



Hamlin Fistula Ethiopia

Annual Report 2018-2019

**Addis Ababa, Ethiopia
August, 2019**

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Message from the CEO

As we celebrate our 60th Anniversary, I would like to express how grateful I am to the Hamlin community, Board of trustees, management members, center heads, partners, surgeons and staff, who take such pride in their work, and who exemplify our organization's mission and values each day. Thank you!

During this reporting period, Hamlin Fistula Ethiopia (HFE) has proved remarkable achievements in fistula treatment, prevention and rehabilitation and reintegration. The Addis Ababa Fistula Hospital (AAFH) alongside with our five other strategically located outreach centers in the country have successfully treated fistula and Pelvic Organ Prolapse (POP) patients.

The prevention program has also been strengthened in spite of the challenges in patient identification. Support was provided to Hamlin-partner health centers both with respect to medical equipment and essential drugs. The national shortage of drugs & medical equipment, however, has affected the support provided.

The rehabilitation and reintegration program has also exhibited remarkable performance in this reporting period. A huge number of fistula patients have reintegrated into the community after receiving all the necessary support including physical and psychological rehabilitation and life and business skills trainings.

Healthcare and the way it is delivered have undergone tremendous changes in the past several years. Through it all, our hospital and centers have strived to maintain a standard of excellence that has kept us viable and competitive, while being compassionate and responsive to the healthcare needs of our community. This objective was put into motion 60 years ago when Drs Catherine and Reg Hamlin made the decision to serve our poor mothers and young girls.

It is my desire and belief that with our strategy focused on community, HFE) will continue to enjoy and experience success at providing quality maternal and child health care services in future.

Tesfaye Mamo

CEO of HFE

1. Executive Summary

Hamlin Fistula Ethiopia (HFE) provides services through the prevention, treatment, rehabilitation & reintegration programs. Through the prevention program, HFE recruits young female students from preparatory schools in rural Ethiopia, educates them for four years with B.Sc in midwifery, and deploy them into government health centers where the provision of maternal health care services are poor. During this reporting period, 95 midwifery students enrolled for undergraduate training at Hamlin College of Midwives (HCM) and 25 midwifery students who were 4th year in the 2017/18 academic year graduated and deployed into 19 rural health centers and increased the number of Hamlin supported health centers from 47 to 66. However, Hamlin graduated midwives were not assigned to work at partner health centers in a similar time. As a result of this, of the 19 new health centers, 14 health centers partnered with HFE for 10 months, 4 health centers for 9 months and 1 health center for 7 months. We therefore included the performance of the 19 new partner health centers in the report by calculating their accurate target plan based on their partnership duration alongside with the total annual plan of the 47 partner health centers that provided services for the whole of the completed fiscal year (Table 1). During this reporting period, these health centers provided skilled delivery service to 30,004 (46%) laboring women. Moreover, the performance evaluation of the prevention program showed that delivery, ANC visits and early first postnatal care visit showed a decreasing performance trend when compared to the annual performances of the 2016/17, 2017/18 fiscal years, while performance of family planning showed an increasing trend whereas with other indicators a mixed trend was observed (Table 2). As the number of B.Sc trained midwives increased in the country, their need to promote their knowledge and skill is high as it was identified through the recently completed impact assessment study of the prevention program. HFE therefore is well prepared to launch a master's program in clinical midwifery in September 2019. In line with this; HFE also recruited a Program Director who is coordinating the program activities. Moreover, the prevention program supported the renovation of 7 health centers and the construction of one, drugs to 59 health centers, B/P apparatus & vacuum extractors to 66, construction of maternity waiting room to 1 and one vehicle to 1 health center, medical equipment to 1 and head lamps to 20 midwives deployed. Furthermore, HFE's midwife mentors after being provided with an extensive training on ultrasound scanning, they provided ultrasound scanning service to a total of 2387 pregnant women in their catchment areas

During this reporting period, a total of 6,077 (101%) patients were examined at our hospitals' Outpatient Department (OPD). Of these, 1,900 (85%) underwent surgery alongside with additional health care services through HFE's hospitals' physiotherapy, stoma, urodynamics and psychiatric counseling. As part of the strategy to provide improved health care service to women with childbirth injuries, HFE initiated a urogynecology subspecialty training to its doctors and four of Hamlin surgeons and one doctor from Mekele university are pursuing their subspecialty training during this reporting period. Based on HFE's agreement with International Federation of Gynecology and Obstetrics (FIGO), the Addis Ababa Fistula Hospital (AAFH) provided a training

on fistula surgery to 2 doctors, nurse care to 2 nurses and physiotherapy to 1 physiotherapist through FIGO initiative.

In addition to providing training on surgery, HFE surgeons conducted research on childbirth injuries. During this reported period, seven research projects were ongoing. Among these, 5 projects were completed and the remaining 2 are still progressing. In some of the Key Performance Indicators (KPIs) of the treatment like the total number of patients was examined at OPD, Pelvic Organ Prolapse (POP) surgery and total number of procedures, the performance evaluation showed an increasing performance through the past three fiscal years. Nevertheless, with some of the KPIs such as major fistula surgery, fistula related major surgery, minor surgery and caesarean section; a similar performance trend was observed.

HFE's rehabilitation and reintegration program provided psychosocial counseling, chaplaincy, short term education and life skill training for 830 (83%) women who were treated for severe childbirth injuries and some of these also received transportation and seed money upon discharge. During this reporting period, the majority of patients admitted to HFE's hospitals were provided with both short term educational and handicraft trainings and a significant proportion of these patients completed the training sessions. The number of patients with counseling and therapy and the number of patients discharged back home with transportation showed an increasing performance trend through the three fiscal years (2016/17, 2017/18, 2018/19) whereas with the remaining indicators mixed (increasing and decreasing) trends were observed. During this reporting period, the operations department supervised & facilitated essential activities associated with construction, maintenance, procurement, human resource and information technology as it is explained in detail in the body of this report. Among the construction projects the clinical, pathology & pharmacy and administration extension buildings are the biggest and the considerable part of their construction is completed. Water reservoir of 110,000 liters has been constructed & additional 25,000 liters of water tanker has been installed in the premises of the Addis Ababa main hospital. Desta mender guards' block & septic tank work was completed. Moreover, in Mettu 7 health centers renovation and one maternity unit construction works are progressing. During this reporting period, HFE's income was 152,432,952.84 with an expenditure of 175,489,576 in ETB. Of this, 74% of the cost was of programs and the remaining 26 % was administrative.

