

Midwives For Haiti
FINAL REPORT TO DINING FOR WOMEN FOR THEIR FEBRUARY 2013 GRANT

Organization Name: Midwives For Haiti

Program Title: Midwives Save Lives: Reducing Maternal and Neonatal Mortality in Haiti by Training Skilled Birth Attendants

Grant Amount: \$50,000

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Program Objectives

The mission of Midwives For Haiti is the reduction of maternal and neonatal mortality in Haiti. This is accomplished by training Haitians as skilled birth attendants and improving access for Haitian women to prenatal, intrapartum and postpartum care.

The Dining For Women grant provided financial support for our skilled birth attendant school in Hinche, Haiti and support for our mobile prenatal clinic that serves women in 16 rural villages on Haiti's central plateau.

Graduates of the 10 month course have the skills needed to provide care to pregnant women throughout their pregnancies. They attain the skills enumerated by the World Health Organization as the core abilities of skilled birth attendants. Among these skills are the ability to prevent and/or manage the common life-threatening complications of pregnancy; pre-eclampsia/eclampsia, postpartum hemorrhage, infection and obstructed labor.

The mobile prenatal clinic provides care to over 400 women each month. The women receive vitamins, iron supplements and medication for intestinal parasites. They are tested for sexually transmitted diseases and examined for pregnancy complications. Women with high-risk problems are referred to physicians or transported to the hospital.

Program Achievements

23 Haitian students graduated from our skilled birth attendant school in October 2013. The table below shows the number of graduates from each class since 2006 and the number employed in hospitals, clinics and birth centers in Haiti.

Year	Graduates	Employed
2008	7	6
2009	8	8
2010	11	11
2011	15	13
2012	13	13
2013	23	15
Total	77	66

 7 Students supported by DFW grant

The mobile prenatal clinic employs 4 graduates of our school who see on average 460+ patients each month. The table below summarizes their work in 2013.

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Year	Patients	Referrals	Emergency Transports	Chlamydia Treatment	Worm Treatment	Chronic Hypertension Treatment	UTI Treatment
2013	5,607	150	41	20	2,074	345	759

Program Challenges

The DFW grant was intended to help fund the opening of a second MFH school in Leogane. A school requires a site where students will gain clinical experience. In Leogane we planned to use Hospital St. Croix as a clinical site. The hospital had been damaged during the earthquake of January 2010 and had been rebuilding and repairing its facilities. They had intended to open the hospital's maternity wards months before our school was to begin operating but numerous problems delayed the opening. Without a clinical site we could not train students in Leogane and we decided to bring students to Hinche for training. Of the 12 Leogane students, 7 were able to come to Hinche for the 10 months of training.

Program Changes

The training and patient care programs of MFH have been improved and expanded since February 2013. Training of skilled birth attendants continues in Hinche and our 7th class is scheduled to graduate in March 2015. The length of training has been increased from 10 to 12 months in order to provide additional clinical experience.

Our mobile prenatal clinic now visits 20 villages each month instead of just 16 villages. The 4 additional villages are served by midwives who travel to those villages on motorcycles instead of on the MFH jeep. The midwives are able to use motorcycles because the villages are close to Hinche and the supplies needed can be carried in small bags and backpacks.

Lessons Learned

Clinical simulations can enhance training. This is especially true for rare clinical situations such as shoulder dystocia and breech delivery. Simulations are also useful for life-threatening situations such as eclampsia where rapid response is required to safeguard the life of a mother. By using simulations a student can be guided through the appropriate management of high-risk problems without placing a woman in jeopardy. Faculty from the University Of Pennsylvania School Of Midwifery brought simulation training to Hinche and we have incorporated that training into our curriculum.

Our mobile prenatal clinic provides care to women on a regular basis and has identified many women with high-risk problems before harm came to them or their baby. However, some problems can arise rapidly and monthly examinations are not adequate in all cases. Pregnant women need clinical services that are nearby and available at all times. Therefore, we have determined that MFH should begin to operate birth centers in rural settings. We are currently working to open a birth center in Cabestor, a rural village that is often cutoff from access to medical care by flooding during the rainy season.

