



Hamlin Fistula Ethiopia

Annual Report

July 2020 – June 2021



Tesfaye Mamo, Chief Executive Officer

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INTRODUCTION BY THE CHAIR

COVID-19 has continued to become a global health concern and a source of national challenge affecting both lives and livelihoods. Slow vaccine rollout and new variants meant that we have not yet overcome the virus and the impact will probably continue in the foreseeable future. Despite these odds, HFE has so far navigated the difficult conditions posed by the Pandemic through the extraordinary efforts of the clinicians and staff, the commitment of the senior management team, and the unwavering support of international partners.

In this report the Chief Executive provides an outline of the achievements of the last year, which have been incredible in the circumstances and remind us of what is possible during difficult times. Not only has HFE delivered what was planned during the year in terms of the critical clinical activities, it has also extended the reach of prevention activities, recruiting Midwifery students from the furthest regions of Ethiopia and beyond, established a Research department to further the international clinical reputation of HFE, and developed a plan to support staff.

We are constantly reminded of the legacy of Drs Catherine and Reg Hamlin. We celebrate Mamitu returning to work with the surgical team, and her incredible journey from the day she first met the Hamlins. Catherine would have been proud of the way the HFE team have pulled together over the last year to deliver patient care, and of our continued innovation and development.

Partners will have read the monthly CEO reports which include patient stories and updates on HFE work. I was particularly struck by two stories, the first of a patient finally cured at the age of 65, the second of Sister Dominica Versa from South Sudan, who is joining the Midwifery College as a student to better support women with birth injuries in the border area. The first demonstrating the continued need to deliver Catherine's mission to eradicate fistula, and the second how even after her death Catherine inspires others to better themselves to help women in need.

We are reliant upon the continued support of partners from across the globe, which has helped us weather the storm of the last year. We continue to be grateful for the foresight Catherine Hamlin had in establishing HFIF, a "rainy day" fund from donations across the world. We will continue to need an allocation of funds from that fund to help HFE through the next year and to continue our mission to eradicate fistula.

Once again, I am confident Hamlin partnership will grow and prosper in the coming months and years to consolidate and strengthen the legacy ushered by our founders, Catherine and Reg Hamlin.

Ephrem T. Lemango (MD, MA)

Chair, Hamlin Fistula Ethiopia

INTRODUCTION

2020/21 was planned against the background of significant uncertainty due to the global pandemic and emerging regional security concerns. The impact of COVID-19 had already been felt in the tail end of the previous year and it was clear that this would continue to present challenges in the year. In addition to this as the year progressed, the security situation worsened, with armed conflict in the Tigray region which has significantly disrupted the work of Mekelle hospital.

The main priorities of the year were to maintain the continuity of the business, in terms of treatment, rehabilitation and reintegration and prevention, and to do this in a way, which was safe for our patients, staff and students.

Our immediate response to COVID-19 was to strengthen our infection prevention and control guidelines and procedures, with increased PPE, greater social distancing, hand sanitisers, a universal mask mandate and restricted numbers permitted on sites. In the early part of the year, to support the nationwide effort to curtail COVID-19, we took the decision to place the centres in hibernation, maintaining emergency work at Addis Ababa Fistula Hospital. In addition, we supported our non-patient facing staff to work from home where possible. We also introduced regular testing for staff who were continuing to work from site.

Herculean efforts continued throughout the year to ensure that students at the Hamlin Midwifery College were supported to continue their studies. HFE managed to open all regional centres except Mekelle in September 2021, increasing activity each month, eventually delivering more surgical operations than plan. We welcomed a new Gynaecologist /Centre Manager in Harar, who drove the patient identification and treatment activity to new heights. Levels of activity are encouraging with HFE surpassing the pre-COVID-19 monthly treatment numbers in four of the recent months. This sets a strong basis for delivery of the ambitious targets set for 2021-22.

HFE have also delivered more than the planned level of activity within the budget set for the year and have thus improved the overall cost efficiency of the organization.

Our founder, Catherine Hamlin continues to inspire us all and I am often bolstered by simply asking myself “what would Catherine do?”. There is a long tradition of celebrating Catherine’s birthday each year on 24th January. Her 96th birthday was celebrated last year with Emaye



Figure 1: Dr Catherine's 97th Birthday Party

herself at the centre of the celebration. We have agreed to continue to celebrate her birthday each year, as she is in many senses still alive in our hearts and souls, and through her continued work and legacy. Her 97th birthday was colourfully celebrated at AAFH on January 24, 2021 in the presence of staff and patients. Poems about Catherine’s work were presented to the audience. Music, cake cutting, and speeches were made to celebrate Catherine’s extraordinary life.

COVID-19

In the early stages of COVID-19, HFE put in place a COVID-19 preparedness and response plan, and technical guidelines to protect staff and patients from infection. There was a universal mask mandate at the grounds of HFE for patients and staff with sanitizer dispensers installed in various areas for easy access when needed. Efforts have been continued across the year to ensure that awareness and vigilance continues to be maintained. From August 2020, PCR tests for staff and patients have been available for those showing symptoms.

Staff who were tested positive would be allowed to stay at home and take their second tests in a couple of weeks to ensure they are negative before they joined the rest of HFE workforce. Any patient who had been tested positive was helped and isolated until they are negative.

Thankfully, most staff and patients who have been infected with COVID-19 have had relatively mild symptoms, however, sadly, HFE lost one of its staff, Kerubish Tadesse, to COVID-19 in March at the young age of 38. Her loss was a poignant reminder of the impact, which COVID-19 has had across Ethiopia and beyond. The 38 year old Kerubish Tadesse was born and raised in remote rural village in Northern Ethiopia around Gojjam. She had suffered from a devastating birth injury causing a fistula over two decades ago.



Figure 2: Kerubish Tadesse

Since her treatment by Dr Catherine (Emaye), Kerubish stayed in Desta Mender for some time to receive follow-up care and treatment. She subsequently became a nurse aide in May 2007 and has been working as such ever since mainly in the Dr Reginald Hamlin Operations Theatre.

She is remembered as a kind and strong woman with a friendly character and great sense of humour and brought happiness and strength to those around her. She is sadly missed by her family and the Hamlin family. We wish God's comfort to her family and friends and rest her soul in heaven.

Ethiopia experienced an increase in COVID-19 rates and deaths from March with a second wave of the disease spreading rapidly through our communities, affecting many people we know. Fortunately, the Ministry of Health agreed to release vaccine for HFE staff, and on 31st March 2021 the CEO became the first member of staff to have the AstraZeneca jab to minimise vaccine hesitancy amongst staff. Since then (and by July 2021) almost all staff have had two jabs and are therefore fully vaccinated.

DELIVERING OPERATIONAL EXCELLANCE

Over the last year the organisation has continued to make progress in the drive to improve operational efficiency and value for money. Several changes have been central to the delivery in the last year of both activity and financial targets. These include:

IMPROVEMENTS IN INFORMATION AND REPORTING

Over the last year HFE have used a monthly performance dashboard which helps to identify issues and inform, management decisions. This has been further developed across the year. In addition, a new Hospital Information System (HIMS) has been implemented at Addis Ababa Fistula Hospital over the last 6 months. This is now the main source of activity and clinical information at AAFH and will increasingly be used to help and support research activities. This will be rolled out to Desde Mender in 2021/22, and consideration given to how it could be used in the regional hospitals.