In overall, the annual performance of the prevention, treatment and rehabilitation & reintegration programs is adequate. Although, the performance of the three programs is adequate, there were internal and external challenges that the programs faced and the Senior Management Team (SMT) of HFE provided solution to some of the internal challenges and it will continue providing solution to the remaining ones. However, external challenges such as security problem in some geographic areas and lack of essential drugs & medical equipments in local market affected the prevention program's health system strengthening work.

2. Prevention

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

2.1. Undergraduate Program in Midwifery

Hamlin College of Midwives (HCM) has a smoothly ongoing undergraduate program that educates female midwives by B.Sc degree level. Lack of having sufficient skilled midwives, particularly in rural government health centers was the reason for HFE to have a midwifery college, which recruits trainees from rural preparatory schools and train them for four years with B.Sc in midwifery and deploy them into rural health centers. During this academic year (2018/19), a total of 95 midwifery students enrolled at HCM. Of these, 20 were 1st year, 25 were 2nd year, 25 were 3rd year and 25 students were 4th year and graduated in July 2019.

2.2. Postgraduate Program in Midwifery

In order to respond to the postgraduate training need of HCM's graduated midwives working in partner government health centers and others, HFE planned to launch a postgraduate training program in clinical midwifery. In line with this, HFE prepared a proposal and established a task force working with action plan that leads towards the start of the masters program in clinical midwifery. The task force worked hard to accomplish many of the tasks contained in its action plan and paved the way towards the start of the program in autumn 2019. Moreover, a master's Program Director, Ato Anteneh Dirara was hired to coordinate the master's program activities and he is now actively working to realize the launching of the program.

2.3. Midwives Deployment and Retention

During this reporting period, the midwives graduated in July 2018 from HCM were deployed to 19 new rural health centers and it has increased the number of HFE's partners government health centers from 47 to 66. Moreover, 25 midwifery students who were 4th year during this academic year (2018/19) graduated in July 2019 and will be deployed to new rural government health centers to improve the maternal health care services for the rural community.

2.4. Support to Hamlin Partner Health Centers

In Ethiopia, decentralization has been touted as the key management strategy of the Federal Ministry of Health (FMoH) of Ethiopia in its health policy of the last two decades. One component of this strategy is the participation of the Non-Governmental Organizations (NGOs) in helping the government to achieve the stated national health objectives. In line with this, HFE is one of the key stakeholders of the government of Ethiopia in strengthening partner government health centers in four regions (Oromia, Tigray, SNNPR and Amhara). The support of HFE to partner health centers include water supply, delivery rooms renovation, supplying essential drug for maternal health care, delivery room equipment's, motor bicycle, vehicle, solar suitcase installation, and construction of maternity waiting room. Moreover, HFE's midwife mentors after being provided with an extensive

training on ultrasound scanning, they provided ultrasound scanning service to a total of 2387 pregnant women in their catchment areas.

Table 1. shows the different types of support that HFE provided to its partner health centers alongside with the cost in the completed fiscal year (July 1, 2018 - June 30, 2019)

Description of Support	# of HCs Supplied	Name of HCs	Zone/Region	Amount in ETB	Remark
Water Supply	2	Sibo	Mettu/	195,683.33	On progress
		Burusa	Illuababora	109,785.50	
Accommodation built for midwives					No accommodation built this year
Delivery room renovation & construction of Suppe health center	8	Uka	Mettu/ Illuababora	357,551.55	on progress
		Onga	Mettu/ Illuababora	369,033.72	
		Nopa	Mettu/ Illuababora	376,130.12	
		Gordemo	Mettu/ Illuababora	381,578.92	
		Elmo	Mettu/ Illuababora	395,976.58	
		Sonta	Mettu/ Illuababora	355,539.76	
		Gobe	Mettu/ Illuababora	346,158.14	
		Suppe	Mettu/ Illuababora	772,233.31	
Provision of drug	59		Metu	341,871.56	16
			Tigray	3,645.14	17
			SNNPR	203,128.28	10
			Harar	114,371.36	7
			Amhara	247,251.09	9
Equipment supplied (B/P apparatus, vacuum extractor, trolley and others...)	66	Both New & old HCS	Metu	199,304.77	All Hamlin partner health centers have got both of them
			Tigray	457,120.25	
			SNNPR	392,350.07	
			Harar	100,106.98	
			Amhara	564,765.42	
Complete medical equipment supply	1	Algie Health Centers		104,804.16	MCH block damaged by fire outbreak with all medical equipments
Headlamps provided	20			12,498.77	New graduated students
Materiality waiting room construction	1	Amarit	Amhara	1,386,401.66	Completed and functional
Vehicle supply	1	Mettu Fistula Center	Metu	1,076,360.82	HFUSA provided two vehicle for the prevention program

Table 2. Shows annual performance report of HFE supported health centers during the 2018/2019 fiscal year in comparison with annual performance of the 2017/2018 & 2016/2017 fiscal years.

