



# Hamlin Fistula Ethiopia Annual Report

*July 2021 – June 2022*



***Catherine Hamlin is the Saint of Addis Ababa***

*(The Sydney Morning Herald)*

**Tesfaye Mamo, Chief Executive Officer**

**November 6, 2022**

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## INTRODUCTION BY THE CHAIR

This has been my first year as Chair of HFE, following the departure of Dr Ephrem T. Lemango to take up a position with UNICEF in New York. Dr. Ephrem has provided superb leadership in difficult times and has been instrumental in facilitating the conditions for our current success. It is a great privilege to be appointed as a Chair after many years as a Trustee and I am committed to ensuring that HFE continue to develop in support of the Women in need of the services. Dr Wuleta Betemariam, has also left after serving diligently as a Trustee for many years. We welcome four new Trustees who will bring considerable experience, and passionate commitment to their roles: Dr Kebede Worku, long time State Minister of Ministry of Health and now Senior Advisor to the Minister of Health; Dr Mahlet Yigeremu, an Obstetrician and Gynaecologist and Professor at Addis Ababa University, College of Health Sciences, has also served as Dean of School of Medicine at Black Lion Hospital; Mr Jemal Kassaw, Country Representative, Engender Health Ethiopia; Miss Tadelech Shiferaw, International Business Manager for ENAT Bank

The last year has been difficult for many across the world with continued issues relating to the COVID-19 pandemic, which has had a huge human cost and, together with the war in Ukraine has caused significant economic pressures, including severe supply chain issues. In Ethiopia this has been compounded by the continued tough security situation, particularly in northern Ethiopia, with an impact upon the health and wellbeing of a significant number of our citizens.

As a Hamlin family we have been particularly concerned about our staff in Tigray, at our hospital in Mekelle and the Health Centers across the area. Despite the difficulties we are doing all we can to remain in contact and managed to get cash to the center in July 2022. We are very much aware that there will be much unmet need in the area due to the conflict, and HFE remain ready to help using available opportunities.

Despite all the difficulties HFE has continued to increase the number of patients who receive surgical treatment with the highest number of surgeries performed in at least 15 years. This is an extraordinary achievement for which I applaud our surgeons, other clinical staff and all those who support them. As the Chief Executive Officer outlines in his report, we have delivered all the core objectives in our plan for the year.

The commitment of our staff underpins operational delivery, and I am proud that the Board implemented the “living Wage” plan which guarantees a minimum basic wage level for all staff, linked to the cost of living. This is a long-term commitment supported by Hamlin Partners.

The HFE Board and I were delighted to be able to host a Partners International Meeting in Addis Ababa at the end of the fiscal year. It was a great opportunity for the in-person meeting after a long time COVID-19 travel restrictions to catch up with our Partners and friends who do so much to ensure that HFE has the international support and funding to continue to thrive. It was a positive event which included the graduation ceremony for the latest cohort of Hamlin Midwives, a review of the achievements of the year and plans for 2022/23. This included a presentation by our surgeons about the need to treat Pelvic Organ Prolapse which was wholeheartedly supported by all present. This presentation brought home the positive, transformational impact that our work has on the lives of so many women.

I look forward to the further exciting developments in 2022/23 as we increase our prevention activities including the Woreda-by-Woreda pilot, start development of the new facilities at the Midwifery College, and treat even more patients.

Our relationship with our Partners is strong and is the cornerstone of our success; I am grateful to all our partners for the continued efforts and support in taking a long way the dreams of Drs. Regina and Catherine Hamlin.

**Mengistu Asnake, MD MPH**

**Chair – Board of Trustees, Hamlin Fistula Ethiopia**



Figure 1: Presentations at the Midwife Graduation Ceremony in November 2021

## CHIEF EXECUTIVE OFFICER – OVERVIEW OF 2021/22

### INTRODUCTION

At the end of last financial year (20/21) we had already increased activity to levels higher than the pre covid year. Our challenge in 2021/22 was to continue with that increase and ensure that it was sustainable in a difficult climate:

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

- Almost *double* the number of surgical operations to 2,475 (exc. Mekelle) – ✓ **achieved** - *2,584 undertaken across all sites (exc. Mekelle)- a 65% increase*
- Invest in staff development and improved remuneration, particularly for the lowest paid – ✓ **achieved** – *new “Living Wage” introduced*
- Launch the MSC in Midwifery Programme – ✓ **achieved** – *the first 31 students started in January 2022*
- Continue to improve the rehabilitation and reintegration service - ✓ **achieved** – *including 240 fistula survivors going through a new 3-month training course*
- Expand efforts in Research to help support Hamlin’s position at the forefront of Fistula Surgery - ✓ **achieved** – *including initiation of six research projects*

*..... and we planned to deliver all of this with minimal change in the HFE budget in US\$. In fact, in 2021/22 we spent \$270k more than the previous year (8% increase) to deliver a 65% increase in surgical activity. HFE was underspent against budget in year.*

In 2021/22 we have seen the impact of COVID-19 gradually reduce and the security situation improve, even to the extent where in July 2022 we were able to transfer some funds to support our team in Mekele. Unfortunately, the position has since worsened with little contact with our centre. We still faced considerable challenges with consistently high inflation (which is outpacing exchange rate changes), the continued economic and social impact of COVID-19, a restricted supply chain, further disrupted by the war in Ukraine, and increasingly severe drought in the southeast. Despite these issues the organisation has been able to meet the core objectives for the year as outlined above. Unfortunately, the multiple problems with the supply chain & COVID-19 has presented immense difficulties in delivering the planned maintenance across our centres. We have developed plans for 2022/23 to deal with this issue, and significant work is already underway in the early part of 2022/23.

