



# **WOMEN AND HEALTH ALLIANCE INTERNATIONAL - ETHIOPIA**

## **Activity and Financial report**

**Project name:**

**A Global Approach to Obstetric Fistula  
Prevention, Training and Care at the Assela  
School of Health, Arsi University Hospital**

**Grant holder:**

**Women and Health Alliance International**

**Grant Period:**

**December 2014 -February 2015**

**Reporting period:**

**December 2014 -February 2015**



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### **Background**

In Ethiopia, there is only 1 obstetrician or gynecologist for roughly every 350 000 citizens and the number of trained midwives are as well inadequate and hence only about 15% of births are attended by a skilled healthcare professionals. As a result, the number of maternal deaths is unacceptably high and the continuously high maternal mortality implies equally high maternal morbidity such as obstetric fistula.

As obstetric fistula is the most devastating injury associated to child birth, women suffer the psychosocial consequences more than the physical damage. Surgical treatment fixes the physical injury as well relieves the psychological and social damages associated to bad odour from incontinences. Shortening the duration of incontinence by early treatment minimizes the social and psychological damage. Thanks to the bighearted support of **Ethiopia Fund**, WAHA international has been carrying out a successful partnership to run a fistula care center in Assella providing comprehensive and quality care services to women with obstetric fistula. Moreover, the financial support from the Ethiopia Fund has also helped us to send out messages through media campaigns about the existence of free care and treatment of obstetric fistula for women living throughout the targeted Arsi zone. The media campaign has been significant for the identification of obstetric fistula cases in particular with regards to reaching women from very remote areas.

As a result, Ethiopia Fund enables us to support the treatment of 34 women with fistula and other pelvic organ disorders at Assella fistula center, between December 2014 and February 2015. This included providing comprehensive care, including pre and post operation care, surgery, nutritional support, hygiene care, physiotherapy and reintegration support. As transportation costs are being covered by Ethiopia Fund, financial constraints are no longer a hurdle for fistula sufferers to access care.

Between December 2014 and February 2015, we had a total transfer of 16,255.00 USD to our account from Ethiopia Fund. In addition we had a remaining amount of 7,722.98 USD from



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the previous quarter Adding this with the transferred amount we had a total of 23,978.0 USD for the implementation of the project in Arsi zone.

Out of this we have spent a total of 18,634.0 USD from December 2014 to February 2015, with a remaining balance 5,344.0 USD. The expenditure details are summarized in the table at the end of this report.

### **Activities accomplished in the reporting period December 2014 – February 2015**

#### **I. Construction and Renovation works**

In addition to fencing in the terrain and planting flowers, a ‘toukoul’ has been set up in the garden. The table, benches and grass roof were finished to be put in place in early February, 2015. The toukoul was painted red and white which are the thematic colors of the hospital and the toukoul has been connected to the electric system. A total of 1769.2 USD was paid for completing this construction.





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*Picture of the 'tokoul' in Assela fistula center*



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### **II. Supporting fistula care and training integrated at the Arsi University Hospital**

- **Obstetric fistula care and treatment**

Between, December 2014 to February 2015, a total of 34 women have been treated at the WAHA Fistula Centre in Assala thanks to the support of Ethiopia Fund. These women received holistic obstetric fistula treatment that includes nutritional support, hygiene care, pre and post operational counseling and physiotherapy.

The support by Ethiopia Fund has restored the lives of these women who have often suffered for many years from obstetric fistula. As demonstrated in the table below the significant drop of patient load we have noticed in the previous two quarters showed an improvement. This was achieved through our community outreach activities as well as the Government commitment in case identification/mobilization.

Reported period	Mar-May, 2014 (3months)	Jun- Aug, 2014 (3months)	Sep-Nov, 2014 (3months)	Dec,2014-Feb,2015 (3months)
No of treated women	54	29	21	34

- **Training of the hospital's fistula care team**

Capacity-building activities of the medical staff have continued and the gynecologist and the nurses assigned at the fistula centre received on job training on the fistula care services. Over wenty medical students attended the surgical procedure training of fistula treatment in the operation theatre, last quarter.

