



# Hamlin Fistula UK

UK Registered Charity number 257741

The Only UK Charity Exclusively Supporting the Addis  
Ababa Fistula Hospital in Ethiopia



## Message from Dr Hamlin

I am elated to see the establishment and progress of our Midwifery College and to know that at last the mothers of this land are going to be cared for by somebody skilled and well trained and with love and compassion, as each mother deserves. I am grateful to all who have helped us to establish this important work. I know that this venture is the only way to prevent the fistula disaster that so many mothers have to face. Although what we so far are doing is only a drop in the ocean of need, it will spread out more and more and others will follow our example of training, so that one day the villages will all have a trained midwife to look after their mothers. To see now that something is really happening is important and I know many of you are excited and continue to give so generously to our work. There are still many fistula sufferers waiting to be cured.

Our 5th Centre in the town of Metu is remote in the far south-west province of Illubabor and is where an enormous work waits us. We have trained two gynaecologists, two senior nurses, a health officer and 10 to 12 nurse-aides to work there. They are the key people with the special skills needed to care for the patients. This centre will be able to treat people from Gambella, some of whom are refugees from the Southern Sudan who fled during the long years of civil war in that land. Here is a picture of one such patient.



Sunday

Her name is Sunday and her history was recorded in the letter we received from a missionary working in a small remote village. It was headed, 'A cry for help from Southern Sudan.' The letter was touching in the extreme and it told of a 3-day labour ending in a stillbirth of her first baby, leaving her with incontinence of urine. The kind missionary

overcame many obstacles to contact us and to arrange for this young girl of 17 who had hardly moved from her remote village, to be taken by road to Juba and then flown to Addis Ababa. The young man who accompanied Sunday was from the same area, but who had amazingly been in Ethiopia previously as a refugee with his family. He was the ideal person to accompany her and to act as her interpreter when she arrived. He was a true Christian man and displayed the love of God as he sat beside her and talked to our staff. He lived in our hospital compound for a few days and as soon as he saw that Sunday was making good progress, he left for his home in Sudan.

In her convalescence, Sunday was taught to embroider and she is now doing amazing work. We all admire her work and are pleased to see her smiling face. Soon we shall be arranging her flight back to Juba.

## **Two Awards for Dr Hamlin**

Dr Hamlin has been awarded a **Lifetime Achievement Award**. She was honoured in recognition for her dedicated lifelong service improving women's lives in Ethiopia. Similarly, Dr Hamlin was awarded an **Achievement Award** on 'International Women's Day for her dedication to give a second chance in life for women with childbirth injuries.

## **Report from Professor Gordon Williams**

The time it takes for a patient with a fistula to reach our hospitals varies enormously. It ranges from just a few months to over 40 years. We have been surveying newly arriving patients and found that a third of patients had had their fistula for greater than 5 years, with a range of 6 to 36 years. In the other two thirds of patients the mean period of delay in presentation was 21 months, with a range of 5 to 60 months. The delay in arrival was mainly due to either financial or social reasons, but some thought that the fistula would heal spontaneously; and one of those was told this by another hospital. Three others were told that the fistula was incurable, again by other hospitals and health centres.



Professor Gordon Williams

Most of the patients heard about our hospital from friends or relatives, four were told by another patient and one heard about the hospital on our radio broadcasts. It is clear that we have to do more to help these women reach us. Many will need financial aid and our new brochures and referrals cards will state that reimbursements of travel will be made at the Fistula Hospital. Radio broadcasts needs to be extended to cover the whole country and this is currently being investigated. We are also planning to increase the number of health officers around the country to extend education to health extension workers, women's associations, traditional birth attendants and many other groups that may come into contact with fistula patients. I hope that with these activities and others, the amount of time a woman has to remain incontinent will be significantly reduced.

## **Midwifery Students in Attat**

Over the last 40 years the hospital in Attat has built up credibility and trust in 29 surrounding villages. Because of the remoteness of the hospital women who are diagnosed ante-natally with a problem are asked to live, during the last month of their pregnancy, in a so-called maternity waiting home on the hospital grounds. This is to prevent trauma or disasters during births, or obstetric fistula after birth. Work with women's groups is inspiring and the Hamlin midwifery students enjoy home visits with the social workers. Because of the difficult access to hospital the students are already confronted early on in their training with severe complications during birth.



**The joy of a safe delivery**

Joy of a normal birth is often overshadowed by these emergencies, but because of the efficiency of the hospital staff, women are being saved.



Ward round with Dr Rita (*second left*)-a woman with a previously healed fistula after Caesarean section with a live baby

Dr Rita from Germany is the only obstetrician/gynaecologist in that hospital and her dedicated work during day and night is an inspiring example for the students. The students say, “We love Dr Rita.”

### **Midwifery College : Dean of the HMC reports :**

Our 40 students are doing well, they are at the end of their theoretical semester and will soon go on clinical placement. The 11 third year students, the first intake in 2007 will graduate in October this year. They left the college 10 days ago for their last clinical placement, an important ‘next step’ for us and them. They went back to their native areas and have been placed in different local health centres. These may not necessarily be the same areas to where they will be deployed as Junior BSc Midwives.

Three new Midwives Supervisors have joined the college staff. They will remain in the 3 locations where the students have been deployed for their clinical placements, in Bahir Dar, Mekelle and Yirgalem where they will assist them.



Jacqueline, new Dean of the Hamlin Midwifery College, with Dr Hamlin

We have already received positive feedback from the different locations saying the students are motivated and already acting at the community level.

