

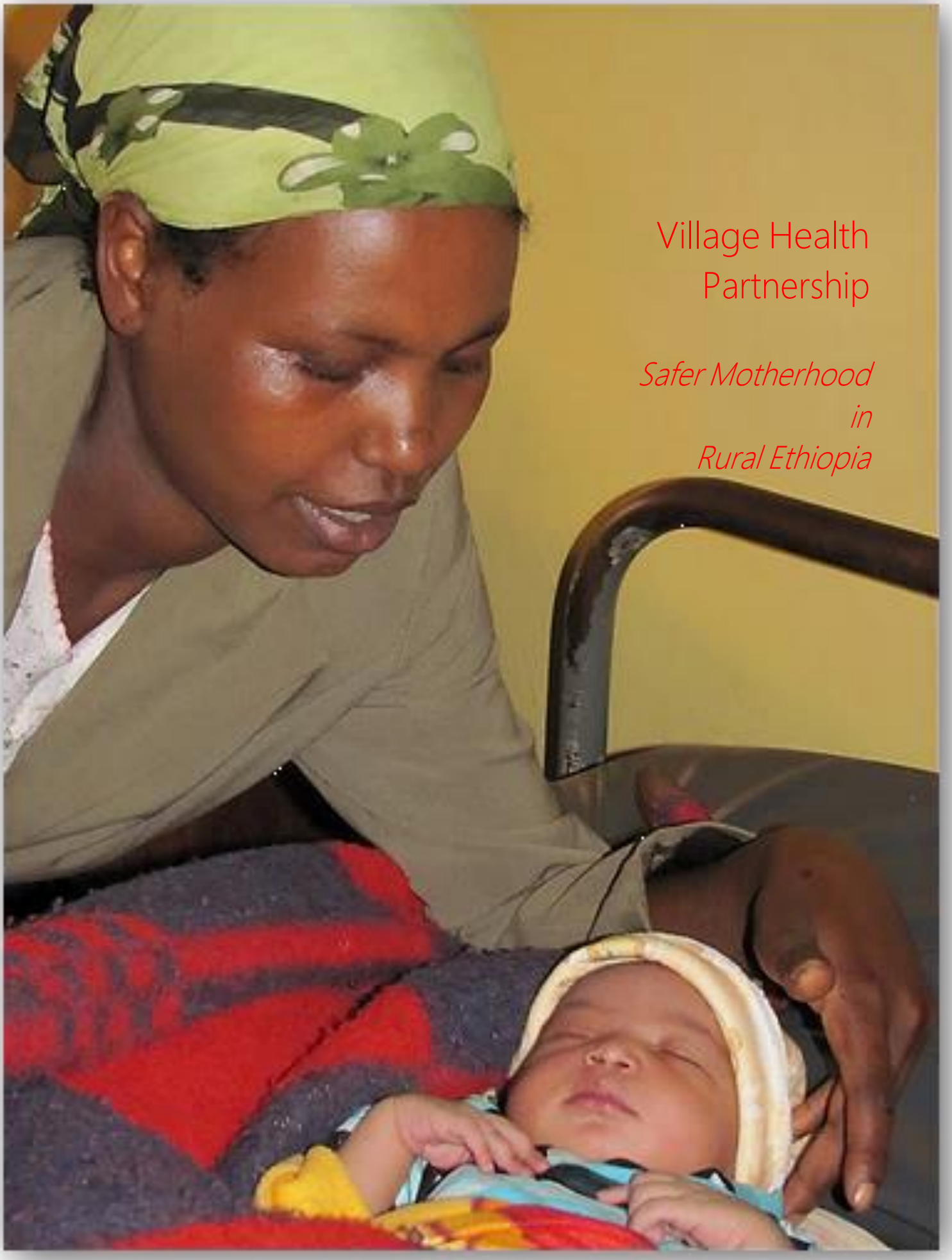


Village Health Partnership  
*Safer Motherhood in Rural Ethiopia*

Organization Overview  
Program Summary, Goals, and Budget  
2014 and 2015

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Village Health  
Partnership

*Safer Motherhood  
in  
Rural Ethiopia*

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## MISSION

VILLAGE HEALTH PARTNERSHIP (VHP) is a 501(c)(3) non-profit organization that works in a culturally sensitive manner at the grassroots level to provide sustainable, community-based programs for safe delivery, as well as the prevention and treatment of gynecologic complications of childbirth in rural Ethiopia.

