

Maternal Life International
326A S. Jackson St.
Butte, Montana, USA 59701



www.maternallifeintl.com
Phone/Fax: (406)-782-1719
usacares@in-tch.com

News From Maternal Life International

MLI News Contact:
Cort Freeman, Executive Director

February 19, 2008

Focus on Strong Marriages

MATERNAL LIFE WORKING WITH CRS TO PREVENT AIDS IN AFRICA

Butte, MT – Maternal Life International (MLI) said today its Faithful House program to prevent AIDS in Africa by building strong marriages will be introduced to Nigeria. The program, developed in 2005 in collaboration with Catholic Relief Services (CRS), Baltimore, presently is operating in Uganda, Rwanda and Ethiopia.

MLI will present a Faithful House training workshop the week of March 3 to community- and parish-based facilitators in Abuja, in the north central part of Nigeria. The program originated as a means of providing community-based education and support for behaviors and choices that minimize HIV risk.

“Through the efforts of CRS in Africa, The Faithful House was successfully piloted in Uganda in the spring of 2006, was introduced to Rwanda later that year, and was expanded to Ethiopia in 2007,” said Dr. George Mulcaire-Jones, MLI’s Medical Director. He will lead the training team that includes facilitators from Maternal Life Uganda, an MLI affiliate, and members of CRS’s HIV technical team in Nigeria and the U.S.

“The Faithful House builds strong marriages by helping couples focus on the four pillars of a stable marriage: love, faithfulness, respect and communication. The pillars support the “house,” or the marital relationship, and reference is made to other values such as gender equity that complete the structure,” he added.

MLI develops, implements and promotes programs for AIDS prevention and care and maternal health services, but the organization does not run the programs in-country. “That is done locally by the people trained during our workshops, and in the case of Faithful House they will coordinate with CRS’ in-country staff for monitoring and evaluation,” Mulcaire-Jones said.

“Building strong marriages is a good way to promote faithfulness among couples and abstinence in their children, and this helps prevent the spread of HIV/AIDS,” he continued. “The African AIDS pandemic is a huge financial and medical challenge for these underdeveloped countries, and we are just one part of the solution.”

Commenting on the experience of the Uganda Faithful House program, Fr. Tom McDonald, a Patrician Missionary, said that he has worked in Africa for many years in Sudan, Kenya and Uganda and had never seen husbands helping their wives with domestic work. “After the Faithful House marriage workshops in different places, I have seen husbands working together with wives,” he added. “I believe if we’re to fight against HIV/AIDS, poverty and domestic violence much emphasis should be put on husband and wife relationship.”

Also while in Nigeria, Maternal Life will team with National Center for Health Care Informatics (NCHCI) at Montana Tech to advance family medicine by promoting safe births and combating malaria, tuberculosis, and mother-to-child transmission of AIDS. Nigeria with 135 million people has one of the highest maternal death rates in the world, as well as increasing levels of infectious diseases.

Mulcaire-Jones, a Butte physician and Ray Rogers, NCHCI’s chief executive, will advance specialty family medical training and evaluate information technology applications at Our Lady of the Apostles Hospital, Jos, Nigeria near Abuja. They will be helped by Dr. Robert Scanlon of Huntington, New York, an obstetrician and gynecologist, who heads MLI’s New York affiliate, Aiding Infants and Mothers (AIM), a group that funds women and infant health care in Nigeria.

“Since 2003, we’ve taught essential safe-birthing techniques to more than 800 Nigerian health care workers,” Dr. Mulcaire-Jones said. “This latest phase, known as The African Family Medicine Education and Development Initiative, or AFMED, will focus on specialty medical training for smaller groups of family physicians, which is necessary to sustain improvements in community care.”

This year’s program will be augmented by additional course work through interactive web-based distance learning and other technological information tools to be developed by the NCHCI.

“This model combines the best in health care training with the best in technology,” Rogers said. “We will identify the appropriate technology solutions for OLA in order to deliver distance learning among locations in the US and Nigeria.”

NCHCI will assist the hospital in building a computer laboratory and will train OLA staff on the use of video conferencing equipment. “We want to begin the process whereby our technology at the NCHCI can leverage the video conferencing capabilities in Nigeria to link

multiple locations simultaneously. Then medical experts in the US not only can instruct Nigerian family doctors where they work in rural Africa but also offer them a way to implement medical solutions and applicable technologies in a timely manner.”

According to the World Health Organization, approximately 542,000 women die from pregnancy related complications each year, with 99 percent of those deaths occurring in the developing world. Dr. Scanlon said this shows life-saving interactions that have been available in the developed world for nearly 100 years fail to take hold in many places in the developing world.

“Our approach to this breakdown is two-fold,” Dr. Scanlon said. “AIM will pay for the health care of some 500 women and their children at OLA from pregnancy through six months post-birth. The AFMED model will give family docs additional specialty medical training to increase their abilities. The care the women receive for their pregnancy and births, including the treatment of opportunistic infectious diseases, will be affordable, fair, competent and consistent. This should help us to better understand and resolve some of the technology transfer questions regarding safe-births.”

AFMED is being sponsored by the Nigerian Catholic Council of Bishops that operates some 320 health facilities and delivers approximately 40 percent of the health care in the country.

For those wanting more information or to see the progress of the Butte team in Nigeria, visit the team blog -- <http://healthcareinnigeria.blogspot.com/>

Maternal Life International is a Butte-based nonprofit dedicated to providing safe, practical, life-affirming, and innovative programs in AIDS prevention and care and in maternal health services. CRS is the official international relief and development agency of the U.S. Catholic community. Under the direction of the National Council of Catholic Bishops, CRS works through local offices and an extensive network of partners on five continents and in 98 countries. The National Center for Health Care Informatics at Montana Tech is a Montana non-profit corporation whose mission is to improve the management of data, information, and knowledge throughout healthcare. MLI has programs in seven African countries and continues its decade-long commitment to health and human development based upon respect for the life and dignity of the person.