HFE Operational Dashboard Year 2021 Report Week Ending: 04/07/2021

Procedures this week - By Site

Site	Actual	Target
Addis Ababa	4	10
Bahir Dar	9	5
Harar	3	5
Mekelle	14	14
Metu	9	5
Yirgalem	8	5

Procedures - All Sites 12 Week Trend

Date	Procedures
14/03/2021	52
28/03/2021	54
11/04/2021	47
25/04/2021	36
09/05/2021	8
23/05/2021	45

YTD Procedures By Site

Site	YTD Actual	YTD Target
Addis Ababa	405	443
Bahir Dar	242	242
Harar	333	333
Mekelle	0	0
Metu	235	235
Yirgalem	277	277

Major Fistula Surgery YTD

443

Major Fistula Surgery Target YTD

518

YTD Variance

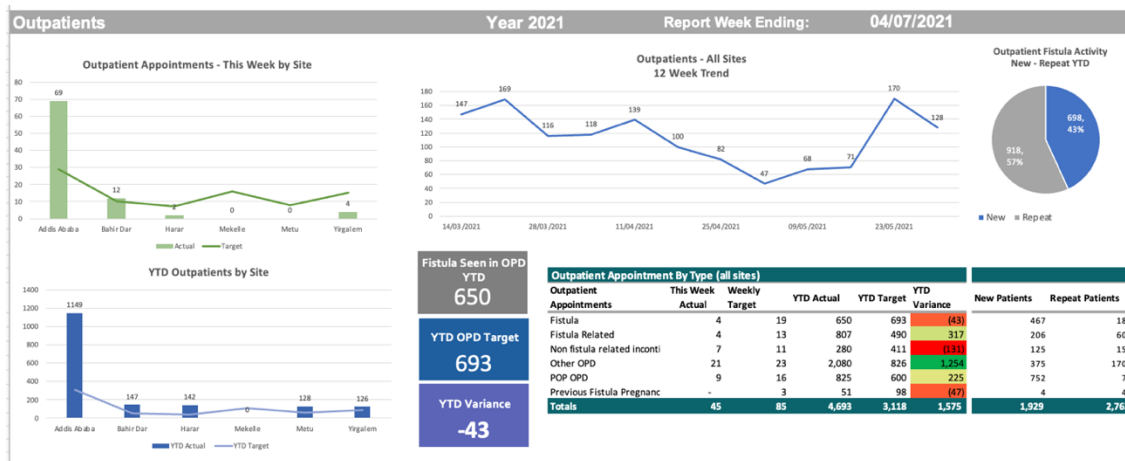
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INPATIENTS - ADMITTED, DISCHARGED & Length of Stay (LOS)

Region	Admissions this week	Discharged this week	YTD Avg Los by Site	Avg Los Target	Avg Los Variance
Addis Ababa	0	6	31	21	10
Bahir Dar	9	4	19	21	(2)
Harar	0	7	19	21	(2)
Mekelle			-	21	0
Metu	0	2	17	21	(4)
Yirgalem	4	15	16	21	(5)
Total	13	34			

Operations by Type (all sites)

Type of Operation	This Week actual	Weekly Target	YTD Actual	YTD Target	YTD Variance
Major Fistula Surgery	8	17	443	518	(75)
Fistula Related Major Sur	1	6	138	189	(51)
PDP	23	13	643	411	232
Minor Procedure	1	7	237	226	11
Caesarean Section	0	0	20	22	(2)
Total	33	43	1,481	1,366	115



INCREASED MANAGEMENT OVERSIGHT AND A RENEWED FOCUS UPON PERFORMANCE

The performance oversight arrangements put in place by the current CEO have continued and been strengthened across the year. In addition to the bi-annual review, and the 9 month review the CEO has introduced monthly review sessions (held on a Saturday so they don't interfere with clinical activities) to ensure that problems and challenges which could affect performance are tackled proactively. This helps centres to be alert to their level of performance and take feedback from management and colleagues.



Figure 3: Bi Annual Review Meeting Jan 2021

The bi-annual review in January 2021 was held to evaluate performance over the previous six months and identify challenges and successes. Centre managers, prevention officers and mentors attended the meeting from HFE's centres, with key staff from the head office and AAFH. The whole-day review meeting discussed: COVID-19 preparedness, response (including cost saving measures) and challenges; six-

month performance review; implementing the plan for the second half of the fiscal year; HFE strategy; and the patient identification campaign plan. HFE Board of Trustees also met separately to review progress during the period.



Figure 4: 9-Month Review Meeting

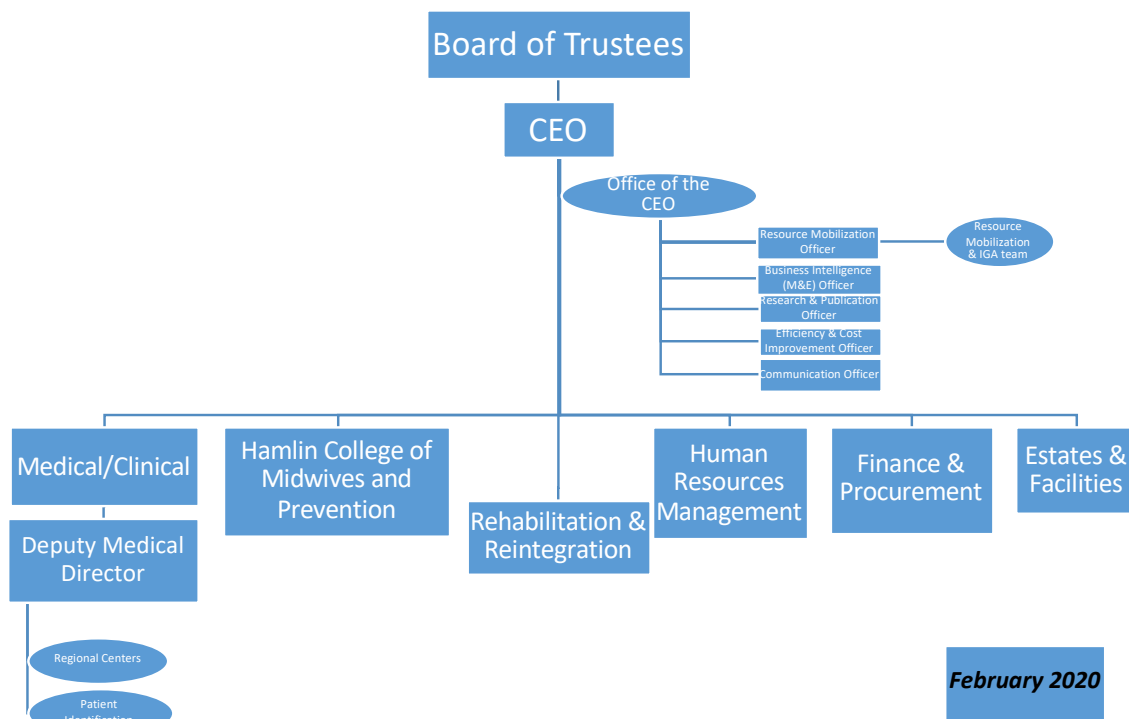
HFE conducted its 9-month review meeting with senior managers, centre managers and surgeons at AAFH. The 9-month review meeting (held in April) focused on extracting lessons learned and challenges during the period. It was noted that HFE was on track to deliver the full year activity plan. Dr Letta from Harar centre shared his experience of delivering higher activity in recent months. He explained how local FM radio has become instrumental in getting fistula patients for treatment at the centre. He has also indicated that stakeholders at Woreda and Kebele levels

should be engaged to increase patient numbers. This was a great example of how the organisation grows through the sharing of knowledge and experience. The meeting also discussed the planning assumptions and potential activity targets for 2021-22 as presented by the CEO. Participants further enriched the assumptions and forwarded their inputs to cement plans and targets for 2021-22. Consensus was reached on activity plan and related targets for 2021-22.