Indicators	Annual plan and performance of the 2016/17 FY			Annual Plan and performance of the 2017/18 FY			Annual Plan and performance of the 2018/19 FY		
	Plan	No.	%	Plan	No.	%	Plan	No.	%
Delivery	30,892	20,628	67%	42,648	23,370	55%	64,786	30,004	46%
Antenatal Care 1 st Visit	31,256	28,060	90%	46,197	34,334	74%	68,447	47,681	70%
Antenatal Care 4 th Visit	30,792	16,327	53%	42,172	20,949	50%	66,601	28,018	42%
Early First Postnatal Care	30,792	28,293	92%	42,648	30,803	72%	64,150	38,490	60%
# Neonatal Alive	30,792	20,633	100 %	41,745	23,220	99 %	64,988	30,095	100%
# Neonatal Death	0	13	0.06%	0	24	0.1%	0	13	0.04%
# Still Birth	0	165	0.8%	0	155	0.7%	0	173	0,6%
Maternal Death	0	1		0	4		0	3	
**Screening for PMTCT	31,256	26,164	93%	42,172	30,095	88%	67,493	42,104	88%
Short Acting Family Planning	99,744	62,004	55%	169,685	96,679	57%	221,637	145,078	65%
Long Acting Family Planning	80,532	37,116	41%	140,148	58,024	41%	178,071	77,290	43%

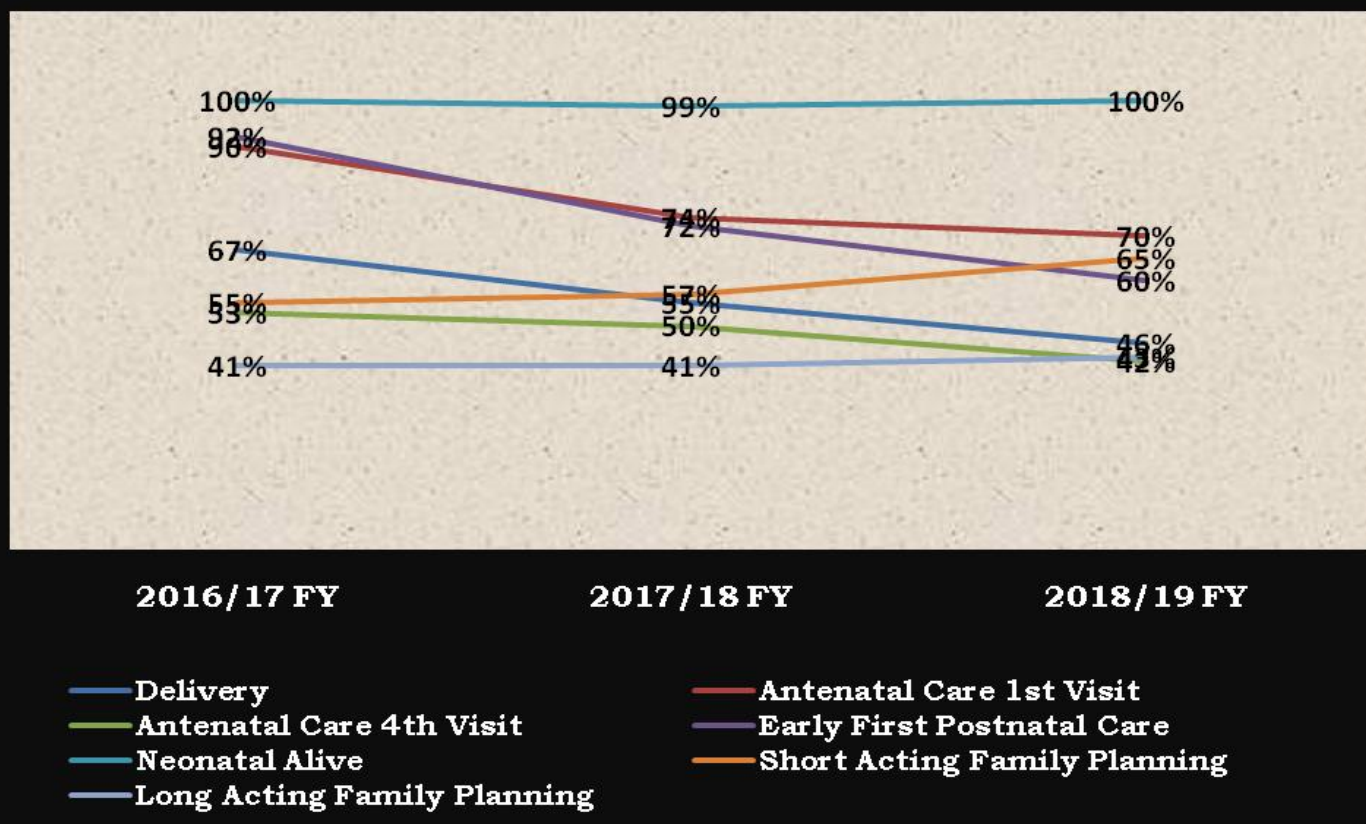
Remark: Those percentages indicated

- in red shows a declining performance
- in yellow shows a steady performance
- in green shows an increasing performance
- black indicates both an increasing & decreasing performance
- Percentage of stillbirth showed a slightly decreasing trend across the three fiscal years

**Prevention of mother to child transmission of HIV (the percentage is calculated as the ratio of PMTCT performance to the performance of first ANC visit)

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

Fig. 1 Annual performance report of the prevention program of 2018/19 compared with annual performances of, 2017/18 and 2016/17 FY



2.5. Prevention Program Performance Summary

- The percentage performance of delivery, ANC visit and Early first PNC visit showed a decreasing performance trend in the annual performances of the past three fiscal years (2016/17, 2017/18, 2018/19) and family planning use showed an increasing trend over the aforementioned periods where as with other indicators both a decreasing & increasing trends are observed. Performance over the past three years was suboptimal and a lot more should be done in the incoming fiscal year (s).

3. Treatment

The treatment program of HFE focuses on the treatment of women with childbirth injuries (obstetric fistula patients and pelvic organ prolapsed (POP)), and provides a training on fistula surgery to doctors from the region and beyond through International Federation of Gynecology and Obstetrics (FIGO) initiative and conducting research on childbirth injuries. Moreover, the treatment program facilitates a subspecialty training to HFE's fistula surgeons through Urogynecology fellowship program.