## VALUES

VHP's work is guided by four principles:

- ❶ Human Rights: Safer motherhood is a woman's right.
- ❷ Community: VHP programs are community-based and driven.
- ❸ Partnership: VHP collaborates with others committed to safer motherhood.
- ❹ Sustainability: VHP supports local income-generating initiatives to ensure the ongoing provision of health care services.

## HISTORY OF VHP

VHP was founded by Margaret "Migs" Muldrow, MD. As a young girl, she lived in southwestern Ethiopia, where her parents worked to establish educational, agricultural, and medical programs. Migs spent much of her childhood helping in a small medical clinic, an experience that ultimately led her to a career in medicine.



Years later, when she returned to Ethiopia, Migs discovered that as many as one in 10 women still die in childbirth, and 30 to 40 percent of those who survive are left with severe gynecologic problems. Nothing had changed in all of her time away.

Community leaders approached Migs with a request: to partner with them to improve maternal health. With her knowledge of the area's language, culture, and medical needs, she was in a unique position to create an organization that could help tackle the challenges faced by women living in some of the poorest and most remote parts of rural Ethiopia.

A small board was formed and the Village Health Partnership was launched. Each year, VHP board members and other volunteers travel back to Ethiopia to work with community leaders, review progress, perform needs assessments, and define future programs and funding priorities. In the United States, board members and volunteers have logged countless hours working to raise money to support community-based efforts for safer motherhood in Ethiopia.

## THE ISSUE

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

### Screen, Transport, and Treat (STT) Program

#### Waktole Olana

*Waktole's debilitating injury from childbirth is typical of many village women. The long journey from her home to a treatment facility was difficult, but ultimately successful.*

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Waktole Olana (pictured right) sat in her hut in rural western Ethiopia, unable to care for her family and telling an all too familiar story.

Pregnant, she 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 next child. Unable to bend over or lift anything, she was confined to her hut. "The urine flows continuously down my legs," she said.

With tears in her eyes, she explained that her husband was working hard but the couple had been forced to sell their livestock to pay for prior medical care, leaving them too poor to seek medical care again. "I am just waiting for my death."

VHP helped Waktole access and pay for the medical care she urgently needed. Waktole quickly recovered and was able to resume her normal life. She and her husband now have a cow and two calves, are successfully raising sheep to sell in the market, and she is enrolled in a government training program.

Like so many women in Ethiopia, Waktole slipped through the cracks in a world where the ability to seek, reach, and receive health care is next to impossible. Deep poverty, long distances to medical facilities, and an inadequate health care infrastructure create incredible barriers that prevent women from leading healthy lives.

Breaking down these barriers by screening, transporting, and treating women with gynecologic complications of childbirth is therefore one of VHP's key initiatives – the STT Program. Current cost for one woman is approximately \$240.

## THE ISSUE

Women in rural Ethiopia are isolated, poor, and have no access to the health care system. They give birth alone in their village huts. Many fear pregnancy as they know that numerous (one in 10) women die during delivery. If they survive, they also know that they have a 40 percent chance of being left with debilitating gynecologic complications.

### Maternity Waiting Areas and Prevention Programs

#### 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 illustrates the need for maternity waiting areas at hospitals in rural Ethiopia.*

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As the west celebrated New Year's Eve in 2011, Buse Habate (pictured right) waited at the Dembi Dollo Regional 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. She needed a caesarian section to survive delivery.

Earlier that year, a local health worker recognized Buse's high risk and advised that she go to the Dembi Dollo Regional Hospital two weeks prior to her due date. Buse lived miles away from the hospital, too far to arrive in time once her labor began. She and her husband traveled to Dembi Dollo, but they had no place to stay and could not support themselves while they waited for delivery.

The hospital administrator took pity on Buse and admitted her to the hospital. Two days later, Buse underwent a caesarian section and gave birth to a healthy 9 pound baby girl. She and her husband proudly showed off baby Sarah over the next few days as Buse recovered from surgery.

