



Hamlin Fistula UK

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

Charity
Number:
1153053

Newsletter October 2014

Happy Ethiopian New Year Dr Hamlin

Meskel daisies bloom at Ethiopian New Year – September 12



(All patients names are changed to protect their identity.)

Message from Dr Hamlin:

It is good to be in touch with you all again and to know of your continuing interest and deep concern for our poor patients. They are the reason for all we do! Thank you for your continuing support, I am also so grateful. They were injured because there was nobody to help them when they were in obstructed labour. Some who are left with a fistula wish they had died with their baby! Their plight is so dreadful and their life is now ruined, unless they can be cured.

To see the joy they display when they are cured is just such a reward! We so hope that one day we will have set up so much medical help for labouring women wherever they live in Ethiopia that the fistula problem will be prevented and a mother and baby saved too – and that our country of Ethiopia will remain free from this still neglected preventable injury. But there are many hurdles to be overcome before this will be a reality; the worst hurdle is the widespread lack of rural doctors. None want to work in such areas so now our country hospitals are run by health officers who are all trained to do emergency surgery. This should not be, as every year Ethiopia is graduating a good supply of doctors, but few want a job in rural

Ethiopia! Most of our country hospitals need to be improved with a good nurse's home attached and a doctor's house as well, so that doctors and nurses and midwives would go there to work readily. I know that this will take time, but I am sure the Ministry of Health is doing much to bring such improvements about - they are treating the problem as a priority.

This is a worry, so at present we manage by sending one of our gynaecologists to the centres for a week or two at a time. Dr Yifru recently was doing this at the Yirgalem centre when a patient arrived who needed urgent help. Her fistula had so many scars over the opening that her urine was unable to leak out, so her kidneys were badly obstructed and already damaged. She was indeed very ill with renal failure as a result. Dr. Yifru was able to drive this desperate patient to us here in Addis Ababa.

Fortunately, a visiting urologist from Germany was able to drain her obstructed kidneys. Her life has been saved but there is much more to be done for the repair of her obstetric fistula.



We continue to have a full hospital and we see many going home cured – some come back a few years later to have a Caesarean section. Many now have been through our special mothers ward and go home with a healthy baby in their arms.

Dr. Hamlin tells of Halema's road to healing

Halema came to us from Somalia. She was married at 18 yet had her first baby only a year ago. After a prolonged labour she was left with a dead baby and a serious fistula. To make her story even more tragic, her husband had died when she was four months pregnant.

Halema comes from a part of Somalia that is wracked by violence and war.

When she heard that there was a hospital in Ethiopia which could repair her childbirth injuries, she and her sister walked for two days from her village to the border. Then they waited until a group of Somalis was crossing into Ethiopia and asked if they could go with them. On the other side they found someone who could speak their language and asked for directions to Addis Ababa. They spent another five days on the road getting to the hospital.

A difficult journey, followed by a difficult surgery, but with a happy ending. Halema has gone back home, her fistula cured.

Our Midwives

We have had good news about our graduate midwives already deployed: so far all have been placed within a reasonable distance of our own outreach fistula hospitals. But this will eventually become impossible if the midwives are placed in more remote areas. In this case, they will be referring any obstructed labour cases to the nearest rural hospital for their delivery by Caesarean section, hoping the health officer is one that has been well-trained for such surgery. Our own midwives, where they are now being employed in the more distant rural countryside are at present referring any obstructed labour cases to our own gynaecologist if a mother needs a Caesarean section or other help.

Most of our antenatal clinics are very busy, as our midwives are becoming trusted by the local village women. We have two trained midwives working together at the same antenatal clinic; we also have senior trained staff who visit all our clinics regularly to assess them from time to time, bringing news and requests to us in Addis Ababa if they are in need of extra drugs or equipment etc.

Hamlin trained midwives Emebet (left) and Sinidu (right) work side by side at the Teticha Health Centre, a rural government clinic eight hours south of Addis Ababa. They run a thriving clinic and see to the delivery of more than 25 babies each month. They are also kept very busy with antenatal appointments and vaccinations for babies. They live together in a modest house in the grounds of the centre which was funded by donations. Thank you!



