May 2023 Featured Project

Addressing critical maternal healthcare needs in remote Ethiopia
Introducing Village Health Partnership

Mission: to prevent maternal and neonatal death in childbirth and to treat and prevent gynecologic complications of childbirth in rural Ethiopia

Targets access to life-saving skilled assistance at delivery and emergency obstetric care
About Ethiopia

- One of the poorest countries in the world
- One of the highest rates of maternal morbidity and mortality
- Nearly 80% live in rural areas
- Young population and high fertility rate
- Increasing but low use of birth control
Life Challenges for women served

- Rural western and southwestern Ethiopia: some of the poorest and most remote parts of the country
- Women marry young, give birth again and again
- Many give birth alone at home
- 1 in 10 women die in childbirth
- If health facilities exist, lack resources, trained providers, and sanitation: often deadly places to deliver
Skill Check, Training, and Mentorship Program and BEMONC Training

- **Skill Check**: experienced nurse-midwife trainers visit rural health clinics to perform skill checks on nurse-midwives
- **Training**: nurse-midwife trainers provide on-the-spot training to local nurse-midwives
- **Mentorship**: nurse-midwives linked to mentors available for questions and support with difficult cases
The Project

- Basic Emergency Obstetric and Newborn Care (BEMONC) Training:

  Nurse-midwives who need more intervention: referred to three-week, hands-on, intensive training for 20 nurse-midwives each year

  **Year 1** – **Direct Impact**: 84 (nurse-midwives); **Indirect Impact**: 350,000 (community members)

  **Year 2** – **Direct Impact**: 84 (nurse-midwives); **Indirect Impact**: 350,000 (community members)
## Budget

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Skill Check, Training, and Mentorship Program</td>
<td>Supervisor of the program and nurse midwife trainers – will travel to the targeted health facilities to test and train nurse midwives. Finance Department at the hospital – paid a standard per diem for handling the finances. Travel expenses (cost of fuel for travel to and from the rural health facilities).</td>
<td>$10,400 per year. Total: $20,800</td>
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<tr>
<td>BEMONC Training</td>
<td>Includes costs for five trainers’ fee, trainers’ per diem, 20 students’ per diem and transportation.</td>
<td>$10,000 per year. Total: $20,000</td>
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<tr>
<td>Total</td>
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<td>$40,800</td>
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About Village Health Partnership

- Founded in 2010: community leaders in Ethiopia approached founder and president, Margaret “Migs” Muldrow, MD, to partner to improve maternal health
- First program was Screen, Transport, and Treat (STT)
- Became clear that prevention efforts were key to reducing maternal morbidity and mortality
- Began work to increase number of skilled healthcare providers
- Skill-building education and training curriculum targets nurse-midwives on the front lines
Discussion: Share Your Thoughts

How do you think training nurse-midwives in rural communities will impact the community, both in terms of maternal healthcare and other ways?

Why do you think it is important that the nurse-midwives have connections to the community in which they work?

Why do you think a village woman would pursue a career as a nurse-midwife, especially knowing the challenges they face?