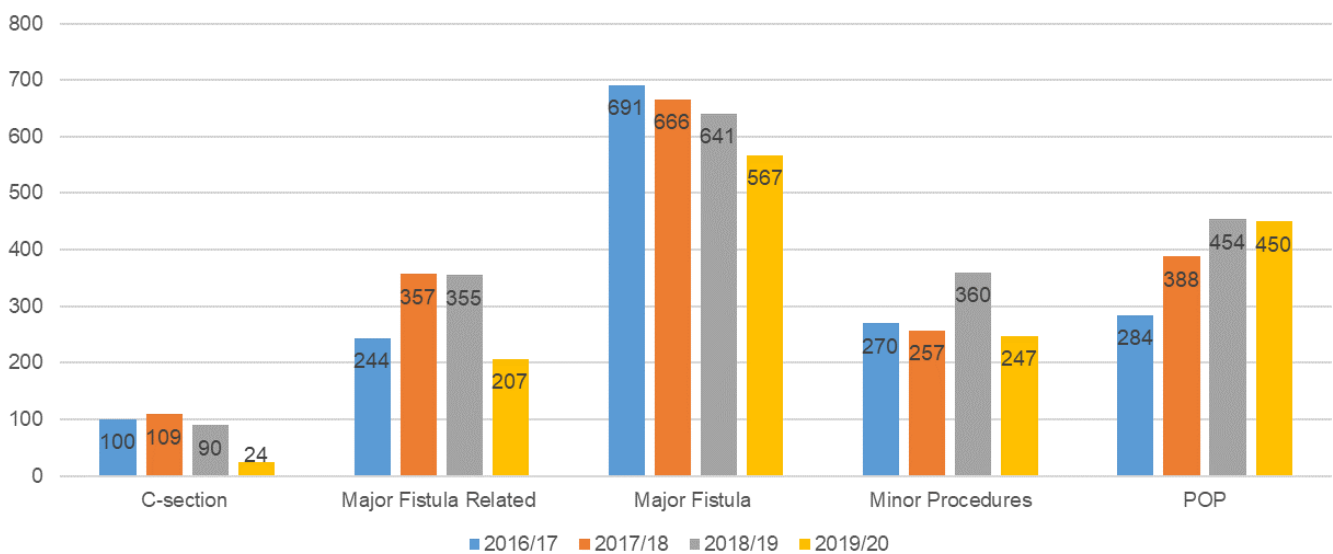
ACTIVITY 2019/20 COMPARISON WITH PREVIOUS YEARS

Please note: if activity had remained at February 2020 levels for the remainder of the financial year, HFE would have delivered in excess of 1900 procedures undertaken in 2019/20.

Procedures by Site
July 2016 - July 2020



Procedures by Type
July 2016 - July 2020



Total By Type	Actuals													2019/20
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20		
C-section	2	-	-	-	-	-	5	6	5	6	-	-	-	24
Major Fistula Related	23	25	15	18	34	19	24	22	17	2	5	3	3	207
Major Fistula	54	53	64	66	40	72	57	56	58	22	17	8	8	567
Minor Procedures	32	17	16	30	19	28	19	29	28	14	10	5	5	247
POP	36	40	47	41	32	117	46	56	23	6	6	6	6	450
Pre Covid Target							151	158	204	219	229	239	239	
Total By Type	147	135	142	155	125	236	151	169	131	50	38	16	16	1,495

ACTIVITY PLAN FOR 2020/21

OUTPATIENTS:

Proposed Plan 2020/21													
Total By Site	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Total 2020/21
Addis Ababa	45	45	45	45	58	70	81	93	137	137	155	172	1,082
Bahir Dar	0	0	9	11	15	18	22	29	51	58	63	69	345
Harar	0	0	7	8	11	14	16	22	43	48	52	56	277
Mekelle	0	0	18	22	29	37	44	59	80	95	106	117	609
Mettu	0	0	11	13	17	21	26	34	34	43	49	56	304
Yirgalem	0	0	15	18	23	29	35	47	68	80	89	97	501
Total	45	45	105	117	153	189	224	284	414	461	514	568	3,118