Table 3. Shows annual performance of the treatment program in 2018/19 fiscal year compared to the annual performances of the 2016/17 and 2017/18 fiscal years

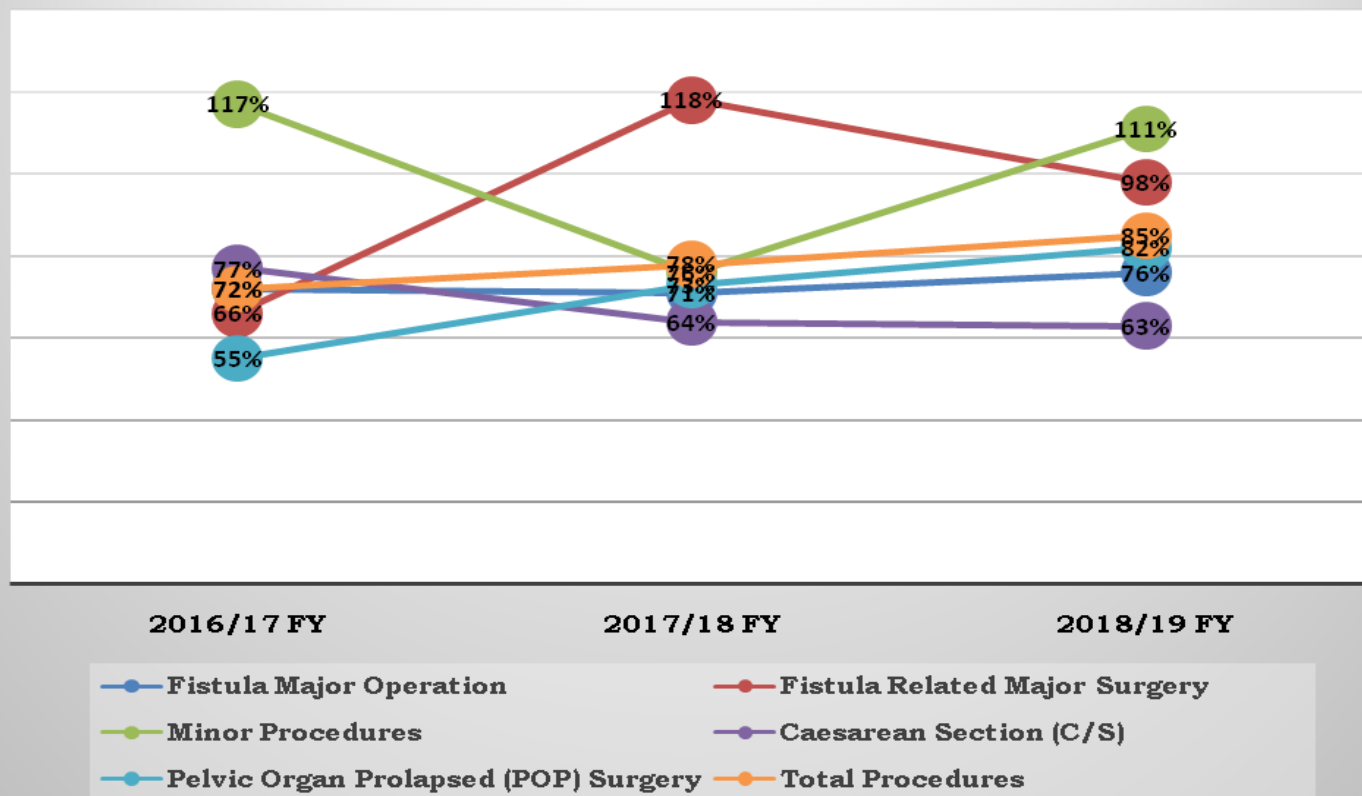
Indicators	Annual Plan Vs performance of 2016/17 FY			Annual Plan Vs performance of 2017/18 FY			Annual Plan Vs performance of 2018/19 FY		
	Plan	No.	%	Plan	No.	%	Plan	No.	%
OPD visit									
New Fistula cases seen at OPD*	1090	746	68%	1000	773	77%	990	716	72%
Repeat Fistula cases seen at OPD	100	79	79%	150	116	77%	140	113	81%
Non-Fistula cases seen at OPD	3010	2524	84%	3,050	3455	113%	3,429	4301	125%
Total Patients seen at OPD without staff	4200	3349	80%	4,200	4344	103%	4,559	5130	113%
Staff and staff relatives seen at OPD	1,800	1094	61%	1,800	1269	70%	1,441	947	66%
Total Patients seen at OPD	6000	4443	74%	6,000	5613	94%	6,000	6077	101%
Total # of admitted patients		1803			2143		2,290	2202	
Surgery									
Fistula Major Operation	955	689	72%	944	666	71%	849	641	76%
Fistula related Major surgery	400	264	66%	302	357	118%	363	355	98%
Minor Procedures	230	269	117%	339	257	76%	323	360	111%
Caesarean Section (C/S)	130	100	77%	170	109	64%	144	90	63%
Pelvic Organ Prolapsed (POP) surgery	515	285	55%	533	388	73%	551	454	82%
Total Procedures	2,230	1607	72%	2,288	1777	78%	2,230	1900	85%

Remark: Those percentages indicated

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

OPD= Outpatient Department

Fig. 2 The graphs show the performance of the treatment program of the last three years, 2018/19, 2017/18 and 2016/17 FY



3.1. Treatment Program Performance Summary

- The total number of patients visiting HFE’s hospitals` OPD increased over time and the number of patients underwent prolapsed uterus surgery showed an increasing trend. However, the number of patients who do need to have major fistula surgeries has declined through time. It is to be noted that HFE`s patient identification strategy could not be optimally entertained in all outreach centers. Community awareness creation and fistula patient identification training to health professionals by prevention officers might improve active case detection
- As it is shown in table 3, POP and total surgeries have shown an increasing performance over the three consecutive fiscal years, 2016/17, 2017/18 and 2018/19. With the remaining indicators, both an increasing and decreasing performance trends are shown.

3.2. Urogynecology Training

HFE being center of excellence in obstetric fistula surgery, it launched the urogynachology fellowship program in collaboration with Mekele University College of Health Sciences, Saint Paul Hospital Millennium Medical College and the World Fistula Fund (WFF) before 4 years. The fellowship program intended to provide highly specialized care to women with complex gynecologic disorders including obstetric fistula cases. The first batch of doctors enrolled from HFE in the fellowship program is two, namely: Dr. Fekade Ayenachew and Dr. Melaku Abraha. Both of them have completed their subspecialty training a year ago. Another 4 of Hamlin fistula surgeons and 1 doctor from Mekele University are under training in the fellowship program as the second batch. In general, the uro-gynecology fellowship program is ongoing smoothly

3.3. FIGO Training

HFE is known to have fistula surgeons who could mentor fistula surgery for surgeons from different countries. Due to this reason, FIGO signed an agreement with HFE to start the fistula surgeon's training program in 2013. During this reporting period, HFE provided training on fistula surgery to 2 doctors, nursing care to 2 nurses and physiotherapy which makes the total number of trainees 5.