Graduation Day 2014

We are graduating every year a few more midwives from our college. This year 25 students will graduate on October 11th after four years of training. Most will have done over 60 to 70 deliveries on their own and seen all sorts of obstetric complications as part of their training.

They spend time in Attat Hospital, a very good Catholic missionary country hospital south of Addis Ababa. There they are taught much with our own tutors participating.

We hope to one day have plenty of our own well trained midwives in these remote areas and only then will we see a change which will surely solve the fistula problem, as in Europe and America and other developed countries

Our work is hampered by not having a gynaecologist in all our five country fistula hospitals and so we have to send one of our three surgeons to two of these hospitals when they are full of patients! This is indeed another hurdle for us to cope with as few medical graduates want to be fistula surgeons.

We have recently agreed to admit some of the many women in rural Ethiopia suffering from a prolapsed uterus, an important health issue for women often caused by hard physical work; it is also a cause of much incontinence. There is a need to help these women as many are young and also poor, these need to be admitted freely. Many too are of childbearing age and so require surgery to restore rather than remove the prolapsed uterus, allowing them to bear children again. Already two of our hospitals in Bahir Dar and in Mekelle are admitting these patients for operation, aiming to do 10 to 15 in a month for this neglected need.

Our medical director Dr Fekade has been trained in Germany to do some special urinary diversion operations to treat those patients who have severe damage or destruction of the bladder after an obstructed labour. He is now teaching our other fistula surgeons this skill.

I know that one day, hopefully in this century, all our Ethiopian mothers will have safe deliveries, even in the remote countryside and these repairs will no longer be needed.

Our Addis Ababa main hospital is still busy with full wards; we have also now opened a ward for mothers coming back pregnant again after a successful fistula repair, often married to a new husband. All are admitted, some arriving in good time others quite close to delivery date, but all receive a Caesarean section for a safe delivery. It is such a joy to see them with their first live baby; a visit to that ward is always a delight! We have had a good year so far, with much to be grateful for; I want to thank you all for your continuing commitment and financial help over so many years.

I send my love to you all, *Catherine Hamlin*.

Reintegration Up-date

Ten patients at Desta Mender have recently graduated from the newly developed Life Skills Training Module. These are patients who cannot be cured and have had urinary diversion

surgery. This specially designed three month Life Skills course has prepared them for their reintegration into the community.



Pictured here with Zuriash, our Reintegration Coordinator, are two of our star graduates Sine and Ruth who now live independently outside the confines of Desta Mender. We are constantly in touch with all our women who live independently as they need to be able to access on-going medical supplies.

Can you imagine struggling across this bridge to get to maternity care in regional Ethiopia? And that's not all, for you are in the early stages of labour and you've walked for a whole day to get there. This is one of the midwifery clinics in regional Ethiopia where Hamlin-trained midwives are looking after women and their babies so that they have a safe birth.



Patients Stories



Hawa had a fistula for twenty years and dripped urine constantly. Her husband had died and she collected firewood for a living. She tells her story: *“When I go to see my neighbours I do my best to wash myself clean. The only time I see people is when I collect water from the well, but I feel they have contempt for me. I cannot hold my head up. There’s nothing I can do about it.”* Her surgery gave her a complete cure.

Photo by Lucy Perry

Mahoubar was orphaned as a child. Her relatives sold her into slavery and she was raped and beaten. When she was seven months pregnant she ran away and returned to her relatives. Far from being sympathetic, they forced her to work in the fields until her labour began. She told the hospital that her labour began on one Wednesday, then another Wednesday passed. On the following Saturday a stillborn baby boy was born. Mahoubar was left with a fistula in her bladder and another in her rectum. She leaked constantly. She was sent to live alone, away from her village in a desolate area. Soon hyenas, attracted by the smell of her condition, began to circle the hut. She was so afraid that she dragged herself to a mission clinic and was eventually brought to the Addis Ababa Fistula Hospital.



In addition to obstetric fistula, Mahoubar had damage to the nerve routes in her pelvis from the long pressure of the baby's head, resulting in crippling injuries to both feet. She had to learn to walk again, at first with a walking frame, later with sticks and special boots to keep her feet from dragging. Now she is on the hospital staff as a nursing aide, walking normally and cured of her fistula injuries. She has no home to go to, so she has been given a home at the hospital. She has learned to read and write. We love her dearly.