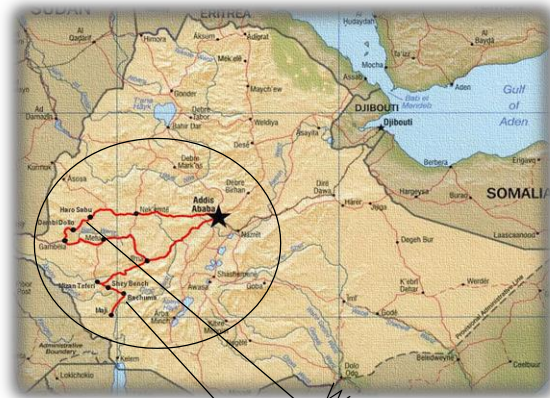
Building maternity waiting areas next to regional hospitals will provide women with high risk pregnancies a place to stay before delivery. Here, they will have access to skilled and emergency obstetric care during childbirth. Building maternity waiting areas is one of VHP's key programs.



## MODEL OF INTERVENTION

### VHP's Service Area

VHP's work is concentrated in rural southwestern Ethiopia in areas commonly referred to as the "Bench Maji Zone" and the "Western Wollega Zone."

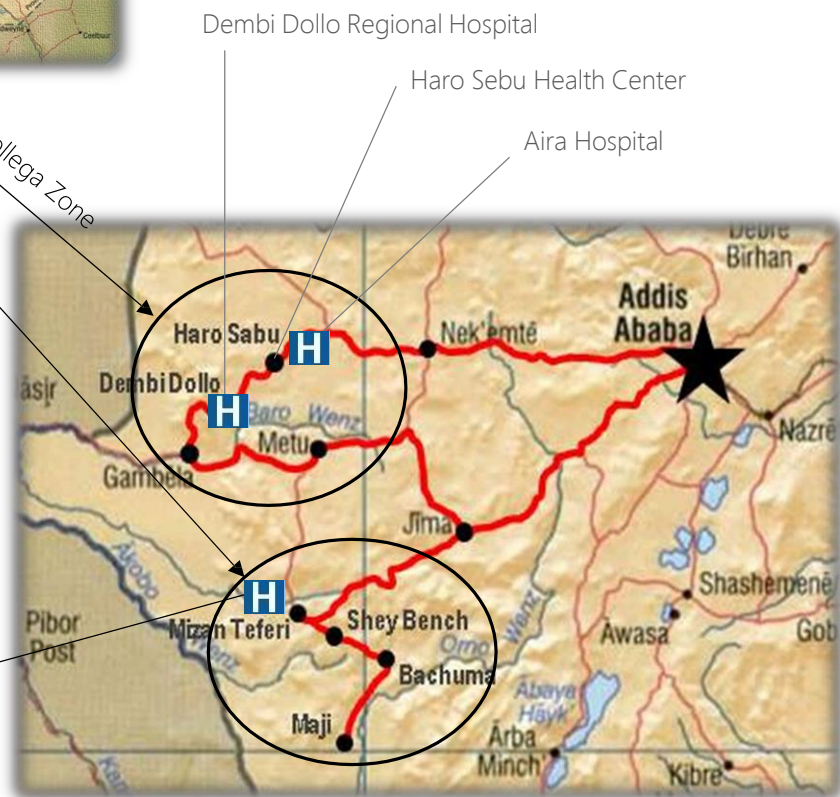


VHP collaborates with the Dembi Dollo Regional Hospital, the Aira Hospital, and Haro Sebu Health Center in the Western Wollega Zone. The Aira Hospital and Haro Sebu Health Center are the centers for VHP's Screen, Transport, and Treat (STT) Program.

VHP collaborates with the Aman Regional Hospital and Health Centers in Shey Bench, Bachuma, and Maji.

Aman Regional Hospital

Western Wollega Zone  
Bench Maji Zone



## MODEL OF INTERVENTION

### Strategic Approach

The World Health Organization is working to implement the 5<sup>th</sup> Millennial Goal, which includes achieving universal access to reproductive health and a 75 percent reduction in maternal mortality around the world. VHP based its community-driven systems approach to safer motherhood on the international experience grounded in the effort to improve this millennial goal.

### *Capacity Building – Health Care – Sustainability*

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#### Capacity Building

##### *Building and Structures, Equipment, and Medical Supplies*

VHP works to ensure that regional hospitals have running water and electricity, labor and delivery suites, operating rooms, intensive care units, equipment and supplies, and maternity waiting areas to serve rural women with high risk pregnancies.