REPURPOSING STAFF AND RENEWING THE STRUCTURE OF THE ORGANISATION

Following various studies and extensive discussion at HFE Board, and in order to support the ongoing drive towards operational excellence, a new management structure was designed and implemented in the final quarter of 2020-21. Competent staff were assigned to most senior roles and the result was a new team of senior managers committed to the reform agenda, continuous improvement, and cost efficiency.

It was also noted that the restructuring should devolve to lower echelons of the organization to achieve the desired results. This would enable robust change and best utilization of HFE’s human capital. This process of improvement was called ‘repurposing of staff’ and was developed through various consultative meetings and review of employee data. The main objective of the repurposing was to ensure all staff are assigned/reassigned at the right job and according to their abilities, experience, and education. This scheme tries to ensure there is no idle human resource and assumes using existing staff by repurposing them to different roles instead of hiring new staff. Early results show promising prospects. The management wants to pursue repurposing of staff in the upcoming fiscal year, 2021-22, and ensure HFE’s human capital is appropriately utilized and purposefully deployed to achieve extraordinary performance in patient treatment, rehabilitation, reintegration, and prevention.



February 2020

Figure 5: New Organisation Structure

ANNUAL TREE PLANTING ACTIVITY



Figure 6: Annual Tree Planting Event

One of the legacies left to us by our founders, Catherine and Reg, is the garden at AAFH and the beautiful, green trees at Desta Mender. We are committed to keep the greenness of AAFH and Desta Mender by ensuring we plant trees every year. This year the staff has planted trees at Desta Mender. We dedicated this to Catherine in a speech delivered by the CEO.

MAMITU



Figure 7: Mamitu

After more than five years of absence from patient care and operation theatre, Mamitu Gashe has come back to practice her fistula surgery. This has been one of the most exciting moments for all of us here and is a sign of continuing legacy of Catherine and Reg. Sue Williams, in her magnificent book published recently with a title of 'Healing Lives' mentioned HFE CEO's promise to Mamitu:

"Do your grieving now, then take some rest and build up your stamina and then I am looking forward to seeing you back in the operating theatre, where you belong. This is how we should continue this legacy."
p. 325



Figure 8: Mamitu performing Surgery

INTERNATIONAL DAY TO END OBSTETRIC FISTULA

HFE hosts a high-level event commemorating International Day to End Obstetric Fistula at the grounds of AAFH. The event was held under the theme “Women's rights are human rights! End Fistula Now”. 23rd May is designated as an International Day to End Obstetric Fistula by the United Nations General Assembly to reflect on the progress made, to raise awareness, and to generate political and financial support for the global campaign to end obstetric fistula (OF). Ethiopia, as a UN member country, has been celebrating the day for years with various events.



Figure 10: HFE CEO giving opening remarks

This year, the day was celebrated on June 16, 2021 with an event organized in collaboration with the Ministry of Health, UNFPA, the United Nations Sexual and Reproductive Health Agency and HFE. The event was held inside the compound of the Addis Ababa Fistula Hospital. Discussions took place about the current

scenario of obstetric fistula worldwide as well as at national level. The participants also exchanged valuable insights in the prevention and treatment of Obstetric Fistula in Ethiopia.

Promoting universal access to timely, high quality maternal healthcare, including skilled birth attendance, midwifery care and emergency obstetric care were pinpointed as critical measures to be taken in preventing obstetric fistula. Moreover, eliminating gender based social and economic inequalities; preventing child marriage and teenage pregnancy; promoting education and broader human rights; and fostering community participation in finding



Figure 9: UNFPA Country Director, Ms Dennia Gayle speaking at the event

solutions, including the active involvement of men, as well as seeking the help of fistula survivors as advocates were also considered critical. The Ministry of Health, engaging different stakeholders, has been implementing a strategic plan to eliminate obstetric fistula from Ethiopia. The strategic plan aims at maintaining prevention strategies while accelerating treatment of the backlog cases in the country. HFE, with its age-old excellence in the prevention and treatment of OF across the nation, remains the major actor taking the lions' share for the effectiveness of the strategic plan.



Figure 11: Ministry of Health MCH Director, Dr Meseret Zelalem

Meanwhile the factors that lead to women developing OF are the same as those, which causes maternal morbidity and mortality as well as new-born deaths. Preventive strategies to reduce one will have a direct impact on the other. Any strategy for OF prevention and treatment should, therefore, be an integral part of the national maternal and neonatal health strategy. A presentation was also made on the inter-sectoral collaboration required to address the problem and

participants suggested the involvement of multiple actors to end Obstetric Fistula. A joint press release was also made, and TV journalists attended the session.

MEKELE CENTRE AND HFE OPERATIONS IN TIGRAY

The year has been particularly challenging for the HFE team in and around Mekele. The difficulties presented by COVID-19 were exacerbated by the worsening security situation and delays to the reconstruction work at the centre.

The situation for the 12 Hamlin midwives deployed in Tigray was not favourable to perform their duties. The situation on the ground has been volatile and most maternal health facilities have not operated normally during the period. Many of the midwives have had to stay at home due to the security condition, with reports of health centres looted and damaged and without necessary medical supplies. Some of our staff have been redeployed to primary hospitals so they can continue to work. We are closely following up the situation of our midwives in Tigray and maintaining contact in any way we can.



Figure 12: Dr Melaku preparing for surgery in newly renovated theatre

Mekelle centre has undergone significant reconstruction across the year which has been delayed mainly due to the unforeseen need for additional demolition and excavation. The centre was finally able to reopen in mid-April 2021. This was a big leap forward for HFE given the conditions of untreated fistula patients in Tigray that may have been waiting for treatment. Scores of patients

have been received at Mekele centre waiting for their surgeries. Staff were delighted to be able to again treat patients, and between April and June have operated on 89 patients. The situation in Tigray remains difficult and we pray that this improves over the coming year so that HFE can support the many women who will require our care and treatment.

INNOVATIVE COST SAVING

VEHICLE MAINTENANCE



Figure 13: Vehicle Maintenance by Shambel (Gorbachev)

HFE has a tradition of outsourcing the repair and maintenance of its fleet. The costs of such maintenance have increased over the past several years as the fleet gets older. Following the restructuring, the maintenance and fleet unit has been strengthened and some repair work is brought back as a new strategy of insourcing to save costs. Currently, HFE performs A-Type vehicle service/maintenance (5,000KM) and B-Type vehicle service/maintenance (10,000KM). Also, emergency breakdown repair is currently handled at HFE Addis Ababa team. This new approach has opened a new area for cost improvement. There is a plan to expand the insourcing and save more costs.

DISPOSAL OF UNUSED ITEMS

HFE, in its material store located at Desta Mender, had accumulated large number of unusable items over many years. According to the previous national charitable organisations proclamation, charitable organizations like HFE have to follow complicated rules to dispose any depreciated materials on their own. Recently, however, this proclamation was amended and replaced by a new one which eased the process. An audit was carried out by internal audit and materials management staff to identify, classify, and prepare items for disposal. A detailed report was signed off by the senior management team and the Federal Government Charity and Society Authority, and items were sold by open bid. Depreciated old model cars, vehicle spare parts, used car batteries, used tire and inner tube, used computer accessories, used electronic equipment, used medical items category lists presented for bid.



Figure 14: Disposed Vehicle

This material disposal can be considered as hitting two birds with one stone. On the one hand, we were able to clean out our material store at Desta Mender and resolve the shortage of storage space; on the other hand, we gained additional income of the amount 1,542,551.49 birr which can be spent on the treatment and rehabilitation of women with childbirth injuries.

Throughout its long years operation HFE has accumulated many unused materials as well as equipment here at the head office and the outreach hospitals. Hence, the material disposal will continue based on planned analysis and identification.