A gynecologist from Bergen has visited the fistula center and shared the experience on the care and treatment provided at Assela fistula center.

A cardiologist from Norway has also visited the fistula center and attended/observed surgical procedures.

The Support of the underprivileged midwifery students by Ethiopia Fund has also continued in this quarter. This support has been very helpful for these midwifery students in enabling them to acquire the chance of education and hope for a better future.



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### **III. Community outreach for case identification and prevention**

One of the main barriers in the fight against obstetric fistula is the perception women with fistula have of the cause of their disability and the inadequacy of the knowledge they have concerning obstetric fistula prevention and treatment. This inhibits many of them from searching treatment.

Radio broad casting is accessible to most Ethiopian and information transmitted through this media often reaches some of the family members and enables the family to get informed on the availability and treatability of obstetric fistula. Thus radio announcements have been broadcasted as to encourage fistula sufferers to come forward and seek treatment. And in fact most of the patients coming to the fistula center in Assella acknowledged radio transmission as the source of their information about the center and free fistula care services.

We also worked with midwives within the target region to support them to closer network with health extension workers (HEWs) and thus work hand-in hand to identify women with obstetric fistula. Working with other key development partners, notably USAID's Integrated Family Health Program ensured that midwives are well trained with regards to obstetric fistula identification, referral and early treatment.

- **Free transport for women presenting for obstetric fistula treatment**

Transport costs are a major stumbling block from women to access fistula care. Ethiopia Fund's donations have covered all transportation costs for the 34 fistula patients that have been treated with their support. Thanks to this contribution the women were able to reach the fistula centre and return home to their communities.

### **IV. Facilitating the social reintegration of fistula survivors**

Healing fistula requires not only surgical intervention but a holistic approach, including at least basic economic support as to ensure the women's reintegration back into society. Thanks to Ethiopia Fund's support, we have been able to develop and distribute a reintegration package, which includes a stipend of 2000 birr to start income generating



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activities, a blanket and a new dress. This reintegration package has been distributed to 23 women as to help them re-build their status in the community.

### **Outlook**

There is still a long way to go to eradicate obstetric fistula from Ethiopia, and thus women in Ethiopia continue to suffer from this terrible condition. These women depend on the generous gifts from donors like Ethiopia Fund in order to regain a live in dignity.

In January 2015, two former fistula patients returned to our fistula centre – pregnant to give birth by caesarean section. These are wonderful signs of hope and show the immense difference we can make in the lives of women who suffer from obstetric fistula.



*Picture of former fistula patient with her newborn*

**Table: Summary of expenditure December 2014 to February 2015.**



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<b>Item</b>	<b>Description</b>	<b>Dec 2014 to Feb 2015 Cost in Birr</b>	<b>Dec 2014 to Feb 2015 in USD</b>
Construction material	Tokoul	34499.4	1769.2
Garden, fence and other renovations	Building of fence and flower plant bought and planted by a professional in the fistula unit garden	14800.5	759
Patient Treatment cost	34 patients received treatment	132600	6800
Part-time gynecologist	50% of salary of the gynecologist assigned to the fistula centre	45360.9	2326.2
Dedication of 5 nurses to the fistula ward	Top up to nurses' salary - per month	15344.55	786.9
Cleaning staff	Salary of 2 cleaners and 1 launderer	9207.9	472.2
Reintegration after fistula surgery	The reintegration package Includes a micro-stipend of 2000 birr, new clothes, blanket	54280.2	2783.6
Transport of patients	For fistula patients before and after surgery - per case	19890	1020
Community outreach	Radio announcement	34382.4	1763.2
Support of midwife students	Support of underprivileged midwifery students	2999.1	153.8
<b>Total</b>		<b>36,3364.95</b>	<b>18,634.1</b>