#### Health Care

##### *Medical Training*

VHP works with communities to ensure health care providers have ongoing medical training.



##### *Treatment:*

VHP works with communities to:

- Fund the Screen, Transport and Treat (STT) Program for women with gynecologic complications of childbirth, and
- Assess the impact of the program by meeting annually with government officials, health care providers, and the women who participate in the STT Program.

##### *Prevention*

VHP works with communities to:

- Ensure women access to medical care and skilled birth attendants at the time of home delivery,
- Establish systems for identifying pregnant women at high risk for complicated deliveries,
- Facilitate the transportation of women with high risk pregnancies to a hospital, and
- Track and validate progress via annual interview sessions and questionnaires.

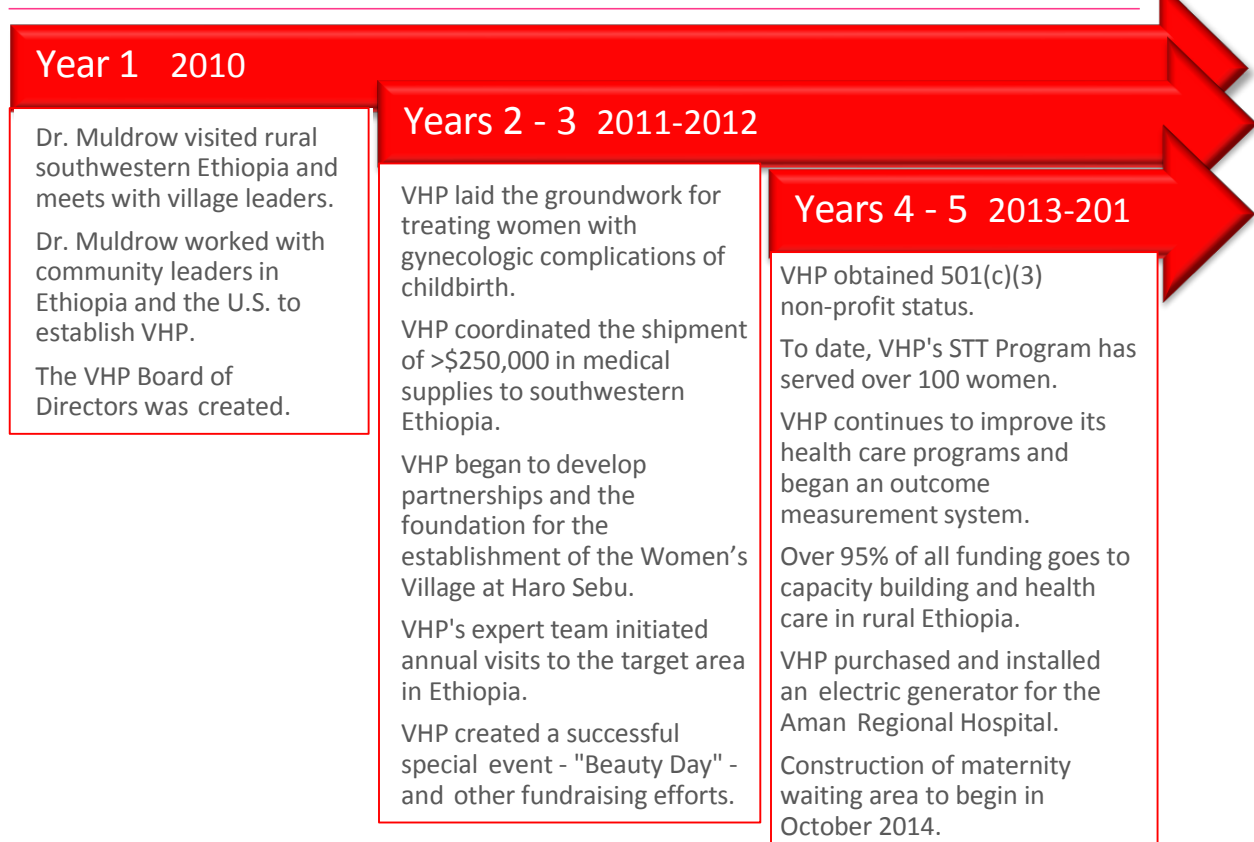
#### Sustainability

VHP works with communities to develop and implement income-generating projects to ensure the ongoing provision of health care services and programs for safer motherhood.