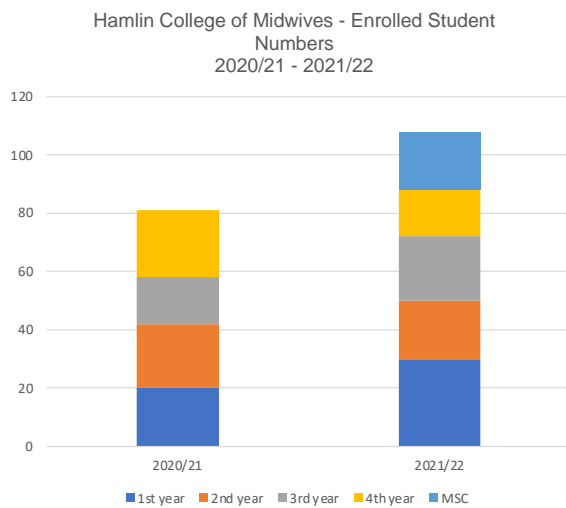
PREVENTION PROGRAMME

OVERVIEW

Emerging and re-emerging diseases across the globe are becoming a bigger threat to humankind than ever before. Apart from the mortality and morbidity that it causes, it has brought a significant impact on economic, social, and geopolitical structures. The impact of COVID-19 pandemic caused the closure of schools, higher education, and other cultural and religious institutions. Despite all these unforeseen consequences, the Hamlin College of Midwives as higher education institution has made remarkable progress in teaching and learning activities. Teaching activities were maintained through remote learning and supervision, with all students now having caught up.

MAIN ACADEMIC PERFORMANCE

After signing of a Memorandum of Understanding, students were recruited from developing Regions namely, Benshangul Gumuz and Gambella. The college continues to develop the



undergraduate programme with 30 students being recruited for the academic year 2021-22 (to start in November).

Other classes have finished their backlog courses for the semester of their respective academic year and sat the examination, had related clinical practice in hospitals and health centres and then moved to the next level. Despite the challenges encountered in managing courses and exams within a very short time, with the relentless effort of academic staff and commitment of students, they all have passed successfully.

Figure 15: Hamlin College of Midwives Student Numbers

2020 graduates who have taken National Board Examination (NBE) passed (100%) and deployed to their respective regions except in Tigray. Hamlin has a record of a 100% pass rate for the last three consecutive years which is highly appreciated by the Ministry of Health, Higher Education Relevance Agency and Ministry of Science and Higher Education. It is the only college to have scored this result in the field of midwifery across all regions. Although a Graduation ceremony was not possible, partners sent video messages to the graduating class and the students were awarded in a brief, open-air session.



Figure 16: Student Open Air Graduation

A student network has been created to help 1st year students cope with common courses like Mathematics and English which were introduced very recently by the direction of the regulatory body.

All appropriate monitoring and evaluation strategies have been implemented to ensure the continued high quality of education. These are:

- Fortnightly meeting conducted on a regular basis to assess the status of teaching and learning activities
- Lesson plan (for theoretical and practical attachments) for each subject obtained from Tutors and reviewed
- Clinical and theoretical exams reviewed and organised.
- Performances of students reviewed by the Academic Committee at the end of each semester.
- Classroom teaching supervised and feedback provided to instructors.
- Advisors for each batch have followed the progress of each student and reported to the V/Dean's office on a regular basis.

Preparations for the launch of the MSC programme have proceeded and the first year will start in the academic year 2021-22.

EXTRACURRICULAR ACTIVITIES

- Guidelines and protocol were developed related to COVID 19 prevention
- All students provided facemask, classroom-sitting arrangement made, and necessary materials for hand washing availed.
- Refreshment program organized for students after completing each semester and before embarked into the next.
- Students have donated blood.

HEALTH CENTRES

In addition to training Midwives, the prevention program of HFE supports selected rural government health centres through the provision of essential drugs and medical supplies, mentoring the deployed Hamlin graduated midwives, renovating the delivery room and sometimes constructing the entire maternity wards. During the last year HFE has supported 56 government health centres. Although security issues have prevented the collection of data from all health centres, this year the table below gives an overview of the performance for the year.

KPIs	Bahir Dar area HCs (7HCs)	SW, NS, & area HCs + Bati & Kemise HCs (6HCs)	Harar area HC (1 HC)	Mettu area HCs (11 HCs)	Bale area HCs (2 HCs)	SNNPR area HCs (15 HCs)	Tigray area HCs (11 HCs)	Total (53 HCs)
# of Short term FP	19,870	8,399	2,627	33,450	1,027	19,651	3,542	88,566
# of Long term FP	3,635	10,560	1,712	15,850	503	9,723	2,164	44,147
# of ANC 1 st Visit	6,274	3,583	1,495	6,872	1,201	11,628	1,885	32,938
# of ANC 4 th Visit	3,517	1,740	850	4,995	913	9,100	835	21,950
# of delivery attended by Skilled MW	3,381	1,898	1,214	5,644	983	8,294	930	22,344
# of complications managed by Hamlin MWs	446	121	64	180	55	132	67	1,065
# of complications referred to	209	197	20	435	73	414	57	1,405
# of PNC	3,494	1,854	1,214	5,564	1,032	7,796	944	21,898
# of PMTCT	6,004	4,055	608	9,088	1,344	10,362	1,609	33,070
Institutional maternal death	1	-	-	-	-	1	-	2
Neonatal death	4	-	-	1	2	16	-	23
Still birth	57	12	5	6	1	19	13	113
# of homes visited	41	218	-	404	485	2,445	1,928	5,521
# of health post visited	125	216	9	55	24	244	43	716
# of Ultrasound scanning	909		977	105		305		

Figure 17: Health Centre KPIs 2020-21

PREVENTION ACTIVITIES – PELVIC ULTRASOUND SCANNING

One of HFE's game-changing activities in prevention is the provision of ultrasound scanning to pregnant women. This intervention was introduced by training our midwife mentors and midwives. Two rounds of training were given to mentors, midwives, and college academic staff. 8 GE VSCAN machines were procured in 2019 with the generous financial support received from Catherine Hamlin Fistula Foundation (CHFF). CHFF has also covered the training costs. Our midwives received these ultrasound machines for use after the training was completed.

Our midwife mentors have been using the VSCANs for assessing the conditions of pregnant women and determining abnormalities. They scan for twins, placenta Previa, hydrocephalus, microcephalus, cervical polyp etc. Over the past several months midwife mentors of HFE based in BahirDar, Harar, Metu and Yirgalem have travelled to rural health centres and have collectively performed over 2,200 ultrasound scans

PATIENT IDENTIFICATION AND TREATMENT

As part of the 2020-21 annual plan, a patient identification campaign design was initiated. Previously, in December 2019, it was agreed that a series of Patient Identification Campaigns would be launched, from February and March 2020 as part of an 18-month programme. Initial campaigns took place in Addis Ababa and Yirgalem in January and February 2020 and a national SMS campaign was launched at the end of January. As a result, there was an increase in the number of operations performed in February 2020.

COVID-19 has had a major impact upon the activities of HFE with far fewer operations taking place and the hibernation of regional hospitals until August 2020. Mekelle has not been in operation following the end of hibernation for refurbishment and security challenges until April 2021.

Where campaigns became possible, they focussed upon:

- Identifying patients who have not presented because of fears around COVID-19 and/or travel and security restrictions
- Identifying historic cases, which it has been acknowledged are harder to find, as they are more likely to be in remote rural communities
- To ensure that new cases are still coming forward and not being affected by ongoing fears or concerns.