Proposed Plan 2020/21													
Total By Type	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Total 2020/21
Fistula	10	10	23	26	34	42	50	63	92	102	114	126	693
Fistula Related	7	7	16	18	24	30	35	45	65	73	81	89	490
Non fistula related incont	6	6	14	15	20	25	30	37	55	61	68	75	411
Other OPD	12	12	28	31	41	50	59	75	110	122	136	150	826
POP OPD	9	9	20	22	30	36	43	55	80	89	99	109	600
Previous Fistula Pregnar	1	1	3	4	5	6	7	9	13	14	16	18	98
Total	45	45	105	117	153	189	224	284	414	461	514	568	3,118

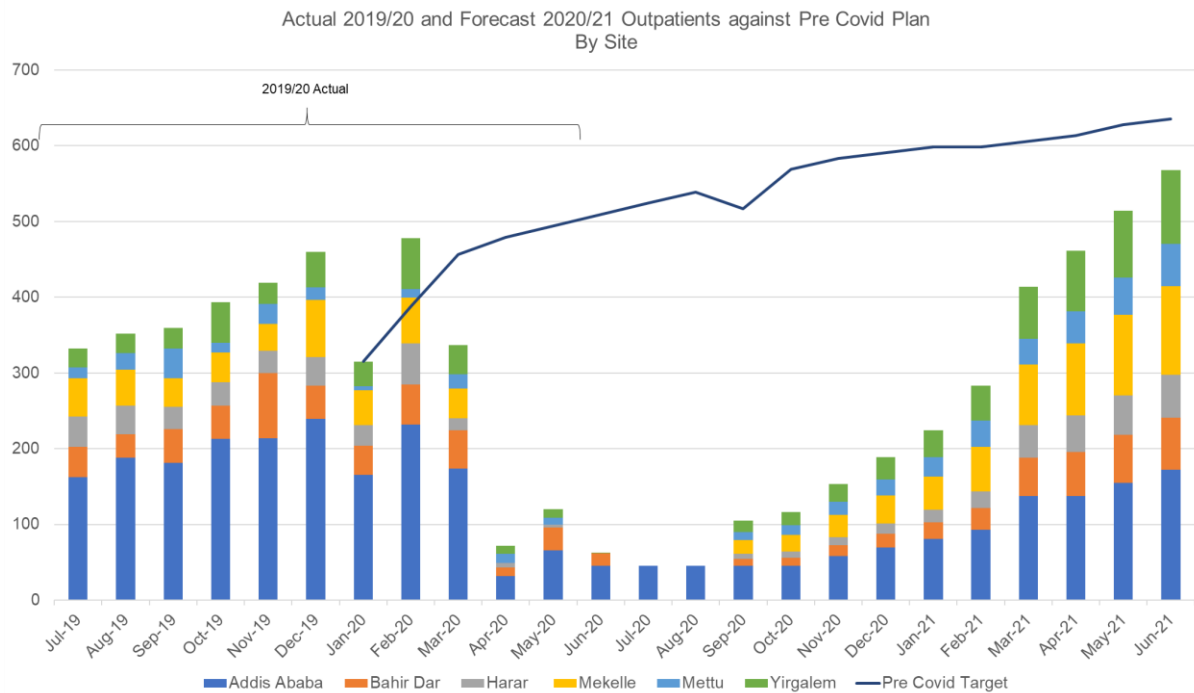
OPERATIONS:

Proposed Plan 2020/21													
Total By Site	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Total 2020/21
Addis Ababa	15	15	15	15	26	31	36	41	61	61	69	76	461
Bahir Dar	-	-	4	5	7	8	10	13	23	26	28	31	153
Harar	-	-	3	4	5	6	7	10	19	22	23	25	123
Mekelle	-	-	8	10	13	16	20	26	36	42	47	52	271
Mettu	-	-	5	6	8	10	11	15	15	19	22	25	135
Yirgalem	-	-	7	8	10	13	16	21	30	36	39	43	223
Total	15	15	42	47	68	84	100	126	184	205	229	252	1,366

Proposed Plan 2020/21													
Total By Type	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Total 2020/21
C-section	0	0	1	1	1	1	2	2	3	3	4	4	22
Major Fistula Related	2	2	6	6	9	12	14	17	25	28	32	35	189
Major Fistula	6	6	16	18	26	32	38	48	70	78	87	96	518
Minor Procedures	2	2	7	8	11	14	16	21	30	34	38	42	226
POP	5	5	12	14	21	25	30	38	55	62	69	76	411
Total	15	15	42	47	68	84	100	126	184	205	229	252	1,366

ACTIVITY 2019/20 ACTUAL AND 2020/21 PLAN

OUTPATIENTS



PROCEDURES