Unexpected Outcomes and Events

One goal of our skilled birth attendant training program is for graduates to work in rural areas where women usually do not have easy access to maternity services. For this to happen a graduate must desire to live in a rural area and there must be an employer willing to hire and support the graduate in that area. MFH engaged in a cooperative effort with other NGO's to place skilled birth attendants in rural clinics and birth centers. The NGO would select students, send them to our school in Hinche, support them while

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they were in training and then hire them after graduation. The NGO would gain a skilled birth attendant who had ties to the community and was likely to work in the community for years.

Most candidates for the school had to take an examination and present themselves for an interview. Students were selected based on knowledge, experience and their interview performance. Students who were selected by an NGO and had a job waiting for them after graduation did not have to go through this selection process. MFH relied on the NGO to select well qualified candidates. This proved to be a mistake. In some cases we were sent students who were motivated to become midwives but who did not have the educational background to complete the course successfully.

We have learned that all prospective students must go through the same vetting process before being admitted to the school. This will make it less likely a student will need to be dismissed from the class for unsatisfactory performance.

Adapting to Obstacles

Working in Haiti is challenging because of the many obstacles faced almost every day. These include an inadequate infrastructure to support health care facilities. Electricity, running water, medications and trained staff are all in short supply. Management systems that we take for granted in the U.S. do not exist. There is no middle management to guide the nursing staff or insure that they have the tools they need to do their work. There is no medical record system or other system to review patient care. There is no supply system to insure that medication and equipment is available where and when needed. Training students in this type of environment is difficult and at times frustrating because it makes it difficult to implement improvements.

To overcome some of the obstacles found at the government hospital we implemented several changes. MFH has their own storeroom where we can keep supplies for the maternity wards. This makes it more likely that students will have the medications and equipment needed for patient care. Students are instructed by preceptors and not the hospital staff. This allows the hospital staff to focus their attention on patients and insures that students are taught according to protocols set by MFH. Students attend case study sessions every week to review clinical problems they encountered in the hospital. This is a time when they and their teachers can discuss what went well and what needs improvement. These discussions are conducted in a non-judgmental manner to foster learning rather than defensiveness.

These adaptations have taken place over the past several years. MFH seems to be continuously adapting as we learn and gain new capabilities. Every year finds us different than the year before.

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Human Impact of MFH Programs

The DFW grant went to support training of skilled birth attendants and patient care by the midwives working in our mobile prenatal clinic. The following tables provide the number of students graduated from all MFH classes, the number of students employed as midwives, the number of patients cared for in our mobile prenatal clinic and some of the types of care provided.

Number of Graduates and Number Employed (86% employment rate)

Year	Graduates	Employed
2008	7	6
2009	8	8
2010	11	11
2011	15	13
2012	13	13
2013	23	15
Total	77	66

Mobile Prenatal Clinic Activity

Year	Patient Visits	Referrals	Emergency Transports	Chlamydia Treatment	Worm Treatment	Chronic Hypertension Treatment	UTI Treatment
2013	5,607	150	41	20	2,074	345	759
Jan-Aug 2014	4,161	52	12	8	2,000	306	361

Measuring Results

The mission of Midwives For Haiti is the reduction of maternal and neonatal mortality in Haiti. It is not possible for MFH to measure changes in maternal and neonatal mortality in the areas where our midwives are working. That is a task that would consume our entire budget. The interventions that we are bringing to Haiti are interventions that have already been proven to reduce mortality for women and babies. What we can and do measure are the skills of our students, the rate of employment of our graduates and the number of patients served by our mobile prenatal clinic.

The students in the MFH school are evaluated by written exams and clinical skills evaluations. Clinical skills must be performed under the supervision of an experienced midwife. Requirements for satisfactory demonstration of each skill is objectively defined for 52 different skills. The skills range from basic nursing skills such as assessing vital signs to complex and life-saving skills such as managing postpartum hemorrhage.

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Training skilled birth attendants would not be an effective way of reducing maternal and neonatal mortality if graduates were not being employed to care for pregnant women. Our graduates have been highly successful at obtaining employment. The table below shows the number of graduates employed at different locations throughout Haiti. Their employment rate is 86%. This is a very high rate of employment in a country where 2/3 of the adult population does not have formal employment.