(The following story is from Lucy Perry, CEO of our Australian Trust.)

She has the most fabulous sense of humour. She has been through an obstructed labour and given birth to a stillborn baby. She was left with terrible internal injuries, including hip problems.



Despite all this, she was full of fun. She made many friends at the Addis Ababa Fistula Hospital, including me. Though we don't speak the same language, she made me laugh often, chased me around the hospital and would pop out from behind trees to surprise me!

This photo is one of the few pensive shots of a woman who is incredibly brave and beautiful. She is deeply grateful for all that is being done for her and she has an amazing positive attitude.

Photo by Kate Geraghty

Ruth was about 32 and had given birth to six babies. Three were still alive when she fell pregnant with her seventh. Her husband was a cattle farmer in northern Ethiopia. They loved each other very much. Ruth's triage card at the Mekele Fistula Centre said she had faced a very difficult seventh birth with a suspected mal-presentation of the baby. Ruth laboured with no professional help, just her mother-in-law to give her water and encouragement. Eventually after five days of pushing and pushing, the baby died. Ruth was exhausted and terribly sad for her lost baby. This was her fourth child to have died. The others had all died of respiratory problems when they were toddlers. She was horrified to discover that she had no choice when she emptied her bladder. She was incontinent of urine, continually wetting herself. She stank and she was ashamed. Her husband mentioned this terrible thing to a man at the cattle yard, concerned his family had been struck by a curse. "This is no curse", said his friend. "You must take her to the fistula hospital in Mekele." His friend knew what the terrible problem might be because his wife had suffered the same ordeal. Ruth left her three children with her husband and walked the 50km to Mekele in very hot weather. She was otherwise strong and healthy and had surgery three days later. Her surgery was funded by one generous donor. Ruth walked the 50km return trip home to her village with a spring in her step. She was cured! She returned a few months later, pregnant with her eighth baby. She had a Caesarean section and delivered a beautiful baby boy – her first boy. *(Thank you to those of you who donate.)*



Have you read Dr Hamlin's books?

If not, you have missed a treat!

Here is an excerpt from her 2nd book - Catherine's Gift

Alganish (not her real name) comes from way up in the northern part of Ethiopia. She travelled for two days to get to the hospital. Four months prior she had gone through a long, difficult labour which ended with the baby being stillborn and Alganish had double fistula injuries.

One of her brothers walked for two days to reach her village, then he and some other male family members carried her for a day to reach the road. After that she went by car to the fistula hospital at Mekele. She says she was terribly embarrassed riding in the car because of the way she smelled, and the seat became very wet. Her injuries were too serious to be treated at Mekele, so she had her complicated surgery at Addis Ababa. The fistula in the rectum was not difficult, but there was a concern about her bladder and the surgeon reconstructed the urethra. After a few weeks of healing, Alganish was able to return home, cured.

All at **Hamlin Fistula UK** thank you for your continuing generous support.

Without your gifts we would not be able to help so many women.

Your help gives them the dignity they deserve and the hope and opportunity to a better life.

(Dr Hamlin's son says "Mum has one son and about 36,000 daughters!")

Drs. Reginald and Catherine Hamlin came to Ethiopia to work in 1959. They were pioneers in performing surgery for women suffering from obstetric fistula. Once they began this work, the need became so great that in 1974 they established the **Addis Ababa Fistula Hospital** specifically for women with childbirth injuries. **Dr Reg. Hamlin** died in 1993 but **Dr Catherine Hamlin** never doubted that the work had to continue. The **Addis Ababa Fistula Hospital** is an organization that cares for women with childbirth and related injuries. These women come to us destitute, in nothing but their urine soaked clothes, and more often than not, barefoot.

Distanced by their relatives, we are their only hope; therefore all care, treatment and surgery is completely free of charge.

The Hamlins first came to Birmingham in 1967 on a fundraising tour. Dr Reginald Hamlin lectured at the University of Birmingham, which has a Medical School with an outstanding record as a teaching hospital. The Charity was formed immediately after this visit to support them in their wonderful healing work.

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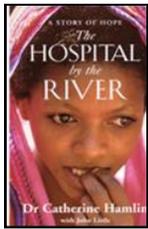
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