



VILLAGE HEALTH PARTNERSHIP

safer motherhood in rural Ethiopia



Organization and Program Summary 2013

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INTRODUCTION

Mission

VILLAGE HEALTH PARTNERSHIP (VHP) is a volunteer organization that works in a culturally sensitive manner at the grassroots level to provide sustainable community based programs for safe delivery and the prevention and treatment of gynecologic complications of childbirth in rural Ethiopia. VHP has applied for 501(c)3 tax-exempt status. While the application is pending, VHP has entered into a fiscal sponsorship agreement with the New Venture Fund. All donations are tax-deductible to the fullest extent allowed by law.

Values

VHP's mission is based upon four guiding principles:

- ❶ **Human Rights** - Safer motherhood is a woman's right.
- ❷ **Community** - VHP programs are community based and community driven.
- ❸ **Partnership** - Resources are scarce. We collaborate with those who are committed to safer motherhood.
- ❹ **Sustainability** - We support local income generating initiatives to ensure the ongoing provision of healthcare services.

Strategic Approach

- ❶ **Capacitate** - Build out core healthcare infrastructure, develop and implement health systems, and facilitate medical education and training to enhance the provision of medical and surgical services.
- ❷ **Treat** - Develop and implement a model for screening, transporting and treating women with gynecologic complications of childbirth.
- ❸ **Prevent** - Develop and implement a model to identify pregnant women who are at high risk for complications and then facilitate their ability to seek, reach and receive medical care.
- ❹ **Sustain** - Support local income generating initiatives to ensure the ongoing provision of healthcare services.

History of Village Health Partnership

VILLAGE HEALTH PARTNERSHIP was founded by Margaret "Migs" Muldrow, M.D., who has a strong personal connection to Ethiopia. As a young girl, Dr. Muldrow lived in a remote area of southwestern Ethiopia with her parents, who established educational, agricultural, and medical programs. Migs spent much of her time helping in a small medical clinic -- an experience that led her to a career in medicine.

In 2008 when she returned to Ethiopia, Dr. Muldrow discovered that as many as **one in ten women still die in childbirth, and 30-40% of those who survive are left with severe gynecologic problems.** Nothing had changed in all those years away.

Community leaders approached Dr. Muldrow with a request: partner with them to improve maternal health. With her special knowledge of the area's communities, language, culture, and medical needs, she was in a unique position to create a nonprofit organization to meet the special circumstances of rural Ethiopia, and **VILLAGE HEALTH PARTNERSHIP** was born.

Cindy Nichol also grew up in Ethiopia, and joined VHP in 2011. Drawing on her master's degrees in African Studies and public policy, and on her decades of experience in public finance and administration, Cindy teamed with Dr. Muldrow and the VHP Board to help build VHP's core systems.

As a child in Western Wollega, Cindy knew from her mother Barby to be kind and respectful to women who were incontinent due to childbirth injuries. Cindy did not fully understand how desperate those women's lives were or what had caused their physical and social isolation. Her father, Tom Nichol, M.D., worked as a general practitioner on myriad health issues including preventing death and injury to women due to childbirth. He trained medical practitioners to work in remote villages, delivered babies at Dembi Dollo hospital at all hours, and even attempted a few difficult fistula surgeries.

Cindy now knows how fortunate her family was when her mother gave birth, with her father's skilled assistance, to a fat and happy baby sister at Dembi Dollo hospital.



THE ISSUE

The voices of the women of Ethiopia illuminate the compelling need and opportunity for improved maternal health through treatment and prevention programs.

Waktole Olana

Waktole's story of debilitating injury from childbirth is typical of many village women today. The long road from her home to treatment was difficult, but ultimately successful.

Waktole Olana sat in her hut in rural western Ethiopia, telling an all too familiar story. She was 35 years old and had six children, all of whom are alive. With her fifth pregnancy, however, she had labored for two days before delivering a healthy baby, but was left with a prolapsed bladder and urinary incontinence that only worsened after delivery of her sixth child.

Unable to bend over or lift anything, she was confined to her hut. "The urine flows continuously down my legs," she said. She was unable to care for her family.

With tears in her eyes, she said that her husband was working hard to support her and the children, but they had sold all their livestock to pay for prior medical care, and were too poor to seek medical care again. "I am just waiting for my death," she said.

Village Health Partnership helped Waktole access the care she desperately needed. After receiving that care, Waktole quickly recovered and resumed a normal life. **Like so many women in Ethiopia, she had slipped through the cracks in a world where the ability to seek, reach, and receive health care is next to impossible.** Lack of education for women, rough terrain and long distances to reach help, and deep poverty all create incredible barriers which prevent women from leading healthy lives in pregnancy, childbirth, and motherhood.



Buse Habate

With a history of complicated pregnancies, Buse needed to go to the hospital well in advance of her due date, but where would she stay? Buse's story has a happy ending, but shows the need for Maternity Waiting Areas at hospitals throughout Ethiopia.