Employer	Location	Type Facility	Number Employed
Mama Baby Haiti	Cap Haitian	Birth Center	3
MFH	Hinche	Mobile Prenatal Clinic	7
MFH	Hinche	Hospital	13
MFH	Hinche	Teachers	4
MFH	Maissade	Birth Center	1
MFH	Saltadere	Matrone Training	2
Medishare	Marmot	Birth Center	4
Haitian Ministry of Health	Savanelle Fontye	Birth Center	2
Haitian Ministry of Health	Ti Lori	Birth Center	1
Haitian Ministry of Health	Los Cacaous	Birth Center	1
Zanmi Lasante	Cange	Hospital	1
Zanmi Lasante	Hinche	Hospital	1
Rockin Baby Slings	Hinche	Postpartum assessment	1
Haiti's Kidz	Hinche	Postpartum assessment	1
Mary Care	Fort Liberte	Birth Center	1
Caritas	Dos Palais	Birth Center	1
Bill Rice Clinic	La Gonave	Clinic	2
Women & Children's Hope Foundation	Timo	Clinic	1
Centre Sante de Darbonne	Darbonne	Birth Center	1
Hospital St. Croix	Leogane	Hospital	1
Whitney Clinic	Hinche	Clinic	1
Medical Missionaries	Thomasique	Birth Center	3
Haiti Christian Mission	Fond Parisean	Birth Center	3
Hospital Albert Schweitzer	Deschapelles	Hospital	1
St. Damien Hospital	Port-au-Prince	Hospital	4
Lamp for Haiti	Cite Soleil	Birth Center	1
Maison de Naissance	Les Cayes	Birth Center	4

Records are maintained for each patient seen in our mobile prenatal clinic. In 2013 there were 5,607 patient visits. Women attending the clinics receive vitamins and iron supplements. They are treated for intestinal worms and tested for sexually transmitted diseases. Those women found to have chlamydia or gonorrhea are treated at the clinic and they are given medication to take to their partner. Women diagnosed with HIV or syphilis are referred to Zanmi Lasante/Partners in Health for confirmation of infection and treatment. Women with emergency problems are transported back to the hospital. In 2013 there were 41 emergency transports for problems such as labor, preterm labor and severe pre-eclampsia.

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What's Next

After the class of 2013 graduated MFH began planning for its next class. 16 more students began training in March 2014. The length of the course was increased from 10 months to 12 months to allow for more clinical experience.

MFH intends to improve access to skilled care for women in rural areas by operating birth centers. We are in the planning stages for a birth center in Cabestor, a village remote from any health care facility. We have funding for this birth center and expect to be operational in the first half of 2015.

MFH is fundraising for a second birth center to be located at Hospital Albert Schweitzer in Deschapelles. This birth center will relieve overcrowding in the hospital's maternity ward and provide our students with clinical experience.

What the DFW Grant Paid For

The DFW grant supported our school and mobile prenatal clinic. The budget approved by DFW is included with this report and has been updated with the actual amounts spent. \$14,400 was budgeted for our lead Haitian teacher and she received \$13,900. The budgeted salary for the teaching assistant was \$12,000 and she received \$12,186. The salaries anticipated for 3 mobile clinic midwives was \$11,700 and they received \$10,158. The driver for the mobile clinic received a salary of \$4,967 and the budget estimated \$5,200. The cost of mobile clinic supplies was higher than anticipated, medications were \$6,527 and test kits \$2,262 versus budgeted amounts of \$5,000 and \$1,700 respectively.

The Intangible Benefit of Dining For Women

Many grant making organizations do not want to be the sole support for non-profit projects. MFH is lucky to have the support of many individuals and organizations. In 2013 DFW was one of our largest financial supporters and may have made it more likely for us to obtain other grants.

DFW has a unique way of providing financial support to organizations that exist to improve the lives of girls and women. Their financial support is coupled with a widespread promotion of the organizations work. The value of the publicity is difficult to measure but from experience we know that there is a ripple effect that can bring new volunteers, new ideas and new funding to MFH. We were able to have volunteers that have worked with us in Haiti attend some of the dinners to provide a personal perspective on Haiti and the work of MFH.