The report below outlines our key achievements across 2021/22.

## TREATMENT

In 2021/22 we planned to almost double surgical procedures with minimal changes in USD cost. We actually delivered over 2,584 procedures across all centres (excluding Mekele) against a target of 2,475.

In 2021/22 HFE have surpassed the activity plans which were set for those centres which have remained open. The overall number of operations performed is the highest number of procedures carried out in the last 15 years (the nearest was 2009/10, 2,548). If Mekele had been fully operating the number of operations could have been over 3,000 in the year.

Nearly 800 fistula and fistula related cases will have been to theatre this year, an increase of 20% from 2019/20 (the last pre-COVID year). The plan for the open centres was to gradually increase operations to 227 per month by the end of the year. Delivery has been higher with an average of over 250 cases per month over the last 3 months; 12% higher than plan.

Figure 2 illustrates the pre-COVID period in 2019 to March 2020, the initial high impact of COVID and slow reduction in the impact of the pandemic, through to the step change made for delivery in 2021/22.

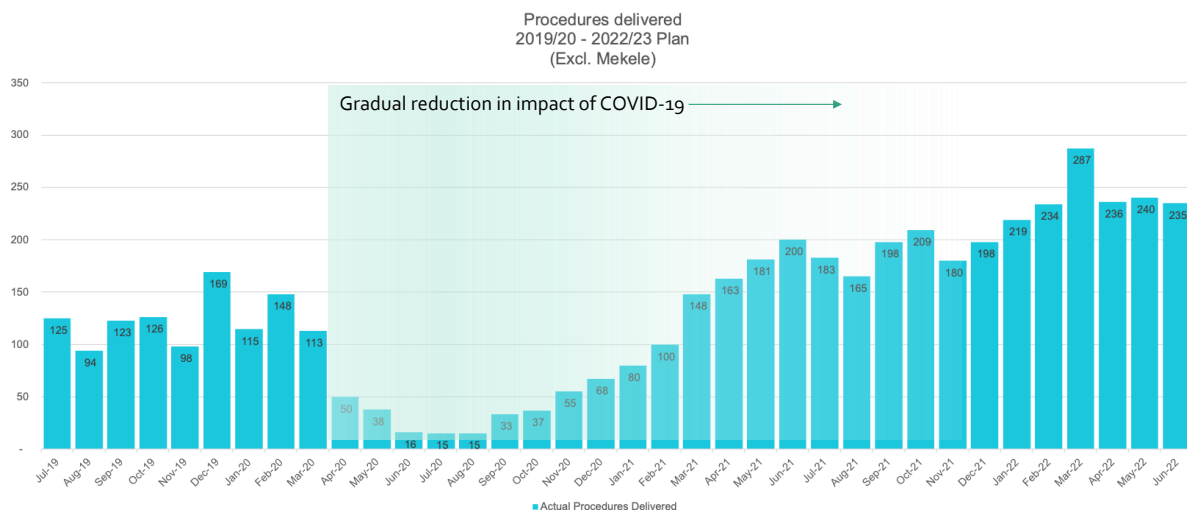
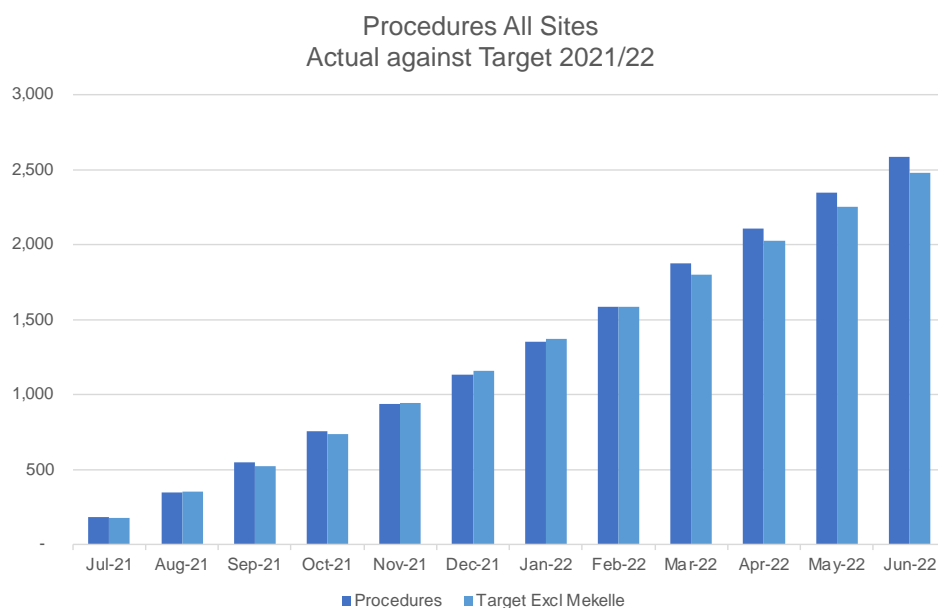


