



Help us meet our \$100,000 goal!



Dear Friends,

Did you know that having a baby in Uganda is 21 times more deadly than having a baby in North America? Winnie Nabaale almost died. After three days of labor, Winnie lost the twins she had carried and was left with a devastating obstetric fistula injury. (Winnie's story is on the other side of this page.) We at MicroFinancing Partners in Africa (MPA) will not accept that this is how things have to be.

MPA's Safe Woman program gives a hand up to pregnant women and to women who have endured an obstetric fistula (post-fistula women) who are struggling to rise out of poverty in rural Uganda.

For pregnant women:

- Midwife ultrasound training to detect high risk obstetric conditions in pregnant women
- Village health center microfinancing projects to provide mothers with an income to pay for their antenatal care and delivery

For post-fistula women:

- Piglet Project living loans
- Safe Woman Alternative Project (SWAP) loans



WE NEED YOUR HELP!

In recognition of 2020 as the Year of the Midwife, we invite you to rise to the challenge!

From July 1, 2020 to August 31, 2020, generous donors will match your contributions for MPA's SAFE WOMAN PROGRAM, up to \$50,000. With your help, we can put \$100,000 toward these four projects in the SAFE WOMAN PROGRAM.

MPA is inspired by women like Winnie Nabaale to change the statistics. We strive to offer a hand up from poverty to possibility through microfinancing in the form of capacity-building maternal health projects such as those in the Safe Woman Program. With your help, women like Winnie not only have new hope, they are empowered to lead their communities to new heights.



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A STORY OF HOPE



"There was a time when I needed a shoulder to cry on, an ear of sympathy, a smooth hand to wipe my tears," reflected Winnie Nabaale, now age 32, from Kagologolo Village in Ssembabule District, Uganda.

Years ago Winnie was engaged and was told by her parents not to return home. Winnie became pregnant and was married. Her husband rented a small house for her, but just three months later, he refused to help her or see her again.

Winnie came alone to her first antenatal visit at the village health center, where she was told she was having twins. Winnie was worried because she was unable to work, unable to pay rent or even support herself with the basic needs. The landlord evicted Winnie, and she was left pregnant and alone. Winnie moved to a friend's home in Kanabulemu village, far south of Ssembabule.

Unable to afford even a bicycle taxi to take her to the health center which was miles away over poor roads, she could not continue with the antenatal care. When Winnie started feeling labor pains, she did not know what to do. By the third day of intense pain, her friend took her to an aged traditional birth attendant. The twins died. Winnie suffered an obstetric fistula injury which left her weak and incontinent. Winnie mourned the death of her twins, lost her appetite, and suffered depression. She contemplated suicide.

Two years later, Winnie's friend heard a radio announcement about free fistula treatment at Kitovu Hospital in Masaka. Winnie went. The damage was so severe that her first repair was not successful, and the hospital staff arranged for her to return for a second surgery.

In that time Winnie joined the post fistula women piglet project. Restored with courage and hope, Winnie trained and prepared for managing a small piggery business.

Winnie received a female piglet on March 3, 2015. Winnie entrusted her "sweet piglet" to her friend's care while she returned to Kitovu for the second repair. Now filled with the joy of continence, Winnie returned home to rear the pig. At its first litter, Winnie's pig produced ten piglets: five females, four boars, and one that died at birth. She passed on two females to her two friends, one to the owner of the servicing boar, and kept six. The mother pig died from swine fever when it was pregnant with a second litter. Determined, Winnie sold 2 boars at \$67 USD each to help her buy medicine for the remaining pigs, open a fresh vegetable and fish stall, lease a small plot of land, and hire a local laborer to till it.

Assessing her growing income projects, Winnie says, "I still have a female pig on my farm which will replace the original mother pig. I am saving \$3 USD each week. **I now move with my head held high. I am grateful to MPA and the pig project team for a gift which has restored my hope.**"



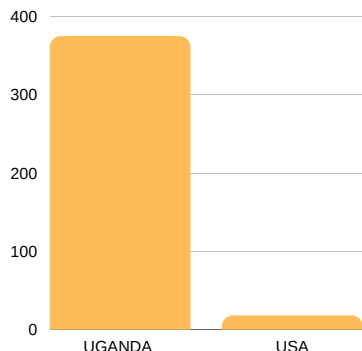
THE GOAL OF OUR PROGRAM A FOUR- PROJECT METHOD FOR SUCCESS

MPA has a four-part program designed to give a "hand up" to pregnant women and women who developed an obstetric fistula, a devastating complication of childbirth that is preventable. Pregnant women are educated about best practices for a safe birth (eliminating the barrier of "lack of education") and introduced to microfinancing to provide the financial means to pay for their antenatal services and delivery (reducing the barrier of poverty). Women who have undergone a fistula repair are granted a living-loan of a piglet or alternative income project to provide a sustainable income. The goal is to decrease maternal-fetal mortality, prevent obstetric fistula and return dignity to all women.

In 2014 Sr. Toni and Dr. Sherry Teefey interviewed post-fistula women at Kitovu Hospital. They learned that 100% were living in extreme poverty and 100% had given birth at home with a traditional birth attendant. Discussions with these women led to the Safe Woman Program.

YOUR DONATION CAN CHANGE THE LIVES BEHIND THESE NUMBERS

FACT: For every 100,000 women who give birth in Uganda, 375 will die compared to 18 in North America (WHO 2017).