This supports our major HFE strategy: *to declare each area fistula free Woreda by Woreda*

Sadly, there are still an estimated 31,000 Ethiopian women living with obstetric fistula today. Many of these women are physically and socially isolated, left to suffer, hidden and alone. Hamlin's Patient Identification Program aims to find every woman suffering with an untreated fistula injury and connect them to treatment. The program has identified key strategies to educate communities and increase awareness about treatment and care. Sharing vital information with communities through one on one and group education sessions, as well as via mass and local media campaigns, is key to dispelling misconceptions and empowering women to reach out for support. Many of the physical barriers to seeking treatment are also being removed through door-to-door visits to identify women, arranging transportation, and reducing out-of-pocket expenses for women.

Searching the most remote areas of Ethiopia for women with fistula Dedicated Hamlin Patient Identification Officers, search strategically identified remote regions, tirelessly looking for women who are hidden away with untreated obstetric fistula injuries and who are unaware that help is available. Hamlin's Patient Identification Officers are training frontline health professionals, and community and religious leaders in identifying fistula cases, raising awareness, and fostering acceptance in the community.

The activity plan for 2020-21 was set knowing the likely challenges of COVID-19, and a plan was agreed to gradually increase activity over the second half of the year. The plan was to undertake a total of 1,366 operations across the year, with monthly numbers increasing gradually to 252 by June 2021. HFE has delivered 1,567 operations in year with 233 cases delivered in June 2021. Mekelle activity has been minimal across the year, although there

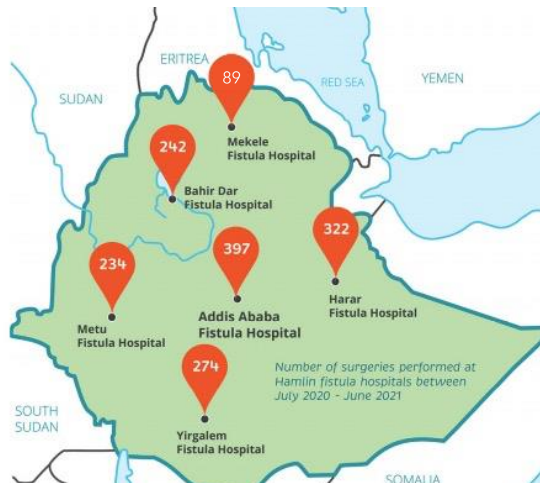


Figure 18: Procedures performed by Site 2020-21

were 42 procedures delivered in May and 39 operations undertaken in June (as communication is still difficult the detailed breakdown from June is not known). Pre covid, Mekelle would normally deliver around 50 procedures per month and at least this would be expected to be delivered in the future once the security issues stabilise.

HFE have demonstrated the ability to deliver at least 200 cases per month (233 in June), and once Mekelle is fully running to reach levels of 250 cases per month and above.

It should be noted that the case mix between fistula and POP has changed so that the total number delivered of Major Fistula and Fistula related is broadly the same as POP cases. In addition, HFE is now able to undertake urinary diversion surgery for women with an all-Ethiopian team, whereas in the past the organisation was reliant upon support from European Surgeons.

The chart below shows the delivery of cases per month across the year. The green line shows the average number of cases undertaken each month before COVID-19, and it can be seen that HFE have exceeded this average in four months in the last year. This is an extraordinary achievement given the tough challenges presented by both the pandemic and security conditions.

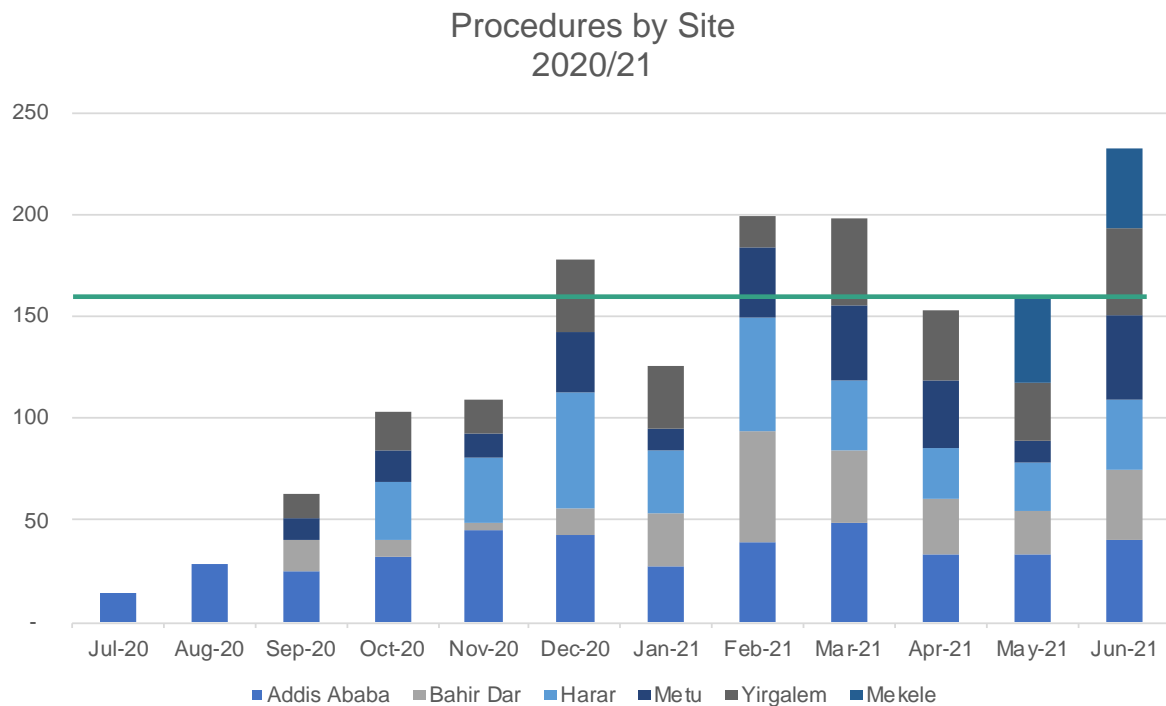


Figure 19: Procedures by Site 2020-21

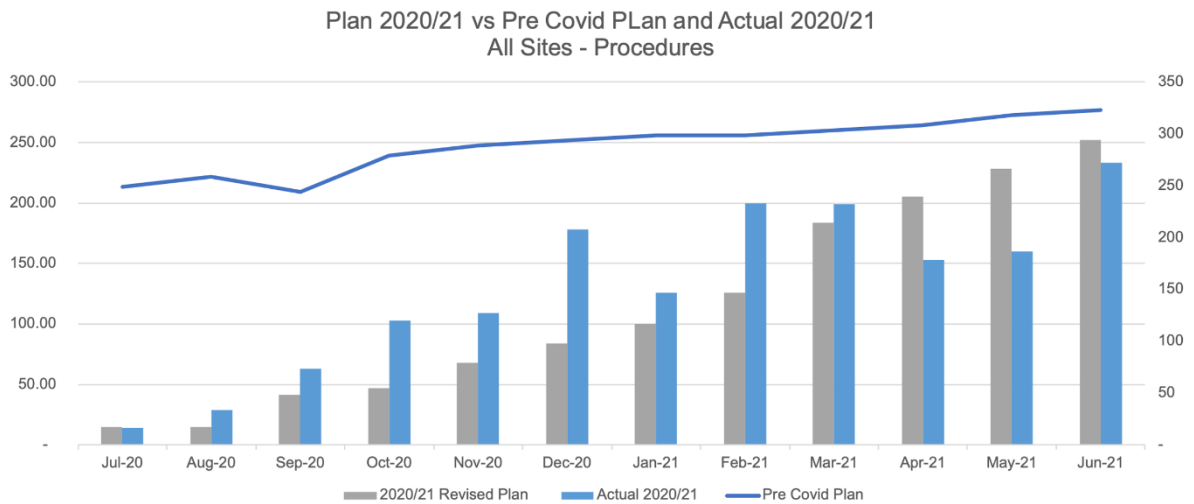


Figure 20: Plan 2020-21 versus Pre Covid Plan and Actual 2020-21

The chart above shows monthly operations against plan. The blue line is the plan, which would have been implemented if the pandemic had not occurred; this shows that actual performance is starting to reach the original plan levels for July 2020. The chart below shows cumulative performance and illustrates the over-delivery in year, with HFE exceeding the annual target by 15%.