Figure 2: Comparison – Procedures delivered pre-COVID, during COVID & recovery in 2021-22 as COVID impact diminishes

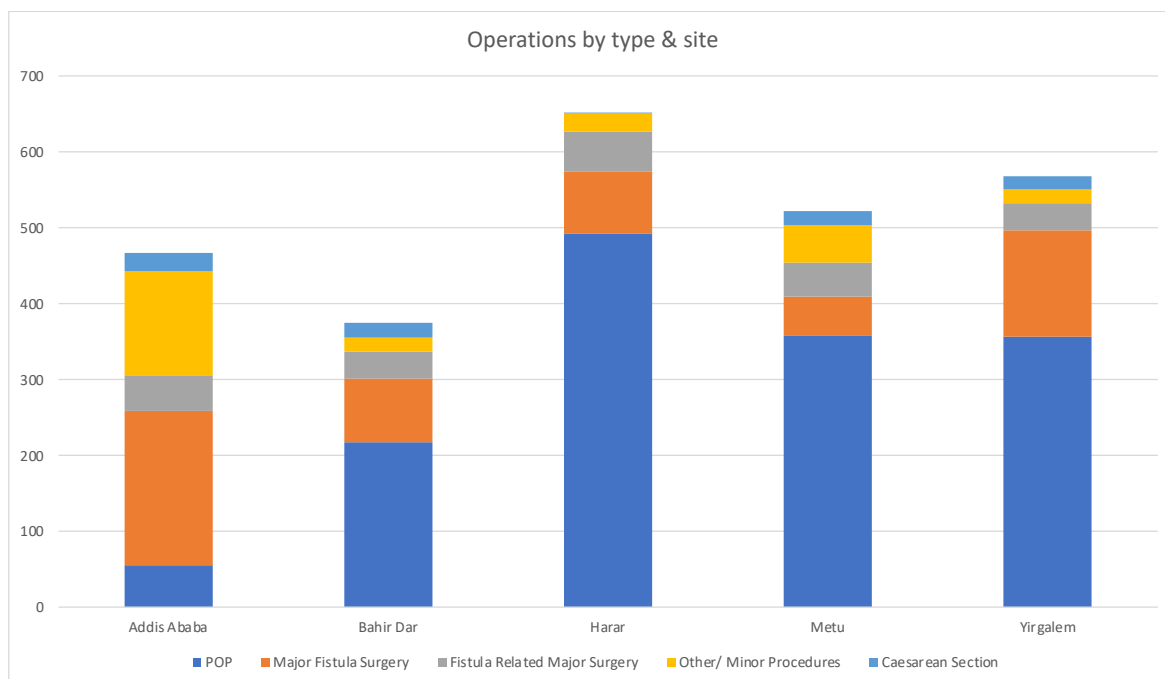
All centres (excluding Mekele) have increased their surgical activity over the last year, with most reaching and even surpassing 50 procedures per month. The strategy in 2021/22 included selectively increasing the surgical capacity to increase the long-term capacity and capability of the organisation. In 2021/22 full time surgeons at all centres, with two surgeons at Addis Ababa plus a visiting urogynaecology expert surgeon (Dr Wondwossen, replaced by Dr Beede Lema in 2022/23) helping with Diversion surgery. This capability will be further developed over the next year. Hamlin Fistula Ethiopia remains an accredited FIGO training centre for Fistula Surgery. In 2021/22 we had five FIGO trainees from Afghanistan, Somalia and Nepal.

Figure 3 shows delivery against target in 2021/22.



**Figure 3: Surgical Activity against Target 2021-22**

There has been a significant increase in Fistula cases since 2019/20, and the overall balance of demand has changed so that in 2021/22 some 57% of cases were related to Pelvic Organ Prolapse (POP), and around one third Major Fistula or Fistula related surgery. Figure 4 shows the split of case type by centre.



**Figure 4: Operations by type & site 2021-22**

POP is a serious condition in Ethiopia with over 95% of the cases being at the advanced stage 3 or 4<sup>1</sup> (see Figure 5 below) and around one third under 40 years of age, and 70% under 50. Despite the increased attention given to maternal health, relatively little has been done in Ethiopia to manage POP by the medical community and the government. Like many countries there is also little awareness in the community about POP and treatment available which means cases progress to advanced stages untreated. In our case treating patients with prolapse is equally important as treating fistula patients because the major cause for prolapse is birth injury and a disproportionate number of women living in remote rural areas without access to healthcare are affected which is similar to fistula patients.

Hamlin Surgeons are experienced in treating all POP cases and have an active network where they continually develop their skills.