## PROGRESS TO DATE

### *Capacity Building – Health Care – Sustainability*



### Capacity Building

#### *Buildings and Structures, Equipment, and Supplies*

July 2011: VHP worked with Project C.U.R.E. and the Western Wollega Zone Bureau of Health to ship a container of medical equipment valued at over \$250,000 to the Dembi Dollo Regional Hospital. The equipment was used to support the hospital's surgical services and to capacitate labor and delivery.

January 2012: VHP partnered with the Clinton Health Access Initiative, which supplied a technician to get the equipment up and running, and to train hospital staff in its use and maintenance.

May 2013: John Vavruska, an engineer with Waterlines, Inc., visited the Dembi Dollo Regional Hospital to evaluate the hospital's water supply and delivery system. John helped the hospital establish access to a limited supply of running water. The Ethiopian government plans to implement a new water system for the hospital within the next four years

## PROGRESS TO DATE

### *Capacity Building – Health Care – Sustainability*

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#### Capacity Building

December 2013: The VHP team delivered parts for operating room equipment, as well as needed medical supplies for labor and delivery, to the Dembi Dollo Regional Hospital.

October 2011-Present: VHP is working to develop the Women's Village at Haro Sebu. VHP collaborated with Waterlines, Inc. and the Western Wollega Bethel Synod-Development and Social Service Committee Branch Office to install a hand pump on an existing well and build a holding tank, wash stand, and a three-stall shower at what will become the Women's Village. VHP also purchased beds, linens, and kitchen supplies for the village.

#### Health Care

##### *Medical Training*

2009-Present: Every year, medical providers from the United States return with VHP to work side by side with Ethiopian health care providers to facilitate medical education and training, and to enhance the delivery of health care in regional hospitals.



##### *Treatment*

October 2011-Present: VHP is collaborating with the Aira Hospital and Haro Sebu Health Center to begin screening, transporting, and treating women with gynecologic complications of childbirth, including fistula and uterine prolapse. To date, more than 100 women have been treated through the Screen, Transport, and Treat (STT) Program.

October 2011-Present: VHP is working to establish the Women's Village at Haro Sebu to rehabilitate women with gynecologic complications of childbirth.

2013: VHP collaborated with a student from the University of Denver Josef Korbel School of International Studies, a statistical consultant, and two Denver-based OB/GYNs to develop a questionnaire and a database to track program progress and outcomes.

##### *Prevention*

August 2014-Present: VHP is working with a team of OB/GYN experts, including MDs and nurse midwives, to develop a model for the Emergency Obstetric Training (EOT) Program at the health center and village level, which will be implemented over the next 2.5 years in the Bench Maji Zone.

## ANNUAL ETHIOPIA TRIP

### Findings from 2013-2014

From December 2013 to January 2014, VHP volunteers traveled to the Bench Maji Zone and the Western Wollega Zone in Ethiopia to evaluate current programs and work with community leaders to improve and expand VHP programs.

#### *Bench Maji Zone*



*The Aman Regional Hospital* is well organized and well run. Serving 2.5 million people, the administration and health care providers do a great deal with very little.

Patient beds are limited and staff-to-patient ratios are low. During VHP's assessment, 30 to 40 women lined up outside the one-room antenatal clinic. The maternity wards were overflowing with patients that crowded into the rooms and spilled into the halls. In labor and delivery, patients cried out for assistance, nurse midwives could barely keep up, and there was no place to put newborns.

The single operating room was used around the clock. When the electricity went out, as it often did, the surgeons operated by flashlight. Women with emergency cesarean sections were given priority over general surgery patients, and women with gynecologic complications of childbirth were often sent home. As women with high risk pregnancies were brought to the hospital for emergency obstetric care, there were no beds in the hospitals and no local place for them to stay.