One of the more common causes of maternal mortality in sub-Saharan Africa is obstructed labor. It is due in large part to limited access to health care resources, lack of education, poverty and remote distance from healthcare facilities (WHO 2019). In rural Uganda, many of these barriers are in play; only 44-53% of pregnant women were assisted in giving birth by a skilled birth attendant. Pregnant women with no education are delivered by a skilled birth attendant only 38% of the time (UNICEF).



WHY IT MATTERS

Uganda has the highest lifetime prevalence of obstetric fistulae in sub-Saharan Africa at 19.2 per 1,000 women). (Operation Fistula 4-24-2018 report).

Today, obstetric fistulas arising from the crush injuries produced by prolonged obstructed labor are virtually unknown in the United States. (Arrowsmith S, Hamlin EC, Wall LL. "Obstructed labor injury complex:" Obstetric fistula formation and the multifaceted morbidity of maternal birth trauma in the developing world. Obstetrical and Gynecological Survey 1996;51:568-574.)

WHO reports that 2.0% of women aged 15-49 years in Uganda have obstetric fistulae (WHO DHS Program Office 2015. Özge Tunçalp, Vandana Tripathi, Evelyn Landry, Cynthia K Stanton & Saifuddin Ahmed Volume 93, Number 1, January 2015, 60-62.

YOUR SUPPORT + OUR PROJECTS = SERIOUS IMPACT

YES! I WANT TO HELP WOMEN IN AFRICA CLIMB OUT OF EXTREME POVERTY WITH A DONATION.

- ☐ \$5000 FUNDS ~~1~~ 2 CLINIC PROJECTS
- ☐ \$2000 FUNDS ~~1~~ 2 ULTRASOUNDS
- ☐ \$1000 FUNDS ~~5~~ 10 PIGLETS
- ☐ \$500 FUNDS ~~5~~ 10 SWAP LOANS
- ☐ \$200 FUNDS ~~1~~ 2 PIGLETS
- ☐ \$ _____ OTHER
- ☐ MAKE MY DONATION MONTHLY

CONTACT INFORMATION

Card number: _____

Expiration date: _____

Security code: _____

Name: _____

Phone number: _____

Home address: _____

City, State, Zip: _____

MPA IS OFFERING A HAND UP THROUGH FOUR PROJECTS

How MPA creates big change through small loans



MPA LISTENS, LEARNS AND LIFTS UP WOMEN

2014—Piglets were handed to the first post-fistula women trained and ready to start their piggery income projects.

2016—Mindray donated 3 ultrasound machines and has since provided 13 at cost.

2017—Midwives begin training in basic obstetric ultrasound.

2018—Village health centers (VHCs) start microfinancing projects and train mothers in microfinancing.

2019—MPA funds a nurse-midwife to become ultrasound-certified and hires her to provide ongoing training for the VHC midwives.

FOR PREGNANT WOMEN



SAFE BIRTH ULTRASOUND PROJECT

Midwives are trained in basic obstetric ultrasound

Trained to detect high risk obstetric conditions that would mandate delivery in a health care facility with an obstetrician

Trained to educate mothers about obstetric fistula which can only be diagnosed at the time of labor

Goals are set to decrease maternal-fetal mortality and obstetric fistula

67% rate of increase in number of antenatal visits

90% rate of increase in number of deliveries at village health centers

40 high risk conditions identified in 2019 at just one VHC

40 midwives trained; 18 ultrasound machines funded

\$2,000 funds an ultrasound



VILLAGE HEALTH CENTER MICROFINANCING

Village health centers develop microfinancing projects to support impoverished mothers who cannot pay for antenatal services

Village health centers introduce microfinancing to mothers (animal husbandry)

Project provides a means of generating income to help mothers pay for their obstetric care

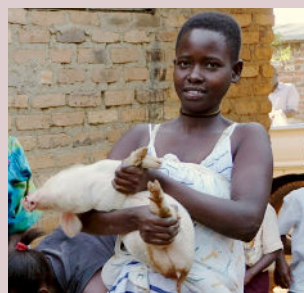
14 village health centers have had training on group microfinancing

9 VHCs have started dual group projects

5 VHCs have started single group projects

\$5,000 funds a group project at a VHC

FOR POST-FISTULA WOMEN



PIGLET LIVING LOAN PROJECT

Post-fistula women train and prepare to run a piggery

Living loan of a piglet

Repay loan by passing on two piglets to the project

Women sell future piglets to provide for herself and her family

Project provides a tangible hand-up to the post-fistula woman to help her support herself and re-establish her dignity

Sell offspring piglets for \$10 each

Women earn \$160-240/year

707 post-fistula women now run piggeries.

935 piglets have been passed on to retire these living loans.

\$200 funds a piglet living loan



SAFE WOMAN ALTERNATIVE PROJECT

Post-fistula women join a local self-help microlending circle

MPA funds her first loan

Repay loans according to group rules

Income from projects helps provide for herself and her family

Project assimilates post-fistula women back into their community, provides a source of income, and reduces the stigma of fistula

25 SWAP groups have welcomed post-fistula women

1 in 4 women in the SWAP groups are post-fistula women

\$69 average savings for each member

100% of members have individual income projects

\$100 funds a starter loan

**MICROFINANCING
PARTNERS IN AFRICA**

314.776.1319
4949 Columbia Avenue
St. Louis, Missouri 63139
microfinancingafrica.org

MPA is a registered 501c3 nonprofit organization. Our federal ID# is 86-1171133. All contributions are tax deductible as allowed by law.