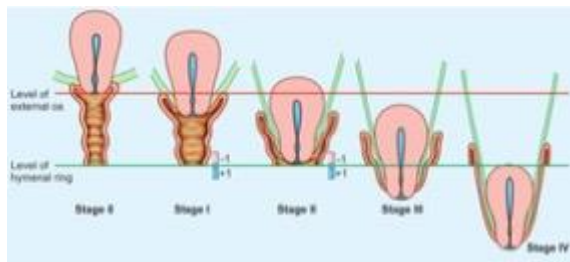


Figure 5: Stages of Pelvic Organ Prolapse

*Major fistula surgery* is a surgical procedure for treating urinary fistula or faecal fistula or both that fulfils at least one of the following: it takes more than an hour; the deep tissue plane or body cavity is entered; the normal anatomy is altered, and patients would normally stay for at least one week postoperatively. *Fistula related major surgery* is a major surgical procedure with the above criteria, but usually done for residual incontinence following fistula repair, for irreparable fistula, for late complications following a successful fistula repair. Examples include post fistula repair stress incontinence, urinary diversion surgeries, removal of bladder stones and repair of torn anal sphincters. *Minor surgery* is an invasive procedure in which only the skin, mucus membrane or superficial connective tissue are manipulated. They are usually short diagnostic or therapeutic procedures. *Other surgeries* are surgical procedures which are not related to fistula but need management by a Urogynecologist. Best example is a birth defect in the genital tract.

Hamlin's specialist fellowship program in urogynecology is in collaboration with the Mekelle University College of Health Sciences, St Paul's Hospital Millennium Medical College, and the Worldwide Fistula Fund. So far four of our surgeons have graduated, with two more at the advanced stages of their studies. The program was suspended in 2021 due to the security situation in Tigray. Hamlin is investigating options to restart the programme.

Surgical outcomes continue to be good with improvements in the key indicators shown below.

Table 1: Fistula Surgery Quality Indicators

	2019/20	2020/21	2021/22
Incontinence Cure Rate	70%	68%	82%
Fistula Closure Rate	88%	93%	94%

<sup>1</sup> Stage 3 is defined as "Leading edge extends >1 cm beyond hymen but <2cm of total vaginal length", Stage 4 as "Complete eversion, leading edge >2cm of total vaginal length"



Outpatient numbers continue to surpass the plan with increased follow-up cases at Addis Ababa in particular.

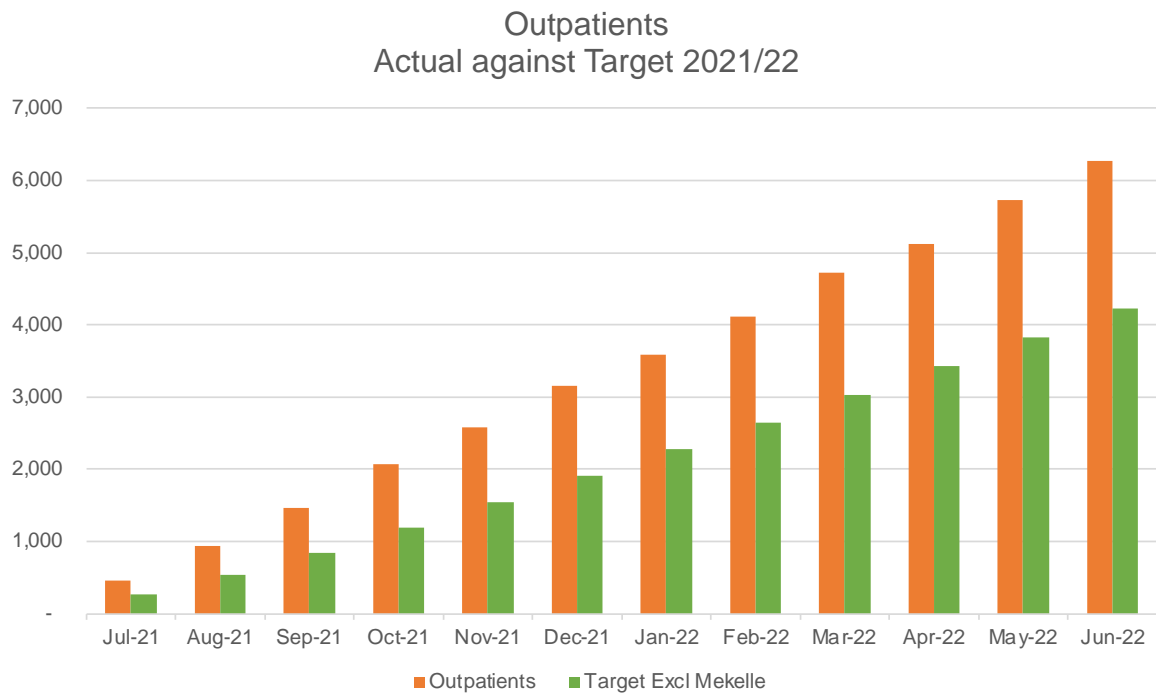


Figure 6: Outpatient Activity

## PREVENTION

### HAMLIN COLLEGE OF MIDWIVES

Prevention is a fundamental part of the Hamlin model of care. Since 2007, Hamlin has also worked to improve the quality and effectiveness of maternal health services across Ethiopia to prevent birth related injuries by promoting evidence-based practices and technologies and providing focused training programs through the Hamlin College of Midwives.

A birth simulator has been purchased with support from Catherine Hamlin Fistula Foundation (CHFF) support to help with training.