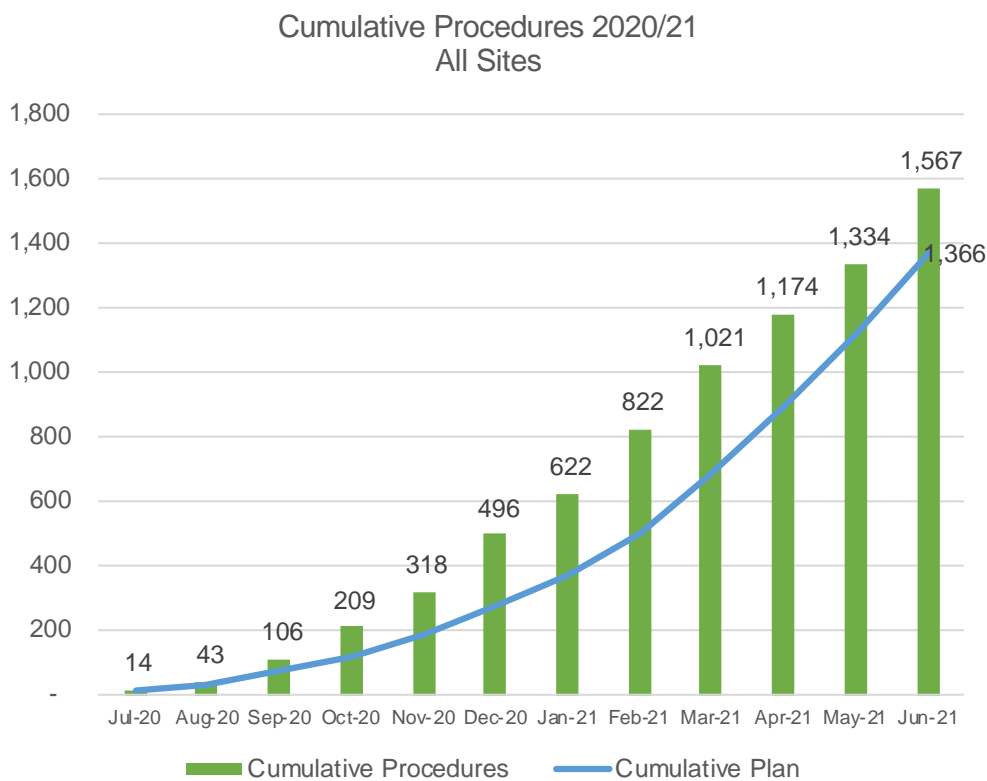


Figure 21: Cumulative Procedures 2020-21

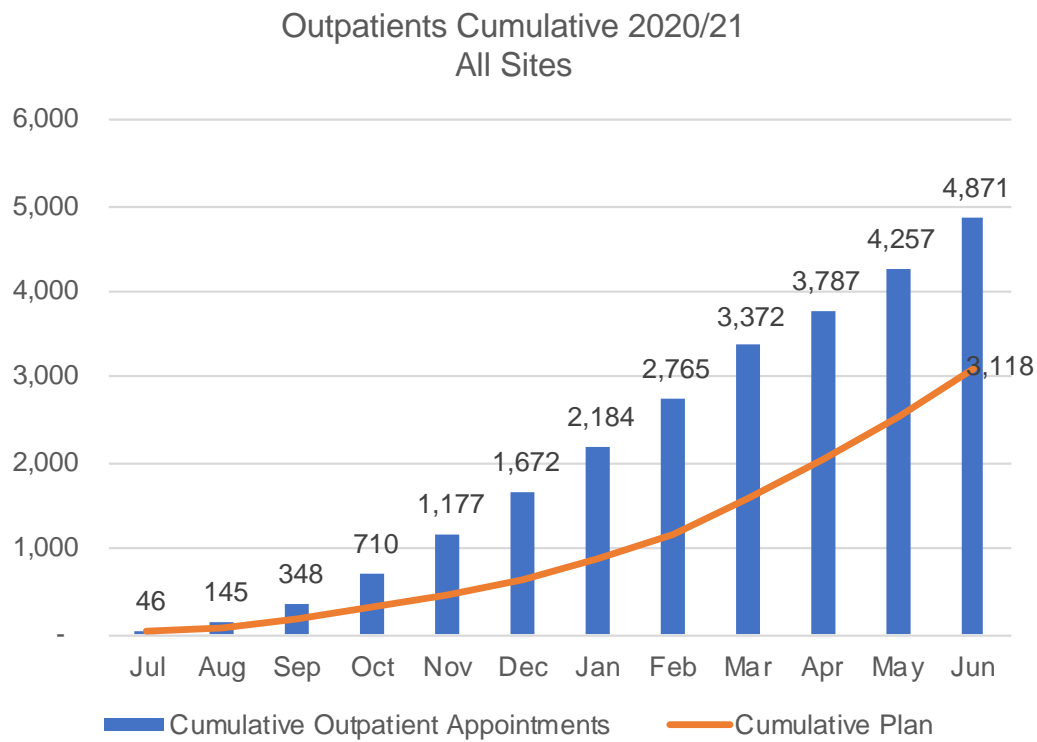


Figure 22: Cumulative Outpatients 2020/21

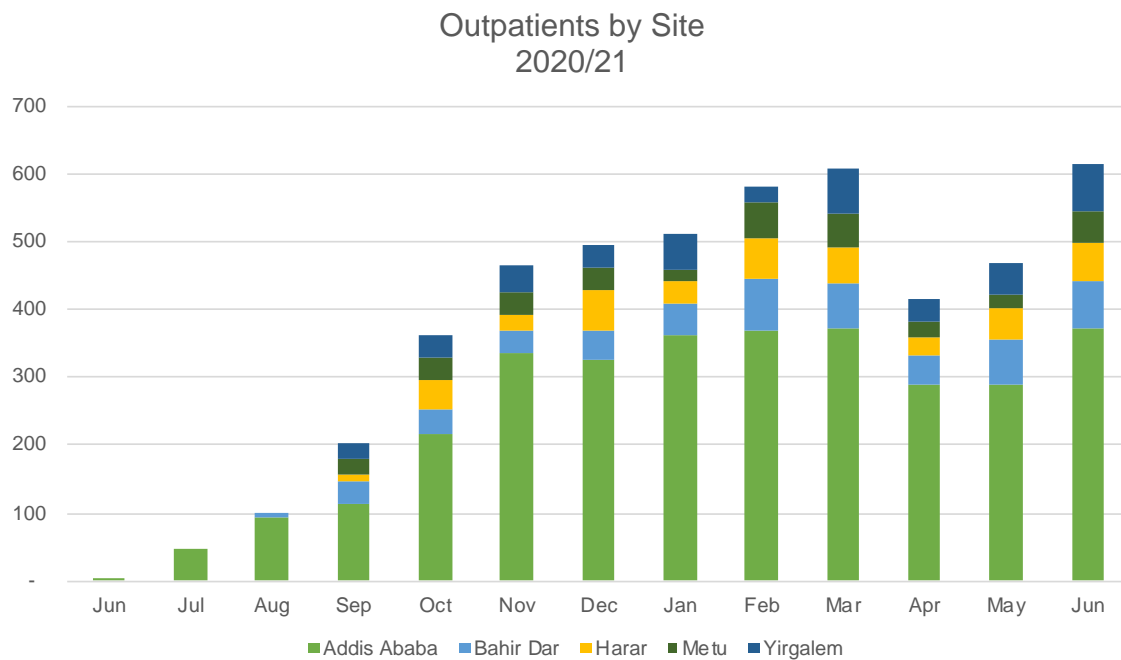


Figure 23: Outpatients by Site 2020/21

HFE PHYSIOTHERAPY SERVICE AT AAFH

HFE's physiotherapy service at AAFH consists of Stress Urinary Incontinence (SUI) and physical rehabilitation services. SUI services include:

- Training and assessment of pelvic floor muscle
- Overflow incontinence management
- Measuring residual urine
- Bladder training
- Stiff catheter training
- Follow up including medication or treating infection, linking the patient to social work, finance and arranging transportation for discharge.