Table 4. Shows the FIGO trainees alongside with their country of origin who visited AAFH in 2018/19 fiscal year.

Number	Country the trainees came from	Doctor	General Nurse	Midwife Nurse	Physiotherapist	Total
1	Afghanistan	1	0	1	0	2
2	Somalia	1	1	0	1	3

3.4. Research

As the partial fulfillment of the Urogynecology subspecialty training, two research projects were developed by HFE's senior fistula surgeons & trainees of Urogynecology subspecialty Drs. Yeshineh Demirew and Dr. Bitew Abebe. Moreover, other 5 research projects were ongoing during this reporting period.

Table 5. Shows the list of the research projects

	Title	Objective	Current status	PI	Co- investigator and/ or Advisors	Remark
1.	Outcome of overlapping anal sphincteroplasty in Addis Ababa fistula hospital one year after surgery	To determine the outcome of overlapping anal sphincteroplasty one year after the procedure	Data collection was started & ongoing	Dr.Yeshineh Demirew	1.Dr.Gorgato Sito 2. Dr.Tesfaye G/Egziabher	A project developed as a partial fulfillment urogynacology subspecialty

2.	Pessary use acceptance and symptom changes among adult women with symptomatic pelvic organ prolapse in four district Hospitals of Amhara region	To assess acceptance of and compliance with pessary use among adult women with POP	Ethical clearance was obtained and data collection will be started soon	Dr.Bitew Abebe	1.Dr.Rahel Nardos 2.Dr.Alemayehu Bayray 3.Dr.Renata Rotengen 4.Dr.Muluken Azage	A project developed as a partial fulfillment urogynecology subspecialty
3	Survey of pelvic organ prolapse and urinary fistula in Tigary region	To demonstrate the magnitude of both problem in Tigary Region	Completed, manuscript is under preparation	1.Dr Yibrah	1.Dr Melaku 2.Dr Bernard 3. Professor Lewis	TRHB Ms 4 Ms
4	Retrospective comparative study Traditional versus suspension Augmented Pelvic organ prolapsed surgeries	*To change from Traditional pelvic organ surgeries to modern (suspension augmented)	Completed preliminary report will be presented on May 2019 at Ayder comprehensive specialized hospital	1.Dr Melaku Abriha	1..Dr Rahel 2. Dr Blake	Manuscript will be prepared after comments endorsed
5	Surgical management of pelvic organ prolapse in Ethiopian women What is preferred approach?	To customize surgical intervention available in the world to Ethiopian women	Completed, preliminary report will be presented by PI in USA (American urogynecology association), 2019 G.C	1. Dr Kimerly Kenne 2.Dr Rahel Nardos	1.Dr Melaku Abriha	
6	Multi Centered study on Quality of life women with persistent urinary incontinence in repaired women	To describe magnitude of the problem, identify cause and plan for treatment	Completed	Dr Rahel Nardos	Participated as co-investigator status not declared	Ethiopia/ Uganada fistula center
7	Case Report on primary vaginal stone in repaired VVF secondary to Out flow obstruction	To learn from case management and improve quality of care	Completed, submitted to , USA AUGS but not accepted for 2019 G.C	1.Dr Melaku Abriha	1..Dr Karen Gold	Investigators will receive feedback and present it 2020 and other conference

4. Rehabilitation and Reintegration

The rehabilitation and reintegration program of HFE is working to help women affected by obstetric fistula be back to their villages. And the program is engaged in the provision of psychosocial support, chaplaincy service, counseling, learning numeracy-literacy in its rehabilitation segment & in its reintegration segment also helps treated women to develop

positive self-esteem and strengthen their socioeconomic status against fear and feeling of unworthiness created during trauma of fistula. Fistula survivors undergone through different trainings such as basic business, handicraft and other life skill trainings to enhance their reintegration.