As the West celebrated New Year's Eve in 2011, Buse Habate (pictured left) waited at the Dembi Dollo Hospital with her husband for the birth of their third child. It should have been a happy prospect, but Buse had a history of complicated pregnancies and her health was once again at risk.

One pregnancy had resulted in a fistula, and another pregnancy required her to undergo a Cesarean Section (C-section). In 2007, Buse took the arduous two-day bus trip to Ethiopia's capital, Addis Ababa, where surgery to repair her fistula was successful. But in 2011 when she and her husband were again expecting a baby, a local health extension worker had told her she was at high risk, and needed to go to the hospital in Dembi Dollo to have the baby by C-section.

Buse and her husband lived miles away from the hospital, too far to travel in time to get to the hospital safely once her labor started. They were advised to go two weeks early, but had no place to stay in Dembi Dollo. The hospital administrator admitted her and gave her a bed at the hospital. Despite that kindness, the stay at the hospital was difficult, as they were away from their children and farm, her husband had no place to sleep, and they could not support themselves during their stay.

Happily, Buse had a healthy 9-pound baby girl on January 2, 2012. She and her husband proudly showed off baby Sarah over the next few days as Buse recovered quickly from the surgery, and then they went home.

The hospital administrator would like to be able to offer housing near Dembi Dollo Regional Hospital to the many women like Buse with high-risk pregnancies and to women being treated for prolapsed uterus and other injuries from childbirth. **Building a maternity waiting area is therefore one of Village Health Partnership's top priorities this year.**

MODEL OF INTERVENTION

VHP's Service Area

VHP's work is concentrated in rural Western Ethiopia, commonly referred to as "Western Wollega". The map and detail below describe our service area and initiatives for 2013.



- A. Dembi Dollo** – Dembi Dollo is home to Dembi Dollo Regional Hospital, which serves over one million people. In 2013, VHP plans to construct a **Maternity Waiting Area** for women to stay in before and after surgery to repair gynecologic complications of childbirth, and waiting to deliver their babies.
- B. Aira** – Aira Hospital partners with VHP in our Screening, Transport, and Treatment program and treats women identified with gynecologic complications of childbirth.
- C. Haro Sebu** – Haro Sebu is home to the new **VHP Women's Village**. Haro Sebu is also home to the **Haro Sebu Medical Center**, a facility that VHP plans to rehabilitate over the next two years.
- D. Metu** - Metu is home to the **Metu Fistula Hospital**. The hospital participates in VHP's Screening, Transport, and Treatment program, providing surgical treatment to women with obstetric fistula.
- E. Addis Ababa** – The **Addis Ababa Fistula Hospital** has agreed to pay for the treatment for women VHP identifies with obstetric fistula.



Strategic Approach

VHP's strategic approach is based upon the World Health Organization's groundbreaking research.

1. Capacitate

- ❶ Ensure that Aira Hospital and Dembi Dollo Regional Hospital have running water and electricity.
- ❶ Ensure that Aira Hospital and Dembi Dollo Regional Hospital have the equipment and supplies needed to provide surgical and obstetric services.
- ❶ Ensure that Aira Hospital and Dembi Dollo Regional Hospital have Maternity Waiting Areas where pregnant women can stay before and after delivery.
- ❶ Establish a Women's Village in the town of Haro Sebu at which women can stay before and after the surgical treatment of gynecologic complications of childbirth.
- ❶ Rehabilitate the centrally located health center in Haro Sebu to establish a model for intervention at a more local level and to provide medical services to women staying in the nearby Woman's Village who suffer from gynecologic complications.
- ❶ Facilitate the medical education and training of nurse midwives to enhance the provision of healthcare at all levels of the healthcare system.

2. Treat

- ❶ Establish medical systems for screening, transporting, and treating women with gynecologic complications.
- ❶ Provide funding for the screening, transportation, and treatment of women with gynecologic complications.

3. Prevent

- ❶ Establish medical systems for identifying pregnant women who are at high risk for complicated deliveries.
- ❶ Facilitate their transportation to a regional hospital where they would have access to emergency obstetric care.
- ❶ Work with the Oromia Bureau of Health to ensure that village women have access to medical care and skilled birth attendants at the time of home delivery.

4. Sustain

- ❶ Work with the community to develop and implement income generating initiatives. The income generated will go to support the Maternity Waiting Areas at Aira Hospital and Dembi Dollo Regional Hospital, the Women's Village at Haro Sebu and the provision of health care services.