There was an unusually late Graduation ceremony for 23 students in November 2021 (delayed by the impact of COVID-19). We are so proud of our students who again had a 100% pass mark for the independent national exam, despite all of the interruptions in normal studying.

The Hamlin College of Midwives launched a post graduate program in in 2021/22 with 31 students enrolled in January 2022. This is a three-year MSc course with practical attachments managed via the Hamlin Centres across Ethiopia. The graduates will become adept at performing Ceasarean sections and overseeing other complex births, in addition to developing as the next generation of midwife educators. It is planned to have another intake of 30 students in January 2023, of which at least 50% will be Hamlin graduate midwives.

Considerable planning has taken place across the year in preparation for the expansion of both the undergraduate and MSc programmes, and a capital development plan agreed with the help of Hamlin Fistula Australia (HFA). Pending this the teaching facilities at the Hamlin College of Midwives are being used in a flexible and creative manner, with additional student living accommodation provided at Desta Mender.

Konjit Kassahun, previously Head of Nursing (Matron) at Addis Ababa Hospital has been appointed as Dean of the Midwifery College & Head of the Prevention Programme. Konjit has long experience of working in Hamlin and has a superb reputation for delivery of excellent services. Konjit has been integrally involved in the planning for the college expansion and the other elements of the Woreda by Woreda programme including Health Centre expansion and the Woreda by Woreda pilot initiative.



Figure 7: 2021 Hamlin Graduates with Staff & Guests

## PARTNER HEALTH CENTRES

The establishment and support of Partner Health Centres (PHC) has been a fundamental part of the Hamlin approach since the first graduates came out of the College. It has always been the intention that Partner Health Centres will be supported for around four years, ideally with two Hamlin Midwives. During those four years they are provided with Hamlin Midwives (supported by a Midwife Mentor), support with equipment, refurbishment and clinical consumables and drugs. The idea is that the centres will “Graduate” after around four years and require less or no support, whilst maintaining high standards.

It is expected that the number of Partner Health Centres will rise in the next few years in line with the increase in Hamlin Midwife graduates. In support of this, the new Dean, Konjit, is reviewing all aspects of the support to Partner Health Centres including:

- The selection of health centres and partnership arrangements with Health Bureaus
- The equipment and facilities provided at each centre
- Refreshing the “Hamlin Standards” for each centre and completing comprehensive assessments of all centres.
- The extent of and process for provision of clinical and other supplies to our PHCs

Together these will ensure that the standards of service and care at all Hamlin Partner Health Centres continues to increase.

The Hamlin Partner Health Centres report their activity each month, although there has been some disruption from areas affected by security and other concerns. The table below shows the delivery by area based upon the data received for 2021-22.

**Table 2: Partner Health Centre Activity 2021-22**

Prevention KPIs	SW&NS area HCs + Bati &						Yirgalem area HCs (14HCs)	Grand Total (40- HCs)
	Bahir Dar area HCs (7-HCs)	Kemissie area HCs (6-HCs)	Bale area HCs (2 HCs)	Harar area HCs (2-HCs)	Mettu area HCs (9-HCs)			
Pregnant woman received antenatal care at 1st visit	5,824	3,202	754	3,006	3,548	10,300	26,634	
Pregnant woman received antenatal care at least four visits	2,712	1,721	572	2,327	2,761	7,997	18,090	
Number of Institutional Delivery	2,680	1,834	628	2,759	2,689	8,016	18,606	
Number of labor complications identified and managed by Hamlin graduated M	472	65	44	86	186	115	968	
Number of labor complications referred to higher hospitals	167	169	46	65	147	352	946	
PMTCT	5,664	3,494	659	2,040	3,680	9,921	25,458	
Early first postnatal care attendances 0-48 hrs (< 2 days)	2,752	1,705	501	2,759	2,476	7,988	18,181	
Early first postnatal care attendances 49-72 hrs (2-3 days)	878	490	258	87	2	1,149	2,864	
Early first postnatal care attendances 73hrs-6 days (4- 6 days)	634	102	-	5	1	524	1,266	
Home visited	10	2,651	166	19	1,938	3,358	8,142	
Health post visited	107	173	4	37	162	369	852	
Institutional maternal deaths	-	-	-	-	-	-	-	
Neonatal death	11	2	-	3	3	-	19	
Still birth	17	9	4	28	14	8	80	
Number of Short Acting Contraceptive services provided	1,758	2,517	254	229	8,355	6,875	19,988	
Number of women who received Long acting contraceptives	470	2,750	56	200	5,455	3,026	11,957	

## 2021/22 – REHABILITATION AND REINTEGRATION

Rehabilitation and Reintegration is a fundamental part of the Hamlin model of care and continues to be provided across the organisation. All centres (including Addis Ababa) provide basic numeracy and literacy; psychological and social support to increase confidence and gain practical skills; support to reintegrate within the community either through another agency (Healing Hands of Joy etc) or Hamlin’s own Desta Mender centre.