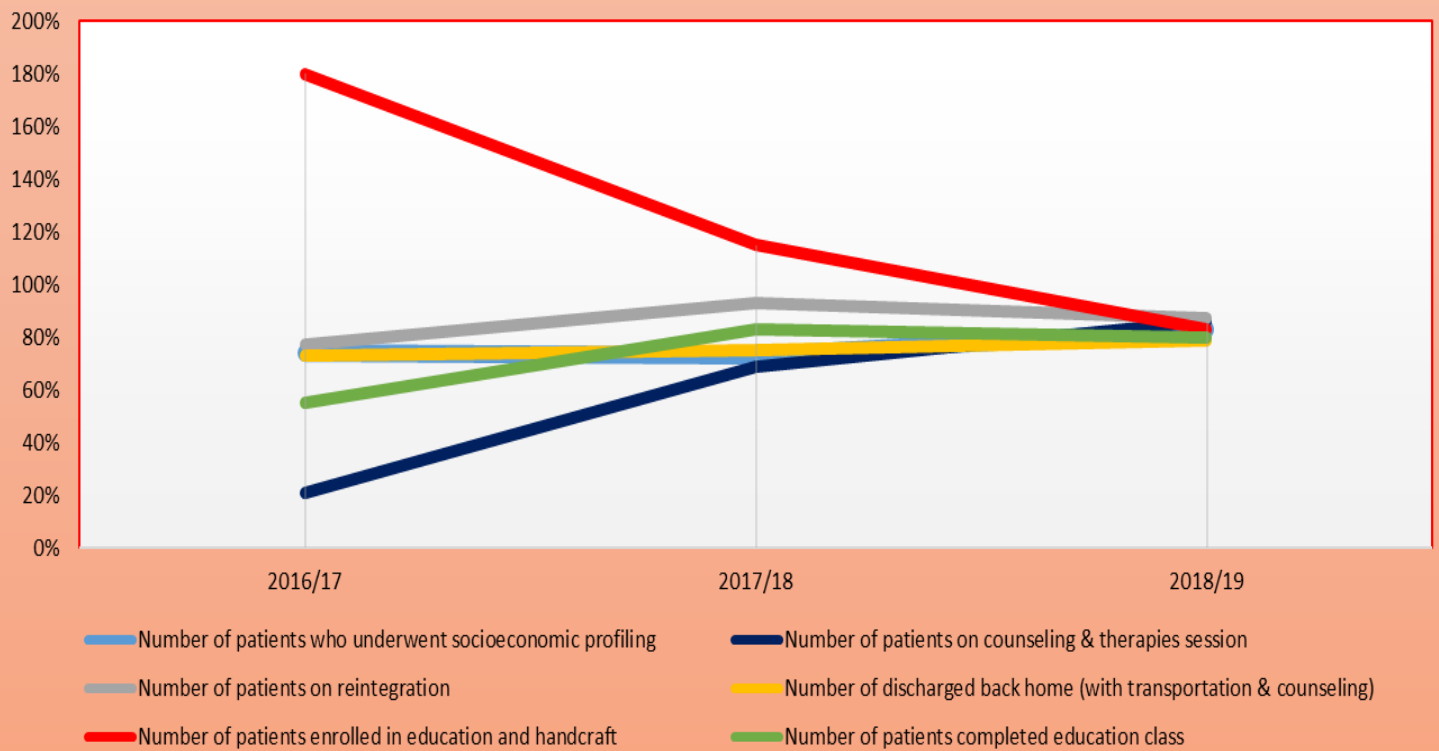
Table 6. Shows annual performance of the R&R program of HFE in 2018/19 fiscal year compared with the annual performances of the 2016/17 and 2017/18 FYs

Indicators	Annual plan and performance of the 2016/17 FY			Annual plan and performance of the 2017/18 FY			Annual plan and performance of the 2018/19 FY		
	Plan	No.	%	Plan	No.	%	Plan	No.	%
Number of patients who underwent socioeconomic profiling	315	232	74%	277	201	73%	216	179	83%
Number of patients on counseling & therapies session	140	30	21%	52	36	69%	36	31	86%
Number of patients on reintegration	52	40	77%	46	43	93%	60	52	87%
Number of discharged back home (with transportation & counseling)	500	367	73%	450	336	75%	384	305	79%
Number of patients enrolled in education and handicraft	600	1089	180%	960	1102	115%	1000	830	83%
Number of patients completed education class	400	597	55%	800	912	83%	1000	673	80%

Remark: Those indicated

- in red shows a decreasing performance
- in green show an increasing performance
- in black shows mixed both increasing & decreasing performance
- The denominator of the percentage calculation for patients completed educational class are the actual number of patients enrolled in educational and handicraft class

Fig. 3. Annual performances of the R&R program of HFE during the completed fiscal year 2018/19 compared with the annual performances of 2017/18 and 2016/17



4.1. R & R Program Performance Summary

- The number of patients on counseling and therapy and number of treated women discharged back home with transportation and counseling showed an increasing performance during the past three fiscal years (2016/17, 2017/18, 2018/19FYs). The number of patients underwent socioeconomic profiling, number of patients on reintegration and fistula patients who completed education class have shown both an increasing & decreasing performance trends while the number of patients enrolled in education & handicraft showed a decreasing performance.

5. Major Operational Activities

The operations department currently encompasses the engineering, maintenance, transport & fleet, material management, and human resources, information technology, procurement, canteen and compound services. It provides absolutely essential support services and hence it exists everywhere strategic activities (main pillars) are carried out. It serves as a strategic agent for the organization in making sure that the required resources or services are deployed, properly utilized, efficient system & procedures are in place and its legal standing is ensured. A lot has been done in this fiscal period but the major activities are highlighted here below under different working units.

5.1. Construction and Maintenance Activities

- Clinical, Pathology and Pharmacy Building and Admin. Extension buildings are significantly completed.
- Desta mender guards' block & Septic tank work has been completed.
- Mettu 7 HCs renovations and one maternity unit construction work is under process,
- Alge and Bensa Accommodations Centers Construction work will be awarded to supplier any time soon.
- Sibo & Bursa Water Supply projects are underway.
- Amarit Maternal Waiting area & Traditional Kitchen construction has been completed provisionally accepted and transferred to the right government agency.
- Water reservoir of 110,000 liters has been constructed & additional 25,000 liters of water tanker has been installed. Besides, a 10,000 liters of fiber glass for elevated tanker has been maintained
- Renovation of Dr. Catherin's residence & Night duty room for maintenance staff, partial Renovation of Desta Mender and college, Bahir Dar, Mettu outreach center as well as head quarter has been carried out.
- Manholes, sewerage lines, water lines, hand wash basins, boiler elements; sanitary and damaged electric lines were maintained and changed.
- Consultancy bid for bore hole construction (Agreement has been signed)
- Mekele Building settlement renovation and mitigation process is under contractor selection process.
- Road construction near Desta Mender & College is on final phase.
- Design work for Class rooms, dormitories, library, and guest houses for under graduate and post graduates, stores and offices both at Desta Mender and College as well as yirgalem has been completed.
- Luxury Apartment building design work is under process.

- Additional River side wire mesh fence and Sanitary work was done at the head quarter
- Garbage Roof work has been done.

5.2 Transport and Fleet Service

- 6 Vehicles purchased.
- The required regular and break down vehicle maintenance works has been done.
- The regular organizational operations have been done uninterruptedly by making vehicles available and usable.
- Properly carrying out insurance acquisition and claim management was done effectively.

5.3. Human Resource Development

- Providing different types of training including International public sector accounting standard (IPSAS) training for finance staffs.
- Handling effective recruitment of OBS/GYN specialist Doctor (Dr.), General practitioner, Assistant Lecturer, Lecturer I, Project manager for Metu area, Biomedical engineer on contract basis.
- Taking legal disciplinary Actions against ill-behaved employees.
- Inflation adjustment has been made.
- Performance evaluation has been carried out.
- A consultancy study on Structural set up, optimal man power planning and career path development has been made and on the final stage to be completed.