*VHP recommends additional investment in the Aman Regional Hospital.*

## ANNUAL ETHIOPIA TRIP

Findings from 2013-2014



*Village Health Centers in Shey Bench, Bahuma, and Maji were organized, but small and poorly equipped. Local leaders requested training for prevention programs. Interviews with the women of the Me'en villages revealed that they need accommodations that provide them with a place to stay and allow them to deliver in their accustomed way in health care centers where they have access to skilled assistants during childbirth.*

*VHP recommends additional investment in these areas, including providing medical equipment and supplies, maternity waiting areas, and an education program for health care providers.*

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### Western Wollega Zone

During VHP's assessment, *the Dembi Dollo Regional Hospital* was in a state of disarray. The previous hospital administrator had been replaced by an employee with no training. Labor and delivery was overflowing. The hospital's Land Cruiser transported women from outlying health centers, most coming in late and near death with uterine rupture. The hospital had no place for women to stay prior to delivery. With VHP's help, the administration hooked up a temporary connection to the town's water systems that brought a modest amount of water to the operating rooms as well as labor and delivery.

*VHP recommends continued investment in equipment and support of improvement in local administration.*

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## ANNUAL ETHIOPIA TRIP

Findings from 2013-2014



*The Aira Hospital and Haro Sebu Health Center are the focus of VHP's Screen, Transport, and Treat (STT) Program at this time. Women are screened and identified with gynecologic complications and then transported to the Aira Hospital for surgery.*

In 2014, VHP's visiting team interviewed women who had been treated through the STT Program, as well as government officials, health care providers, and the social worker involved with the program (see photo above).

Fifty women with serious gynecologic complications of childbirth were successfully identified and treated in 2013. The model builds trust and confidence in the health care system, establishes medical treatment systems, and breaks down barriers for women seeking, reaching, and receiving reaching medical care.

*VHP recommends continued investment in the STT Program.*

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A detailed trip report is available upon request.

## 2014 AND 2015 GOALS

### *Capacity Building – Health Care – Sustainability*

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#### Capacity Building

##### *Building and Structures, Equipment, and Medical Supplies*

##### The Aman Regional Hospital

2014-2015: Purchase and install a generator to service the electricity needs of the hospital.

2014-2015: Construct a maternity waiting area.

2014-2015: Rehabilitate the OB/GYN wards.

2014-2015: Rehabilitate the operating room.

##### The Dembi Dollo Regional Hospital

2014-2015: Purchase and install an industrial-sized washing machine.

#### Health Care

##### *Medical Training*

2014-2015: Continue to build medical training programs for health care providers in regional hospitals and local health centers.

##### *Treatment*

##### Western Wollega Zone: Screen, Transport, and Treat (STT) Program

2014:2015: Screen, transport, and treat 50 women in districts that surround the Aira Hospital.

2015:2015: Screen, transport, and treat 100 women in more remote areas.

##### *Prevention*

##### Bench Maji Zone: Emergency Obstetric Training (EOT) Program

2014-2015: Collaborate with local health care officials in Ethiopia, as well as OB/GYN physicians and nurse midwives in Denver, Colorado, to develop a model for training medical providers on safe delivery at the village level and in local health centers.

2014-2015: Collaborate with local health care officials in Ethiopia to further enhance the identification of women with high risk pregnancies and facilitate their transport to regional hospitals where they can receive emergency obstetric care.

#### Sustainability

2014-2015: Begin to discuss possible local business projects.



## 2014 AND 2015 BUDGETS

Village Health Partnership	2014	Funding Secure	2015	Funding Secure	Comments
<b>Income</b>					
Corporations					
Event – Beauty Day	\$40,000	X	\$40,000	X	
Foundations	\$10,000	X	\$35,000		
Grants	\$30,000	X	\$30,000		
Individuals	\$15,740	X	\$29,000		
Cash on Hand	\$138,218		\$66,883		Restricted funds raised in 2013.
<b>Total Cash Income</b>	<b>\$233,958</b>		<b>\$200,883</b>		
In Kind Income	\$25,000	X	\$25,000	X	
<b>Total Income</b>	<b>\$258,958</b>		<b>\$225,883</b>		
<b>Expense</b>					
<i><b>Program – Capacity Building</b></i>					
Aman Regional Hospital					
Generator	\$50,000	X			Completed Sept. 2014.
Maternity Waiting Area	\$75,000	X			Construction initiated Oct. 2014.
Rehabilitate OB/GYN Wards			\$75,000		
Rehabilitate Operating Room			\$50,000		
Dembi Dollo Regional Hospital					
Washing Machine	\$18,000				On hold.
<i><b>Program – Health Care</b></i>					
Screen, Transport, and Treat (STT) Program					
50 Women @ ~ \$240 per person	\$11,575	X			Completed.
100 Women @ ~ \$240 per person			\$24,000		
<b>Ethiopia</b>					
Ethiopia Program Consultant	\$9,500	X	\$9,500	X	Grant pending.
Office Expense	\$0		\$6,000	X	Individual donation.
<b>Outside Services – U.S.</b>					
Administration Consultant	\$25,000	X	\$25,000	X	In kind donation.
Accountant	\$2,000	X	\$2,000	X	Grant pending.
Supplies	\$1,000	X	\$1,000	X	Grant pending.
<b>Total Expense</b>	<b>\$192,075</b>		<b>\$192,500</b>		