Desta Mender, in partnership with Women’s Hope International (WHI) has delivered a new Women Empowerment Program for the last two years with trainee numbers now over 70 for each intake. It is planned to continue this programme in 2022/23 with three intakes of over 70 patients each across the year. The quality and extent of vocational training has improved over the last two years with enhanced patient profiling, new manuals, and support from vocational training institutes. The feedback from ex-patients has been very positive and the project truly life changing for many. Trainees have received practical training in Catering & Agro processing, Vegetable farming, Poultry farming and Pottery.

The HFE team have developed a single standardised assessment form which is being used at all HFE centres to determine patient requirements for rehabilitation and reintegration support. This collects patient level information regarding their needs at Admission to the Hospital and prior to discharge. This will provide a rich source of information to inform the future configuration of R&R services across all centres and ensure that those patients most in need of income generation support are prioritised for support by Hamlin’s R&R team.

The R&R function at HFE will be subject of a review in 2022/23 to help inform a developmental road map.

Activity for R&R is shown below.

**Table 3: Rehabilitation and Reintegration Activity**

R&R Delivery	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	Jun	Total
Number of patients completed numeracy-literacy educational module	84	92	95	48	119	118	119	114	153	103	87	121	<b>1253</b>
Number of patients with improved psychological and mental condition	3	16	20	15	13	109	47	36	42	42		77	<b>420</b>
Number of women with improved social interaction	30	8	84	4	11	13	41	61	52	74		36	<b>414</b>
Number of patients with improved work initiative and ability to work	56	56	0	0	0	63	0	0	62	0	0	73	<b>310</b>
Number of women reintegrated back to the community with dignity	0	20	6	0	15	0	0	24	7	30	13	35	<b>150</b>

## RESEARCH & PUBLICATIONS

HFE has an international reputation for being at the forefront of the treatment of fistula and other birth injuries. The number and complexity of surgical cases provides a conducive environment for further developments in this area. Having recruited a Head of Research to systemise and promote research activities at HFE, significant progress has been made:

### DELIVERED IN 2021/22

- HFE Research and Publication Guideline preparation completed
- HFE Research Thematic Areas developed
- HFE Research Proposal and Report Writing Manual completed
- Announced call for research proposal
- Initiated six research project proposals
- Conducted training on research ethics for HFE staff to help establish an Institutional Review Board (IRB) - to be completed in June 2022.

List of research projects submitted by HFE staff for 2022/23

No	Topic	Investigators
1.	Determinants of Residual urinary incontinence after obstetric fistula repair	Dr. Yeshineh Demirewu Naema Adem
2.	Assessment of the post fistula closure urinary incontinence and associated factors among mothers who were surgical repaired for Obstetric Fistula in Yirgalem Hamlin fistula center, Southern Ethiopia, 2022	Dr. Biniyam Sirak Amare Desta Behailu Melese
3.	Assessment of knowledge and practice of breast self-examination among women in reproductive age group who come for antenatal care and family planning services to selected public health centers. Addis Ababa, Ethiopia, 2022.	Serawit Yilala Marit Legesse Zelalem Belete
4.	Neonatal mortality and associated factors among Neonates admitted to neonatal intensive care unit of public hospitals in Addis Ababa, Ethiopia 2022.	Tigist Bekele Abrehet Tesfay Tizita Ayalew
5.	Utilization of long term family planning methods and associated Factors among women of reproductive age attending Addis Ababa health facilities, Ethiopia 2022	Abrehet Tesfaye Tigist Bekele Tizita Ayalew
6.	Process evaluation of the rehabilitation and reintegration program of fistula survivors treated at Addis Ababa Fistula Hospital, Addis Ababa, Ethiopia	Habtam Atnafu Anteneh Dirar

Unfortunately, our Head of Research, Anteneh Dirar is moving on to do PHD studies. We have recruited a replacement.

HFE have delivered the core activity plans of the organisation within the operational budget set for the year, with an underspend of just over ETB 14m (6.5%). The underspend is largely driven by:

- Delays in maintenance (unavailability of contractors etc) – circa ETB 6m
- Non-use of contingency – ETB 5m
- Budget issues re overestimate for Group life insurance (change to retirement age) and depreciation – circa ETB 7m
- Net of other areas of over/underspend – ETB (4m)

HFE received around ETB 40m more income than was budgeted for the year as the result of partner and donor generosity.

The underspend in 2021/22 combined with the increased income has bolstered the HFE cash position. The HFE cash reserve provides the organisation with financial stability and security and enables the organisation to plan with certainty. The extent of the cash reserve required for any organisation is primarily based upon an assessment of income and expenditure risk, and the normal operating costs of the organisation. Given the current extent of the cash reserve HFE are reviewing the cash reserve requirement and will work with key partners to determine how to maximise opportunities relating to exchange rates and investments whilst maintaining HFE operational flexibility.

HFE have also improved financial reporting and will make further enhancements in 2022/23.