5.4. Procurement

- Total purchase of 10,599,226.00 which includes medical equipment, food items, uniforms, maintenance parts, medical supplies, stationary and sanitary items, statue work and many other items.
- Bid process is being carried out for women teaching hospital, Hamlin Business Enterprises, MSc Program building expansion project.
- Procurement of Medical equipment & furniture for Mettu eight HCs (under technical evaluation)
- Procurement of medical equipment for Hamlin Fistula Ethiopia (partially acquired and partially not delivered – it will be acquired within one month's time).

5.5. IT Service

- General support (email, network, computer, printer, application and telephone problems troubleshooting).
- Navision Support regularly made.

- Support to DHIS software.
- Regular update of information on the website upon the request of the communication department.
- Working on HMIS application bid evaluation –winner has been selected.
- Switch Navision annual support agreement from Kenya to Local Service provider (Cimac)
 - Visit locally Navision application users supported by Cimac
 - Study finance, material management and Pharmacy store management business processes with Cimac in order to make the full use of Navision
 - Perform Navision application setup with Cimac on a test database for users to test
 - Currently conducting training (Cimac) to enable users at each business process to start using Navision (introduction training)
- Navision routine support X 24.
- Twice daily backup and a disaster recovery test weekly Alcatel PBX system has been configured and is up
 - All the available telephone lines are cabled.
 - The 62 extension lines are functional.
 - The 8 remaining extension lines not connected due to problem with vendor.
 - The billing software is functional with the exception of the report masking telephone numbers dialed.
- Fixing, replacing, configuring and installation of IT equipment damaged due to power outage is done.
- Email account standardization at the main hospital, College, Desta Mender and Harar Hamlin fistula center- completed.
- Preventive maintenance done at Main Hospital and Harar Hamlin Fistula Center.
- Conduct Office 2016 refreshment training.

6. Case Report

Astegn Adagn

Background

Name: Astegn Adagn

Age: 21

Home village: South Ethiopia, around Gamogofa

First time arrival at Hamlin: before 2 years

Date the story taken: June 7, 2019

Life before Fistula

The small rural village where Astegn has grown up is a two days travel by bus from the capital Addis Abeba and then after two days walking distance from the main road into villages. Social services such as health facilities, electric power or transportation are totally unthinkable for Astegn and the villagers. Though the village is sited inside green, bushy forest, it has little to play for the economic improvement of the villagers where traditional agriculture based on subsistence family farm is the sole source of income.

Astegn is the eldest of all the eight children in the family and was lucky to start school, two hours away from her village, until she stopped it when she was 7th grader and got married. She had a very stressful childhood going out for school, helping her step mom at home, bringing water from distance carrying jar much bigger than her, and collecting firewood from the forest.

At age 18 Astegn was brutally kidnapped by a man much older than her age, around 35, and abducted her with forced marriage. This was an old traditional way of marriage practiced in rural Ethiopia and banned to be illegal act these days. In fear of being accused, the kidnapper sends village's elders to Astegn family with money as compensation and negotiated for legal marriage. Astegn's family then agreed on her forced marriage.

After started family close to the same village she grew up, Astegn had begun to enjoy each moments of her marriage life. "Of course, I was mad at my man for kidnapping me but following our marriage things were changed. He became so carrying and loveable guy and then convinced me to like my marriage life." She said.

The Journey

At age 19, Astegn got her first pregnancy which actually was happy news for all the family. But, it was not ended up as expected; the labor went too long leaving Astegn under unbearable pain for seven days. She labored for 4 days at her home and then three days at her father's place with the assistance of untrained birth attendants of the village. Every local medicines available were applied, none of which

had helped Astegn. Taking her to the nearby clinic was so difficult because it requires at least three days walk. Astegn being carried on hand made stretcher. Finally the long labor of seven painful days came to an end with stillborn baby delivered naturally leaving Astegn with double fistula, legs injury and a severe back pain. Everyone around were happy in that she remained alive after the life-threatening protracted labour and thought the incontinent was the effect of the long labor which might recover sooner.

Astegn had stayed for over one and half year crippled and unable to move from her bed with double fistula, paralyzed legs and a problem of foot drop. She was also got divorced.“ in those 19 months, I was totally fall on the hands of others. I even couldn’t feed myself. My step mom and my father were always thereby my side in cleaning, moving and feeding me every day, all day. My days were full of sorrow. I cry day and night and sometimes wish to die than living in such agony. But, I had never given up hope on my God, I always pray for cure.” Astegn recalls”.

After a year and seven months, a health professional trained on fistula patient identification arrived at Astegn’s village and found her. Her father was so happy in hearing there is a cure for his daughter and as insisted by the professional, he immediately call for his neighbors help and carried Astegn on handmade stretcher and walked for three days to reach to the main road where an ambulance was waiting to drove her to Yirgalem Hamlin Fistula Center.

Treatment and Recovery

Before two years, Astegn had arrived at our Yirgalem center, accompanied by other three fistula victims and the health professional who found her first. She stayed there for a month time under simple physiotherapy treatment and then referred to the main Hospital in Addis Ababa for better care.

It took almost a year for Astegn to recover from related problems and became fit for surgery. She passed through different physiotherapy procedures and had her first surgery for rectal fistula and cured. She then was appointed to come again after six months and returned home. This time she walked by herself in all her way to home. “When I am back everybody in the village received me in miracle. My father couldn’t believe his eyes. I felt like I was totally cured.” She said.”

Six months later Astegn started the long journey alone and arrived at the Addis Ababa, Fistula Hospital (AAFH) safely. In February this year, she received the final diversion surgery and she was fully cured.