*\*We attempt to get in kind donations, grant funding, and directed individual donations to cover all Ethiopia and U.S. administrative and consulting costs so that more than 95% of your donation goes directly to support programs in Ethiopia.*

*\*All projects identified in the budget are contingent on raising adequate funds and obtaining VHP required approvals.*

*\*Funding is raised this year for programs initiated the following year.*

## VHP DONORS

### \$10,000-\$25,000

The Abundance Foundation	The Lansdown Family Fund
Albert and Margaret Siepert Trust	D.P. & C.A. McCue
Eugene and Florence Armstrong Family Foundation	William and Elizabeth Muldrow
Immanuel Presbyterian Church	Resource Capital Funds Foundation
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### \$5,000-\$9,999

David and Deborah Douglas	Cindy Nichol, MA, MPP
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Community Church of the Rockies, <i>Estes Park</i>	Dr. Eduardo and Anita Pajon
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Amy Knoth	Cris and Dawn White
Mary Knowles	Robin Wise
Mary Lafontise	Shirley Witt, PhD
Arvid and Mary Jo Lundy	Michael Zulian
Sarah May	

## VHP DONORS

### \$500-999

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Deborah Lee-Eddie	Lloyd and Allison Thurston
James and Marian Logan	John and Linda Van Heuvelen
Karey Lontz	Sandra Walker
Kelle McCarter	

### *Special Appreciation*

*Denver Dermatology Center and HM Medical Consultants, Professional LLC for underwriting Beauty Day and VHP administrative support.*

*James "Jim" M. Lyons, JD for his invaluable guidance and work.*

*David Douglas for his instrumental support.*

*Allergan, Inc. for its support of Beauty Day.*

*DUSA Pharmaceuticals, Inc. for its support of Beauty Day.*

*Gretchen Heinrichs, MD, Michelle Jeranko, Bronwen Kahn, MD, Amy Nacht, MSN, CNM, Hollis Pence, PhD, Tom Nichol, MD, Cynthia Davidson Starks, RN, MA, Terry Thoeming, and Karen Tomb, JD for assisting in program development, medical education and training, and fundraising.*

*The talented students of the Josef Korbel School of International Studies.*



Village Health Partnership (VHP) is a 501(c)(3) non-profit organization. All donations are deductible to the fullest extent allowed by law. VHP's tax identification number is 01-0967873.

## BOARD OF DIRECTORS

### Board of Directors:

Chairperson:	Margaret "Migs" Muldrow, MD
Treasurer:	William Kent, PhD
Secretary:	Ruth Harada, MD
Assistant Secretary:	Laury Bowman, JD
Director:	Cindy Nichol, MA, MPP

### Committee Chairpersons:

Legal Affairs/Governance:	Laury Bowman, JD
Finance:	William Kent, PhD
Communications:	Cindy Nichol, MA, MPP
Fundraising:	Margaret "Migs" Muldrow, MD
Ethiopia Operations:	Margaret "Migs" Muldrow, MD and Ruth Harada, MD
Ethiopia In-Country Director:	Tefera Endalew Yayeh

## VHP PARTNERS

*VHP collaborates with partners in Ethiopia and globally 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:

Bench Maji Zone:	Bureau of Health The Aman Regional Hospital Shey Bench Health Center Bachuma Health Center Maji Health Center
Western Wollega Zone:	Bureau of Health The Dembi Dollo Regional Hospital Haro Sebu Health Center Western Wollega Bethel Synod-Development and Social Service Committee Branch Office The Aira Hospital
Collaborating Organizations:	Clinton Health Access Initiative Lewis Roca Rothgerber LLP New Venture Fund Presbyterian/St. Luke's Medical Center Project C.U.R.E. Waterlines, Inc.