Table 4: Income &amp; Expenditure Statement 2021/22

**HAMLIN FISTULA ETHIOPIA  
INCOME STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2022**



Currency:Ethiopian Birr

	<b>30 June 2022</b>	<b>30 June 2021</b>
	<b>ETB</b>	<b>ETB</b>
<b>INCOME</b>		
Donation Received from Partner	329,580,093	271,838,682
Donation Received from Donor Organization	17,162,097	10,407,915
Local Income	18,509,171	12,552,059
<b>TOTAL INCOME</b>	<b>365,251,360</b>	<b>294,798,655</b>
<b>EXPENDITURES</b>		
Addis Ababa Hospital	94,060,848	67,758,606
Desta Mender	19,329,979	13,288,066
Midwayfre College	31,385,904	27,593,898
Bahir Dar Hamlin Fistula Ceneter	13,780,874	12,084,442
Mekele Hamlin Fistula Center	8,305,413	9,579,019
Yirgalem Hamlin Fistula Center	12,531,955	9,379,531
Harar Hamlin Fistula Center	11,961,442	9,590,489
Metu Hamlin Fistula Center	11,980,069	8,857,465
<b>TOTAL EXPENDITURE</b>	<b>203,336,485</b>	<b>158,131,517</b>
<b>EXCESS OF INCOME OVER EXPENDITURE</b>	<b>161,914,876</b>	<b>136,667,139</b>
Other comprehensive income, net of income tax	-	-
Items that will not be subsequently reclassified into profit or loss:	-	-
Gain on revaluation of Biological asset	1,283,000	618,500
Gain on Asset desposal	122,000	1,503,040
<b>Deferred tax (liability)/ asset on revaluation</b>	<b>-</b>	<b>-</b>
<b>Remeasurement gain loss on retirement benefits obligations</b>	<b>-</b>	<b>-</b>
Deferred tax (liability)/asset on remeasurement gain or loss	-	-
<b>Total comprehensive income/(gain) for the year</b>	<b>163,319,876</b>	<b>138,788,679</b>

Table 5: Year-end Balance Sheet 2021/22

**HAMLIN FISTULA ETHIOPIA  
BALANCE SHEET  
AT 30 JUNE 2022**



	Currency:Ethiopian Birr	
	30 June 2022	30 June 2021
	ETB	ETB
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalent	332,811,246	186,973,071
Receivables	8,401,970	7,116,019
Inventories	26,575,358	28,641,540
<b>Total Current Assets</b>	<b>367,788,574</b>	<b>222,730,630</b>
<b>NON-CURRENT ASSETS</b>		
Biological Assets	2,935,350	2,145,700
Lease Hold land	439,028	451,395
Intangible Assets	56,448	67,737
Heritage asset	936,810	936,810
Property, Plant and Equipment	305,622,722	291,922,052
<b>Total Non-Current Assets</b>	<b>309,990,358</b>	<b>295,523,694</b>
<b>TOTAL ASSETS</b>	<b>677,778,932</b>	<b>518,254,324</b>
<b>CURRENT LIABILITIES</b>		
Accruals	1,535,970	4,248,161
Payables	45,221,708	36,551,467
<b>Total Current Liabilities</b>	<b>46,757,678</b>	<b>40,799,629</b>
<b>NON-CURRENT LIABILITIES</b>		
Defined Benefit Obligation	1,556,293	1,056,712
<b>Total Non-Current Liabilities</b>	<b>1,556,293</b>	<b>1,056,712</b>
<b>TOTAL LIABILITIES</b>	<b>48,313,971</b>	<b>41,856,341</b>
Fund balance	500,162,872	347,095,895
Reserves from IPSAS Transition	129,302,088	129,302,088
<b>TOTAL FUND AND RESERVE</b>	<b>629,464,960</b>	<b>476,397,983</b>
<b>TOTAL LIABILITIES, FUND AND RESERVE</b>	<b>677,778,932</b>	<b>518,254,324</b>



Table 6: HFE Cashflow statement 2021/22

**HAMLIN FISTULA ETHIOPIA  
STATEMENT OF CASH FLOW  
AT 30 JUNE 2022**



Currency:Ethiopian Birr

	<b>2022</b>	<b>2021</b>
<b>Cash flows from Operating Activates</b>		
Excess(deficit) of income over Expenditures	163,319,876	138,788,679
Adjustment for non cash items:		
Impairment adjustment of PPE	(8,229,647)	8,229,849
Fair Value gain on biological assets	(1,283,000)	(618,500)
Depreciation of Property ,plant and equipment	11,284,400	9,243,665
Depreciation of Property ,plant and equipment prior year adjustment	(2,023,252)	2,023,252
Amortization of lease hold land	12,367	12,367
Amortization of intangible asset	11,290	11,290
<b>Operating cash flows Before Changes in working capital</b>	<b>163,092,034</b>	<b>157,690,601</b>
Changes in Inventory	2,066,182	(16,285,620)
Change in trade and other receivables	(1,285,951)	(712,067)
Change in defined benefit obligation	499,581	106,195
Change in other Liabilities	-	-
Change in trade and other Payables	8,670,241	2,033,699
Change in Accruals	(2,712,191)	(2,246,023)
<b>Net Cash inflows from operating activities</b>	<b>170,329,896</b>	<b>140,586,786</b>
<b>Cash flows from investing activites</b>		
Purchase of Property,plant and equipment	(24,985,071)	(17,009,242)
Proceed from asset disposal	-	39,501
Proceed from sales of biological assets	493,350	345,800
<b>Net Cash outflow for investing activities</b>	<b>(24,491,721)</b>	<b>(16,623,941)</b>
<b>Cash flows from financing activities</b>	-	-
<b>Net increase (decrease) in cash and cash equivalent</b>	<b>145,838,175</b>	<b>123,962,844</b>
<b>Cash and Cash equivalent as as 1 July 2021</b>	<b>186,973,071</b>	<b>63,010,227</b>
<b>Cash and Cash equivalent as as 30 June 2022</b>	<b>332,811,246</b>	<b>186,973,071</b>