Astegn now is at Desta Mender attending rehabilitations trainings on life skills, business skills and counseling that can empower her to start an independent life. By the end of June, she will be graduated and reintegrated to her village with small seed money that enables her to start her own business of her choice. “Look at me, who could believe this. I am a different person now. My life is totally

transformed. You have fixed my physical problems and now you are fixing my personality and social problems. My deepest gratitude goes to ‘Emayye’(Dr. Catherine), the doctors, the nurses, nurse aids and all the staffs at the hospital who have been giving me unconditional love and care. During my stay at the hospital, I learned that the ‘ferengi’ (white people) whom I saw them in the compound often are the one who cover all the costs required and I would like to thank them all for their endless support ” Astegn.

“My future plan is to go back to my village and open a shop which I will be running it according to the business skills I acquired here at Desta Mender. I inspired now to become successful in the business and lead a happy independent life.” She added”.



7. Financial Report

Hamlin Fistula Ethiopia Draft Income by List of Partners and Donors From July 01,2018 to June 30,2019 In Ethiopian Birr

Partners:

Catherin Hamlin Fistula Foundation

Cash Donation	45,640,262	
Donation-Capital	21,904,092	
Donation in kind	<u>73,608</u>	67,617,962

Hamlin Fistula Germany

Cash Donation	797,410	
Donation in kind	<u>1,593,668</u>	2,391,078

Hamlin Fistula UK

Cash Donation	10,911,817	
Donation-Capital	699,293	
Donation in kind	<u>7,016,801</u>	18,627,911

Hamlin Fistula Australia

Donation-Capital	<u>21,798,835</u>	21,798,835
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Hamlin Fistula International Foundation

Cash Donation	<u>13,937,150</u>	13,937,150
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Hamlin Fistula Netherlands

Cash Donation	<u>2,114,183</u>	2,114,183
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Hamlin Fistula Japan

Cash Donation	<u>212,931</u>	212,931
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Hamlin Fistula Sweden

Cash Donation	<u>1,066,919</u>	1,066,919
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Hamlin Fistula New Zealand

Cash Donation	2,425,072	
Donation-Capital	<u>1,229,592</u>	3,654,664

Hamlin Fistula USA

Donation-Capital	2,758,890	
Donation in kind	<u>2,152,722</u>	4,911,612

Sub Total

136,333,245

Donors:**Ethiopiaid**

Cash Donation	<u>2,906,248</u>	2,906,248
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Womens Hope International

Cash Donation	<u>2,485,187</u>	2,485,187
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Green Lamp

Cash Donation	1,443,279	
Donation in kind	<u>2,658,036</u>	4,101,315

The Ethiopia Fund

Cash Donation	441,610	
Donation for capital	<u>47,000</u>	488,610

**International Federation of Gyn. And Obs.
(FIGO)**

Cash Donation	<u>173,460</u>	173,460
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Doterra Healing Hands Foundation

Cash Donation	<u>402,956</u>	402,956
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MINF

Cash Donation	305,422	
Donation-Capital	<u>301,957</u>	607,379

New Zealand Embassy

Cash Donation	<u>473,000</u>	<u>473,000</u>
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Sub Total**11,638,155****Grand Total****147,971,400**

8. Challenges

8.1. Internal Challenges

- Increased number of partner health centers and distance from the Hamlin Fistula Centers.
- High length of hospital stays and bed occupancy.
- Delay in procurement of medical equipment.
- Unable to refer patients to the main hospital on time.
- Senior surgeons are most of the time occupied by emergency surgery which affects work schedule of the center & inhibit expansion to other services like POP surgery.
- Shortage of essential spare parts and supplies to smoothly run organizational work.

8.2. External Challenges

- Security problem in some geographic areas of the country.
- Lack of drug and medical equipments to purchase in local market
- Inadequate health seeking behavior of the communities.
- Inadequate support of the woreda health offices for community mobilization.
- Three Hamlin graduated and deployed midwives left serving partner health center`s before the agreement (new experience in deployed midwives retention)
- Frequent reshuffling of zonal and wereda health authorities.
- Decreasing fistula patients flow.
- Increased number of Patients utilizing Urethral plug.
- A continues price fluctuation and rise in market price.
- Change of custom regulations and procedures.
- Delay in the release of capital funds.
- Persistent interruption of power and municipality of water supply.

9. Conclusions

- The percentage performance of delivery and Early first PNC visit showed a decreasing trend in the past three fiscal years (2016/17, 2017/18, 2018/19) and short family planning showed an increasing performance trend whereas with the remaining indicators both a decreasing & increasing performance trends were observed.
- Performance of the prevention program during the 2018/19 fiscal year was promising. However, more should be done in the remaining fiscal year.

- The total number of patients visiting HFE's OPD increased over time and the number of patients underwent prolapsed uterus surgery showed an increasing trend.
- The number of patients who do need major fistula surgeries has declined. It is to be noted that HFE's patient identification strategy could not be optimally entertained in all outreach centers. Community awareness creation and fistula patient identification training should be provided to health professionals by prevention officers might improve active case detection
- POP and total surgeries have shown an increased performance over the first nine months of the three consecutive fiscal years, 2016/17, 2017/18 and 2018/19. With the remaining indicators, both an increasing and decreasing trends were shown.
- Holistic care provision was promoted.
- Fistula surgery training through FIGO initiative is smoothly ongoing.
- The number of patients underwent socioeconomic profiling, number of patients on counseling and therapy, number of patients on reintegration showed an increasing performance during the past three fiscal years (2016/17, 2017/18, 2018/19FYs).
- The number of treated women discharged and fistula patients who completed education class showed mixed both an increasing & decreasing performance trend while the number of patients enrolled in education & handicraft have shown a decreasing performance trend.

10. The Way Forward

- The prevention exist strategy will be implemented.
- Preparing prospective graduates for Board examination.
- Working on the recommendations provided by the impact assessment study.
- Conduct limited ultrasound examination training for Hamlin midwives.
- Launch masters program in clinical midwifery.
- Relationship with Birmingham women hospital.
- Integrate with program based supportive supervision (mentorship).
- Introduce minimally invasive surgery.
- Continue to standardize medical equipment and clinical services across the centers.
- Strengthening Psychiatry, Physiotherapy, Prevention and the R & R sector will be a priority at Hamlin Mekele center.
- Working on women empowerment center's final draft.
- Continue to strengthen the R&R outreach linkage.
- More jobs for survivors with existing and new partners.