Training of contiform or pessary for SUI patients. Contiform pessary is designed to help regain control of pelvic floor muscles. It's a plastic supportive material inserted on the vagina to prevent urinary leakage for patients who have stress urinary incontinence.

Patients that visit and get the rehabilitation services have therapy sessions from 7 days up to 6 months. The following table summarizes the main SUI and rehabilitation activities conducted over the past 12 months.

Activities	Number of patients
Pelvic Floor Exercise advised on admission	318
Post OP recovery (Ward visiting)	290
Follow up patients	40
Overflow incontinent management	54
Stiff catheter training	12
Contiform training	7
Pelvic Floor Exercise for OPD	39

Diagnosis	Number of patients
Drop foot	23
Knee contracture	9
Hip contracture	9
Weak patient	23
Shoulder & back pain	12

Figure 24: HFE Physiotherapy Services

REHABILITATION AND REINTEGRATION

The Rehabilitation and Reintegration (R&R) operations were in hibernation for COVID-19 preparedness and crises response from June 2020-August 2020. In September 2020, it reopened to continue its regular activities with appropriate measures taken to ensure the safety of staff and patients.

From October to December 2020, the team prepared to launch the new Women Empowerment project through vocational and life skill training. In January, the first group of 44 women joined for vocational training. For the first cohort, all participants and staff were tested for COVID-19. Every new trainee attends an induction providing orientation, training about hand washing, sanitation, social distancing the general “dos and don'ts” of R&R-Desta Mender.

The R&R program has revised the Key Performance Indicator (KPIs), to support five pillars:

- 1) Education (basic numeracy-literacy, health, and handicraft skills) which contributes to more effective and efficient rehabilitation.
- 2) Psychological, counselling, and spiritual condition - to restore self-esteem and psychosocial status, which provide the opportunity for women to participate in a meaningful and noticeable way within their community.
- 3) Social interaction: with adequate life skill training and counselling services able to share their vision to someone, start trusting people and improve sense of belonging and to live with positive interaction with the community.
- 4) Economical: improved work initiatives and ability to gain at least one marketable vocational skill to sell and to live on along with business skill training.
- 5) Reintegration: interventions to ease the reintegration of treated women to their families and community either to run their own business and/or employed in organizations and/or married/remarried to a husband based on *their* choice to transform their lives.

R&R Key Performance Indicators and its reporting formats were revised with the support of the Monitoring and Evaluation Officer.

Assessment tools have been developed to assess each patient upon admission in terms of her education, physical, psychological, spiritual, social, and economic conditions. This allows for a referral to the appropriate R&R intervention for support.

All year-to-date KPIs of the R&R program, counselling and reintegration performance requires more focus as the other R&R activities have met or exceeded the targets. The following table summarizes yearly figure since July 2020 -21.

KPIs	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Fe 2021	Mar201	Apr201	May-21	Jun-21	Total	Plan	% Delivered
# of patient who underwent socioeconomic profiling	0	16	13	28	17	20	51	34	16	16	19	31	261	346	75%
# of patients in counseling	0	3	3	9	3	3	3	3	3	6	16	6	58	130	45%
# of patients on psychological and spiritual therapies	20	29	0	28	27	28	37	54	28	40	28	44	363	698	52%
# of patients in reintegration	0	4	3	0	8	3	4	6	7	2	12	14	63	120	48%
# of patients discharged (with transportation and counseling)	18	26	22	17	11	25	22	34	28	29	25	25	282	346	82%
Patients in Education & handicraft completed training class	12	12	0	67	49	59	71	72	133	105	128	52	760	516	147%
Patients in Medium term /short term training class	1	3	0	5	9	21	39	14	51	52	11	86	292	130	225%
# of supportive supervision	0	0	0	0	0	7	0	0	5	0	0	6	18	33	55%

Figure 25: Rehabilitation and Reintegration Programme KPIs 2020/21

VOCATIONAL SKILLS TRAININGS

The R&R project team have received renewed training in vocational skills training from expert instructors from Holeta Polytechnic College.

The project staff also fixed the greenhouse with the help and coordination of the Holeta experts and prepared the greenhouse for growing six different vegetables (beetroot, salad, cabbage, carrot, spinach and tomato). The poultry farm started its activities with 300 pullets.

The expanded vocational training gives a greater chance for those living with cured fistula to complete reintegration into their communities. This will in turn inspire women to play their role as HFE ambassador, taking a part in trying to minimize the occurrence of new fistula cases in their own community.

Holeta experts have developed curricula for poultry, vegetable, catering and entrepreneurship. Moreover, in-house modules have been prepared by the R&R team in psychology, numeracy-literacy, handicraft, and health education.

Training for Trainers has been given by the Organization for Women in Self Employment (WISE) to the R&R team in poultry, vegetable growing (sight selection, seed-bed and compost preparation), pottery, psychosocial support and basic business skills. On the job, hands on experience sharing were also provided by Harar and Yirgalem teachers. In addition, capacity building training took place at Desta Mender and in the main hospital to enable the duplicating R&R services in all Hamlin Fistula Centres.

FAMILY/COMMUNITY ENGAGEMENT

Family and community awareness raising and sensitisation activities took place during the months of January, March, April and June 2021. The meetings conducted with the women were at *zone*, *woreda* and *kebele* levels of local administration. Youth and Child Affair officers, leaders, Small Enterprise Development officers as well as community (village) representatives and training institutions helped our team to reach out to the communities to create an enabling

environment for trained women. Community gatherings, with local communities throughout the country were organised with the R&R team in order to mobilise and promote an enabling environment and inclusiveness for the patients within their families and/or communities. This covered the following areas

- Oromia region - Bishoftu, West Harar, Jima,
- Amhara region - N/Gonder, DirAmbesame, Gedam Geregera-Nebirarnit woreda- Dera Hamusit; Gibtsawit Mariyam, Simada, Nebir-amit; Wollo-Desse,
- Southern Nations Nationalities and People (SNNP) regions - Hawassa, Yirgalem, Wolayita-Sodo

These meetings involved many local community stakeholders: 48 Administration officers and Community/religious leaders, 78 other local stakeholders representatives as well as 125 community participants.

The R&R team conducted team meetings to assess its achievement and challenges. The findings were a valuable input to develop the R&R program activity plan for the year 2021-22 by revising and drawing assumptions.



Figure 26: First-round trainees' graduation

DEVELOPING OUR INFRASTRUCTURE

MAIN CONSTRUCTION ACTIVITY

Compared to pre-COVID period, there were fewer construction projects delivered across the year. There were, however, three major projects:

- Mekele renovation and reconstruction project (financed by HFA)
- Gobe and Bensa Midwives' Accommodations (financed by HFNZ)
- Completion of the maternity unit at Suppe Health Centre

There was a delay in the Mekele project because of unforeseen additional work. This was resolved after discussion with all stakeholders and approval of the change by HFA. Mekele was finally reopened in April 2021, with surgical activity resuming.



