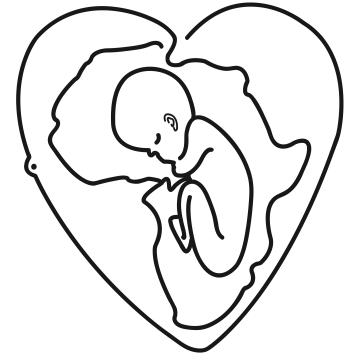


The S.O.U.L. Foundation Birthing Center

In 2009, while on a backpacking trip across East Africa, Brooke Stern and her father Ken were inspired by the tenacity and resilience of the residents of Bujagali Falls, a small Eastern Ugandan village steeped in poverty. Brooke decided to immerse herself in the community, and she spent the next year in her tent along the Nile River, listening to the community, its needs, and its aspirations. Brooke realized quickly that traditional models of aid had fundamentally entrenched power in the hands of a small group of men and eroded the community's potential for self-determination. The new model of community development would have to be anchored by women whose unrealized potential would serve as a catalyst for change. Supporting Opportunities for Ugandans to Learn (S.O.U.L.) Foundation is a culmination of this principle and is now an institutional change agent working in 14 rural communities throughout the Jinja and Iganga Districts of Uganda.



MATERNAL HEALTH NETWORK
delivering • with • dignity

S.O.U.L. Foundation will build, furnish, and staff a fully functional Birthing Center in or near its partner villages by December 2017. The Birthing Center will address all of the recognized “delays” contributing to maternal mortality. It will address **the first delay in seeking care** and identifying complications early by giving women access to a local delivery center in which skilled professionals can diagnose early in the process. These professionals will provide referral and transport options if and when complications arise, thus alleviating **the second delay of reaching proper medical care**. Finally, Ugandan women will receive emergency care in an appropriate facility that has the resources to provide that care, thus alleviating **the third delay of accessing quality care in a timely fashion**. The Birthing Center will be designed as a cost-efficient and locally driven model that can be easily replicated to serve the acute needs of women living in isolated rural communities.

***The Need:** Ugandan women and infants continue to die needlessly from preventable causes as a result of the three delays they face in accessing healthcare.

- 43% of births in Eastern Uganda are **not attended by a skilled worker**.
- In **Jinja district**, 90% of health facilities report a **total stock out of essential medicines** due to poor resources or unplanned influx of patients.
- **Health system factors in Jinja that contribute to maternal mortality** include a lack of blood for transfusions (31% of maternal death cases); a lack of skill, expertise, or resources (13%); a lack of emergency transport (10%); and inadequacies in staffing levels (9%).
- Safe and accessible maternal healthcare in Uganda remains a euphemism as **4,700 women die annually from preventable causes during pregnancy**.
- At least 45,000 newborn deaths occur each year and an equal number are stillborn. Uganda's neonatal mortality rate (NMR) is very high at 29 deaths per 1,000 live births, and has not declined over a period of 15 years. More newborn deaths occur at home, among the rural poor, and in western and central regions. The common causes of neonatal deaths in Uganda are similar to the rest of Africa and include birth asphyxia, infections and complications of preterm birth. Underlying causes of death are related to poor access and utilization of health services during pregnancy and childbirth, especially the high number of deliveries that take place without skilled attendants.

The existing Ugandan healthcare system is overburdened. The S.O.U.L. Foundation Birthing Center will offset the pressure on regional hospitals by bringing a nimble mother-centric healthcare model directly to the villages where women can give birth within a safe, dignified and comfortable setting. In turn, the regional hospitals will continue to manage and intervene more efficiently on high-risk deliveries. Working in partnership with local district health officials, we are creating a streamlined patient referral system that establishes an accessible pathway for expecting mothers to access the maternal health care solution that most appropriately meets their needs. By working in tandem with the Ministry of Health, S.O.U.L. is developing a tiered approach to the whole system that builds on efficiency and access.

Fostering sustainable and vibrant Ugandan communities through unique partnerships focused on education, women's empowerment, food security and health.

Overall Goal: *To build a community-driven Birthing Center that will achieve the outcomes below. We will:*

- Perform 50 deliveries per month and 500–600 deliveries in the first 12 months for women from our antenatal program.
- Decrease maternal and infant mortality in our partner communities. It is estimated that only 18% of maternal deaths across Uganda in 2013 were actually reported, suggesting that the number of maternal deaths affecting this country are greater than we fully realize.
- Increase the ratio of skilled midwives and physicians or clinical officers per delivery.
- Decrease the number of births performed by Traditional Birth Attendants (TBAs) and encourage/incentivize TBAs to attend the births of their expectant mothers at the Birthing Center (TBA referral program).
- Develop a Mobile Platform and Emergency Transport System center to answer medical questions about pre-natal and post-natal care, and to arrange timely and low-cost transportation to the Birthing Center.
- Employ over 50 local Ugandans in areas such as food service, agriculture, maintenance, administration, and healthcare.
- Establish a Delivery Subsidy Program to help poor expectant mothers from our community deliver in a clean, safe, respectful clinic/hospital until our Birthing Center is available. Establish a Health Savings Account Program so that mothers can contribute to the cost of their care.

Project Description – Phase One:

The initial Birthing Center will include a triage room, a labor and delivery room that will accommodate 6-10 laboring women, a postpartum room with 6 recovery beds for mothers and a nursery that can accommodate 5 babies, a small pharmacy, and a reception/waiting area. The total square footage for Phase One will be 3,000 square feet. The Center will be solar powered, and will have access to clean running water, showers, latrines, and a back-up generator.

The Birthing Center will staff four midwives who are trained to assist women in childbirth, two clinical officers who are licensed practitioners trained and authorized to perform general or specialized medical duties, one pharmacist who is professionally qualified to prepare and dispense medical drugs, and one lab technician who is skilled at working with complex systems and running diagnostic tests in a medical lab.

Project Description – Phase Two:

Phase Two of the Birthing Center will add a classroom, a staff office, a staff kitchen and living quarters, a medical supply room, a mobile call center, and a designated medical waste structure. Once established, the Birthing Center will evolve into a teaching model that includes a midwife in residency program, equipping trained midwives to replicate this local-centric Birthing Center model in other communities with like needs.

Project Budget – Phase One: The anticipated budget for Phase One of the Birthing Center is \$293,500.

ITEM	DEVELOPMENT EXPENSE
Design and Construction	\$12,000
Land	\$22,000
Development Campaign Costs	\$10,000
Equipment	\$50,000
Facility Space (Based on \$50/Square Foot)	\$149,500
Indirect Costs	\$50,000
TOTAL ANTICIPATED EXPENSE	\$293,500

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