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Progress to Date

- ❶ In July 2011, working with Project CURE and the Oromia Bureau of Health, VHP shipped a container of medical equipment, valued at over \$250,000, to Dembi Dollo Regional Hospital. The equipment was used to capacitate the hospital's labor and delivery, and surgical services.
- ❷ VHP partnered with the Clinton Health Access Initiative, which supplied a technician to get the equipment up and running and train hospital staff in its use and maintenance.
- ❸ In October 2011, in collaboration with Waterlines, Inc. and the Western Wollega Bethel Synod-Development and Social Service Committee, VHP installed a new hand pump on an existing well and built a holding tank, wash stand and a three-stall shower at the Women's Village at Haro Sebu.
- ❹ In 2011, VHP purchased beds, linens and kitchen supplies for the Women's Village at Haro Sebu.
- ❺ Since October 2011, VHP has collaborated with Aira Hospital to begin screening, transporting, and treating women with gynecologic complications of childbirth, including fistula and uterine prolapse.*
- ❻ Every year when VHP volunteers return to Ethiopia, they work with community leaders to assess healthcare needs and define future program goals.

* *The Fistula Foundation pays for the treatment of women with fistula, and VHP covers the cost of screening and transportation. For women with uterine prolapse, VHP covers all costs. The total cost for fistula or uterine prolapse screening, transport, and treatment is \$156 per woman.*





ORGANIZATION

Board of Directors:

Margaret "Migs" Muldrow, M.D. – Chairperson
William Kent, PhD. – Treasurer
Ruth Harada, M.D. – Secretary
Laury Bowman, Esq., JD. – Assistant Secretary
Cindy Nichol, MA & MPP – Director

Committee Chairpersons:

Ethiopia Operations:	Margaret "Migs" Muldrow, M.D., and Ruth Harada, M.D.
Finance:	William Kent, PhD
Legal Affairs/Governance:	Laury Bowman, Esq., JD
Communications:	Cindy Nichol, MA and MPP
Fundraising:	Margaret "Migs" Muldrow, M.D.

PARTNERS

Working in concert with various partners in Ethiopia and globally, VHP collaborates with others to ensure gaps are filled and to avoid redundancies with the goal of providing the full range of needed assistance as efficiently as possible.

Ethiopia Partners

Development and Social Services Commission
Central Office
Western Wollega Bethel Synod
Dembi Dollo Regional Hospital
Aira Hospital
Haro Sebu Health Center

Collaborating Organizations

Clinton Health Access Initiative
Presbyterian/St. Luke's Hospital
Project CURE
Waterlines, Inc.
Rothgerber, Johnson & Lyons, LLP



2013 PROGRAM GOALS

Capacity-Building at Dembi Dollo Regional Hospital

During their trip from December 2011 to January 2012, the VHP team found that Dembi Dollo Regional Hospital had no running water, only intermittent electricity, limited access to critical medical supplies and equipment, and no place for pregnant women to stay before and after surgery, and to wait for delivery.

Based upon this assessment, the 2013 VHP Program Goals are focused on increasing the capacity and quality of care at Dembi Dollo Regional Hospital:

- ❶ **Install a water system with running water in the hospital.**
- ❷ **Provide critical parts for broken medical equipment.**
- ❸ **Work with the local community to build a six-room Maternity Waiting Area next to the hospital to serve an estimated 300 women and their babies per year.**

Capacity-Building at the Health Center at Haro Sebu

Plans for 2013 also include rehabilitating the Health Center at Haro Sebu and improving access to running water, updating equipment, etc.

Screening, Transportation and Treatment

In 2013, VHP plans to continue the screening, transportation and treatment of women identified with gynecologic complications of childbirth, including uterine prolapse and fistula.

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PROGRAM BUDGET - January 2012 – December 2013

PROGRAM	EXPENSE
CAPACITY-BUILDING	
Dembi Dollo Regional Hospital	
Water System	\$45,000
Medical Equipment/Parts	\$3,163
Maternity Waiting Area - Facility Construction	\$32,000
Maternity Waiting Area – Equipment/Supplies	\$3,000
Maternity Waiting Area – Facility Maintenance (1 year)	\$8,640
Haro Sebu Health Center	
Water System	\$45,000
Health Center Rehabilitation	\$55,000
SCREEN, TRANSPORT, AND TREATMENT	
50 Women - 2012	\$7,765
50 Women - 2013	\$7,765
Local Third Party Review	\$3,329
Program Development	\$2,000
TOTAL	\$212,622

Major Donors

Abundance Foundation
Eugene and Florence Armstrong Family Foundation
Kathleen Brinkman
Norm and Sunny Brownstein
Community Church of the Rockies, Estes Park, Colorado
David and Deborah Douglas
First Presbyterian Church, Santa Fe, New Mexico
First Immanuel Church, Tucson, Arizona
Friedland Family Foundation
Hasan Family Foundation
H.M. Medical Consultants
Chad Kenney
Arvid and Mary Jo Lundy
Eddie and Anita Pajon, M.D.
William and Elizabeth Muldrow
Cindy Nichol
Socially Conscious Coffee
Victor Stabio
Resource Capital Funds Foundation

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allowed by law. NVF's tax identification number is 20-5806345.
Thank you for your support!*