Table 7: HFE Income by Donor 2021/22

## HFE INCOME 2021/22

### DONATION RECEIVED FROM PARTNER

Partner	30-Jun-22	30-Jun-21
<b>Hamlin Fistula –UK</b>		
Cash donation	46,949,686	15,908,524
Donation in kind	4,901,604	4,459,454
<b>Total</b>	<b>51,851,290</b>	<b>20,367,978</b>
<b>Catherin Hamlin Fistula Foundation Australia</b>		
Cash donation	144,593,170	111,849,756
Donation in kind	10,193,049	61,277
<b>Total</b>	<b>154,786,219</b>	<b>111,911,033</b>
<b>Hamlin Fistula Australia</b>		
Cash donation	10,395,440	44,919,163
Donation for Capital	4,924,512	23,609
<b>Total</b>	<b>15,319,952</b>	<b>44,942,772</b>
<b>Hamlin Fistula International Foundation</b>		
<b>Total - Cash donation</b>	<b>84,390,983</b>	<b>84,638,430</b>
<b>Dutch Fistula Foundation</b>		
Cash donation	2,870,306	1,943,021
Donation in kind	8,419,805	1,775,502
<b>Total</b>	<b>11,290,111</b>	<b>3,718,523</b>
<b>Hamlin Fistula Sweden /Stifitlesen Fistula/</b>		
<b>Total - Cash donation</b>	<b>5,772,502</b>	<b>1,000,863</b>
<b>New Zealand Hamlin Fistula Inter. Foundation</b>		
<b>Total - Cash donation</b>	<b>6,169,036</b>	<b>5,259,083</b>
<b>Grand Total</b>	<b>329,580,093</b>	<b>271,838,682</b>

### DONATION FROM DONOR ORGANISATION

Organisation	30-Jun-22	30-Jun-21
Ethiopiaid UK	-	3,400,326
The Ethiopian Fund	-	309,977
UNFPA	4,429,440	89,312
Womens hope international	4,016,482	2,672,434
FIGO( International Federation of Fyn. and Obs)	300,891	-
Green Lamp Project-cash	5,524,555	2,979,063
Green Lamp Project-In-Kind	2,890,728	-
Karin Sandgren (MINF),Sweden	-	956,803
<b>Total</b>	<b>17,162,097</b>	<b>10,407,915</b>

### LOCAL INCOME

Income Source	30-Jun-22	30-Jun-21
Donations received in Ethiopia	1,611,374	5,896,938
Donated building rent (net)	2,091,074	-
Donations Received in Ethiopia- Inkind	2,347,144	226,338
Interest income	9,253,759	4,639,995
Farm income	33,479	12,815
Catering income	762,323	411,136
Dairy product income	1,752,592	1,118,695
Bee farm Income	6,325	-
Polutry income	120,341	-
Overhead recovery	530,762	246,142
<b>Total</b>	<b>18,509,171</b>	<b>12,552,059</b>
<b>Fair value income of biological assets</b>	<b>1,283,000</b>	<b>618,500</b>
<b>Gain on asset disposal</b>	<b>122,000</b>	<b>1,503,040</b>

## PLAN FOR 2022/23

HFE underwent a significant planning exercise to prepare for 2022/23. The removal of many COVID-19 restrictions and an easing of security problems allowed for a far more detailed review and planning process to be undertaken. This process has involved over 40 HFE staff and visits to all Hamlin centres (except for Mekele) and culminated in a two-day planning event in Addis Ababa. The process is itself an illustration of some of the changes being made in HFE as we transition to an inclusive, empowered organisation which encourages ingenuity and agility.

Key deliverables for 2022/23:

- Further increase the number of surgical procedures to 3,291 (an increase of 27%)
- Double patient identification activities within newly defined centre catchment areas, supporting a plan to deliver over 1,300 Fistula cases (a 68% increase)
- Consolidate the MSc in Midwifery with a second intake of 30 students in January 2023
- Launch the Woreda-by-Woreda (Eradication of Fistula) programme with one pilot site, including comprehensive cohort studies.
- Work towards restarting the Surgical Fellowship Programme
- Continue to train FIGO Fellows with 6-8 expected next year
- Support around 10 Research projects and host a research conference
- Embark upon refurbishment of all Hamlin Centres as part of the “excellence” programme
- Update key clinical equipment at the Hamlin centres to support the increase in surgical activity
- Begin a 10-year programme to modernise the HFE vehicle fleet, reducing running costs and ensuring it is fit for the future
- Start a Major capital programme at the college to provide superb undergraduate and post graduate accommodation for the future.
- Improve financial reporting and agree how to manage cash flow effectively between Partners and HFE to maximise investment and exchange rate fluctuation opportunities.