The first and second year students are in exam period, this is a challenging time for them before they start their clinical placement. We look forward to the Graduation in October, so fulfilling the Hamlins' dream.

Solomon Abebe has taken on management of deployment of the graduate midwives into the countryside. Solomon is especially fitted for this task as he has had experience visiting health centres in the country. Annette Bennett (*vice dean of the college of midwives*) will help Solomon with the deployment. Our midwives belong to us and we shall be responsible for them once they are out on their own. We shall need to nurture them and visit them regularly as they face a big change and a new challenge, to now be responsible for the birth of babies and the care and welfare of mothers. The students are well trained and prepared for this task and been taught what Reg Hamlin was always emphasising,

“A mother is a family's richest possession, a being of priceless worth”.

We believe that our great team of midwives will be able to do much to reduce the enormous maternal death rate in the countryside and the prevalence of stillborn babies and fistula injuries.

### **Bahir Dar Outreach Centre**

Emahay thinks she is 75 years old, she may even be older. About 50 years ago she delivered her first child in a village and it resulted in a stillbirth after 6 days of labour. She regained strength but started to leak urine from a fistula. Her husband remained with her, she again became pregnant but again delivered a stillborn child in her village. Her incontinence remained and her husband then divorced her. She lived some time with relatives but after some years this became difficult and the only option she had was to become a monk and live in the grounds of a church in the countryside, where she has been for the last 40—50 years, so she has been living with a fistula as long as Dr Hamlin has been treating women with this condition.

Recently a man found her within the church grounds and he knew that she could be treated in Bahir Dar, but she refused to come, not believing that she could be treated. The man eventually convinced her that she would be cared for and she is now operated upon and recovering well. We pray that she will make a full recovery.

Health Officer, Ato Birhanu joined our team in Bahir Dar in 2006. Prior to this he had held several important jobs, being a tutor, head of 2 zonal health offices at different times and even the Medical Director of a distant hospital. Birhanu is in charge of our outreach prevention programme and he regularly goes into the more remote areas of our region teaching women, health workers, religious leaders and government officials about what a fistula is, how to identify the women, how to refer them to Bahir Dar, and most importantly, how to prevent fistulas occurring.



Health Officer-Ato Birhanu Menber

Many patients have been identified and treated due to his efforts. He also has a radio programme reaching the very remote areas, encouraging people to come for treatment. He is also an accomplished clinician. He can run the hospital, care for patients in the ward, outpatients and even do anaesthetics and surgery.

Birhanu and his wife recently had their third child and he obviously sees the importance of access to safe medical care during delivery. He hopes to do more for fistula prevention and safe motherhood in the future as well as increase his surgical skills. We are blessed to have him as part of our team.

### **Yirgalem Outreach Centre**

Dr Fekade says, “We hope that this year we will increase the number of operations performed here to 450 - 470. As well as fistula surgery, procedures such as Caesarean sections and removal of urinary bladder stones are carried out. We have very good relations with the local General Hospital which is nearby, with collaborations for laboratory investigations, ultrasound examinations, utilising the operating theatre for Caesarean sections and other major operations. Throughout the year we conduct field trips to selected woredas (*local administrative districts*) helping to address the issue of identifying and transporting patients to the centre, as well as attempting to raise awareness on the prevention of obstetric fistula.

### **Aisha’s Story**

Aisha is from the remote arid region of the Afar area of Ethiopia. She is only 14 years old, yet so composed and mature for her age. She was brought to us by her devoted husband. Even before her surgery she had a smile on her face, something rarely displayed by this race. She had delivered a stillborn baby after 3 days of labour and was left with the injury causing incontinence of urine. Two other girls from Afar are often seen sitting on her bed



**Aisha**

or on the verandah bench with her—these two have been abandoned by their husbands and were brought to us by Valerie Browning, whose life is spent helping the Afar women in total dedication to their welfare. Aisha is well on the road to recovery and will soon be sent home, as hers was not a complicated repair and her convalescence has been smooth and normal. When she is discharged, she will be given instructions on future pregnancies. She will have a new dress and shawl and money for the journey home, and for her faithful husband too.

## **Metu Outreach Centre**

Although the official opening of this centre is scheduled for later this year, it is already accepting patients.



**Metu**

## **UK News**

Our President Clive Hewitt, seen here with Linda McAvan, MEP for Yorkshire and the Humber and Baroness Kinnock of Holyhead, Minister of State in the Foreign and Commonwealth Office, at a Fundraising Dinner in Wakefield. It was to celebrate 100th Anniversary of International Women's day on 8th March. Baroness Kinnock was the Government's Special Representative for tackling violence against women overseas.



Clive Hewitt with Linda McAvan and  
Baroness Kinnock

In May 2010 the University of Glamorgan held a conference to celebrate the **International day of the Midwife**. Among the speakers were Professor Gordon Williams, Medical Director of AAFH, whose subject was “Providing Holistic Care at the Addis Ababa Fistula Hospital” and Annette Bennett, Vice Dean of the Hamlin College of Midwives was able to share her findings on the training of midwives in prevention of fistulas.

Kalantha Brewis has successfully completed her 35 miles **Barefoot Walk** and has to date been promised in the region of £11,000 for her achievement. *(There will be more news on this next time.)*



Kalantha with Bishop David Walker

The photograph shows Kalantha with Bishop David Walker, also barefoot, leaving Pershore Abbey in Worcestershire.

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