Figure 27: Mekele Renovations

The Suppe Health Centre (3.2m EIB) project was originally launched in 2018 but delayed due to legal problems with the contractor. These have now been resolved and the project completed – the opening ceremony took place on 10th July 2021.



Figure 28: Clinical staff at Suppe HC on the inauguration of the maternity block

The expenditure budget for 2020-21 was based upon the forecast activity plan for the year, and took account of the significant cost improvement plans, investments, and estimated the elements of cost which would vary with changes in activity and the impact of COVID-19.

There was an ambitious plan to reduce costs in 2020-21, improving pay costs from ETB 125m¹ to ETB 101.5m through a combination of measures, including reducing the annual leave accrual (ETB 7.4m), eliminating non-clinical overtime (ETB 1.4m), reducing workforce through retirement and a reduction in part time staff (ETB 5.6m), and changes to staff benefits (ETB 5.8m). HFE has delivered these savings and stayed within the pay budget in 20-21. This is a remarkable achievement given the many other pressures across the year.

The non-pay expenditure² plan was based upon the activity plan, with a cautious approach taken to the potential impact of reduced activity during the first few months of the year. HFE underspent against the non-pay plan in 2020-21 by ETB 25m.

The following tables show the final draft statement of income and expenditure, subject to auditors' review, for 2020-21 and donations and income from partners and donors.

¹ This excludes "Group Life Costs" which had previously been categorised as "Pay"

² Non-pay includes "Group Life Costs"

HAMLIN FISTULA ETHIOPIA		
INCOME STATEMENT		
FOR THE YEAR ENDED 30 JUNE 2021		
	30 June 2021	30 June 2020
	ETB	ETB
INCOME		
Donation Received from Partner	271,838,682	135,163,737
Donation Received from Donor Organization	10,407,915	17,142,238
Local Income	12,552,059	7,878,101
Total Income	294,798,655	160,184,076
EXPENDITURE		
	TOTAL	TOTAL
Addis Ababa Hospital	67,758,606	93,878,629
Desta Mender	13,288,066	13,335,395
Midwifery College	27,593,898	27,242,443
Bahir Dar Hamlin Fistula Centre	12,084,442	10,176,099
Mekele Hamlin Fistula Center	9,579,019	10,460,291
Yirgalem Hamlin Fistula Center	9,379,531	8,333,405
Harar Hamlin Fistula Center	9,590,489	7,707,472
Metu Hamlin Fistula Center	8,857,465	8,274,727
Total Expenditure	158,131,517	179,408,461
EBITDA	136,667,139	(19,224,385)
Gain on revaluation of Biological asset	618,500	657,400
Gain on Asset Disposal	1,503,040	
Total comprehensive income/(Loss) for the year	138,788,679	(18,566,985)

Figure 29: I&E Statement HFE 2020/21

DONATIONS RECEIVED FROM PARTNERS (ETB)

2019/20	Cash Donation	Donation in kind	Total 2020/21	Total 2019/20
Fistula E.V in German				1,187,182
Hamlin Fistula –UK	15,908,524	4,459,454	20,367,978	25,090,865
Catherin Hamlin Fistula Foundation Australia	111,849,756	61,277	111,911,033	58,602,855
Hamlin Fistula Australia	44,919,163	23,609	44,942,772	27,382,407
Hamlin Fistula International Foundation	84,638,430		84,638,430	14,744,600
Dutch Fistula Foundation	1,943,021	1,775,502	3,718,523	2,647,992
Hamlin Fistula Sweden	1,000,863		1,000,863	1,046,802
New Zealand Hamlin Fistula Inter. Foundation	5,259,083		5,259,083	4,461,034
Total	265,518,840	6,319,842	271,838,682	135,163,737

DONATIONS FROM DONOR ORGANISATIONS

2019/20	Cash Donation	Donation in kind	Total 2020/21	Total 2019/20
Ethiopiaid Ireland	3,400,326		3,400,326	1,185,163
Ethiopiaid UK			-	3,795,225
Ethiopiaid Canada			-	704,619
The Ethiopian Fund	309,977		309,977	469,452
UNFPA	89,312		89,312	4,694,421
Womens Hope International	2,672,434		2,672,434	1,306,903
Green Lamp Project	2,979,063		2,979,063	4,671,685
Karin Sandgren (MINF), Sweden	956,803		956,803	314,770
Total	10,407,915	-	10,407,915	17,142,238

LOCAL INCOME AND DONATIONS

2019/20	Cash Donation/Income	Donation in kind	Total 2020/21	Total 2019/20
Surplus on Asset disposal	2,121,540		2,121,540	-
Donations received in Ethiopia	5,896,938	226,338	6,123,276	3,654,110
Interest income	4,639,995		4,639,995	2,713,917
Farm income	12,815		12,815	26,409
Catering income	411,136		411,136	255,241
Dairy Income	1,118,695		1,118,695	
Overhead recovery	246,142		246,142	
Green Lamp Project				1,228,423
Total	14,447,262	226,338	14,673,600	7,878,101
Grand Total Donations and Income	290,374,016	6,546,180	296,920,196	160,184,076

Figure 30: Donations Received from Partners 2020/21

HAMLIN FISTULA ETHIOPIA	
BALANCE SHEET	
AT 30 JUNE 2021	
	30 June 2021
CURRENT ASSETS	ETB
Cash and Cash Equivalent	186,973,071
Receivables	7,116,019
Inventories	28,641,540
Asset held for sale	-
Total Current Assets	222,730,630
NON-CURRENT ASSETS	
Biological Assets	2,145,700
Lease Hold land	451,395
Intangible Assets	67,737
Heritage asset	936,810
Property, Plant and Equipment	291,922,052
Total Non-Current Assets	295,523,694
TOTAL ASSETS	518,254,324
CURRENT LIABILITIES	
Accruals	4,248,161
Payables	36,551,467
Total Current Liabilities	40,799,629
NON-CURRENT LIABILITIES	
Defined Benefit Obligation	1,056,712
Total Non-Current Liabilities	1,056,712
TOTAL LIABILITIES	41,856,341
NET ASSETS	
Fund balance	347,095,895
Reserves from IPSAS Transition	129,302,088
TOTAL NET ASSETS	476,397,983

Figure 31: Balance Sheet 2020/21

PLAN FOR 2021/22

The plan for 2021/22 is based upon an extensive planning exercise carried out by the HFE Senior Management and Clinical team across the last four months. In determining the plan, the team have been cognisant of:

- The need for treatment that still exists throughout Ethiopia, particularly in more rural areas
- The tremendous and critical contribution made by all staff at HFE
- The continued support of partners and donors,
- The need to continue to increase clinical activity
- The imperative to continue to drive improvements in operational excellence and value for money
- The need to enable strategic investments to secure the long-term future of HFE (for instance the MSC programme)

The planning process has been robust with each proposal (whether for patient identification, changes in activity plans or investments) going through Executive peer challenge and review in the weekly Senior Management Team meeting.

The 2021/22 plan is contained within the document ***“HFE Operational Plan for 2021/22”***. The plan for 2021/22 is ambitious:

- Almost *double* the number of surgical operations to 2,900
- Invest in staff development and improved remuneration, particularly for the lowest paid
- Launch the MSC in Midwifery Programme
- Continue to improve the rehabilitation and reintegration service
- Expand efforts in Research to help support Hamlin’s position at the forefront of Fistula Surgery

..... and to deliver all of this with minimal change in the HFE budget in US\$.