



Hamlin Fistula UK

UK Registered Charity number 257741

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



(Patients names in stories are changed to protect their identities)

Message from Dr Hamlin

These are exciting times for me, but the most important news to tell you is that our first graduate midwives have been working in the countryside for nine months now, fulfilling my dream at last!

And I know too how my late husband would have rejoiced over this event! Even in a small area these girls are already making a significant impact and a favourable impression on the local communities where they are working. Villagers are excited to know there is someone who really cares for their mothers in labour, with love and skill combined. Some of our midwifery tutors from the College have visited, as has our CEO, and all are impressed with the way these midwives were working.



Happy patients

(Photo by Lucy Perry Australia)

The Minister of Health, Dr. Tedros Adhanom who is both a friend and long supporter of our work, has the women of the countryside in his heart, so to be working in conjunction with him is indeed a great blessing for us. We were so thankful when he was re-appointed as our Minister of Health for another five years.

As our college grows and more students every year pass through it, we shall see a new pattern of maternal care and a reduction in the tragic consequences of obstructed labour, so that one day in the distant future obstetric fistula will disappear from Ethiopia, and our high maternal death rate will be greatly reduced. I should mention we are pleased that our 5th regional centre in Metu is becoming known in that huge province of Illubaboor.

I have been honoured by the Ethiopian Government and the University of Addis Ababa. I am indeed grateful for such honours but do want to stress that this achievement could not have been accomplished unless I had a like-minded staff working with the same love and concern for our patients and our labouring mothers, and the needed motivation and commitment to work hard for the alleviation of suffering. So these prestigious awards should be shared by us all. Now we are on the way to preventing this disaster and suffering, and drawing in many others to help us.

May our loving God in Heaven continue to pour his blessing on what we do, in His precious Name.

We are so thankful for the many donors throughout the world who helped us with funds to build these provincial fistula centres – and for others who still give funds to maintain their

running costs. We thank you all for this wonderful generosity, and wish you many blessings.

Message from CEO, Mark Bennett

The graduate midwives are facing new challenges in their rural setting but already they are producing good results and we all look forward to what the future holds. We have a big task ahead of us to meet the challenges of delivering improved maternal health to rural areas.

We are pleased with the progress of the Metu centre. Dr Yeshina and Dr Shemellis are working together both in our facility and the main Metu Hospital, caring for our patients as well as offering emergency care to women in the region. We have been developing our networks with other organizations in the region, these will assist in locating patients for referral to our facility.

Our projects in Desta Mender continue to produce good outcomes and we are now, with the financial support of Soroptomists International, working to set up groups of women in their own small businesses in the outside community where they can live independently.



Our midwives in Tetecha

Building continues with our extension in Bahir Dar and the upgrade of the Government Hospital. We hope that this will be completed very soon.

We have also signed an agreement with the Addis Ababa University to work with us on renewable energy and improved waste management.

We welcome two new staff in engineering, Afeworke and Workeneh.

Medical News from Prof Gordon Williams

Dr Habte and I, along with 2 representatives of partner organisations working with us, have attended a meeting of the International Society of Obstetric Fistula Surgeons in Dakar, Senegal. We presented 7 papers and gave one lecture and these were all very well received. From presentations at the meeting it was clear that a large amount of money is being spent on fistula treatment but the emphasis is on quantity not quality. It was recognised by the meeting that the standards of holistic care that we provide in Ethiopia should be the norm.

We have fifteen women who have been inpatients at AAFH for more than fifty-five days, this is twice the average length of stay. Two of these young women are still under treatment after two years. They were brought to the hospital severely malnourished and had severe contractures of their ankles, knees, hips and back. One weighed only 23 Kg. All fifteen women are undergoing intensive physiotherapy, sometimes combined with surgery for their contractures. They often require a colostomy and have other ongoing medical conditions such as diabetes, tuberculosis and AIDS. They all require intensive social and psychiatric support from our two psychiatric trained nurses, Sr Belaynesh and Sr Dinke. We are the only fistula organisation which provides such care.

Three teams of a doctor and a nurse have been on rotation to a hospital in Rumbek in Southern Sudan to train, carry out fistula surgery and assess needs there. We hope to build

long term links with Southern Sudan after their referendum.

Eighty five percent of our newly arriving patients have infected urine and in approximately half of them the bacteria is resistant to the majority of antibiotics that we have available. Following the introduction of urine bags supplied by our German trust for all patients in the post operative period at all our hospitals we have been able to introduce an infection control policy. This was drawn up by Sister Judy Tolley from Edinburgh and she helped support our nurses in its introduction. She has visited us again and reviewed nursing practices and infection control.

Desta Mender : Ato Ephrem (Manager)

The development and implementation of the Adult and Non-formal Education (ANFE) is one of the major progresses in the rehabilitation and training service we are providing to the women who live with chronic childbirth injuries.

The objective of the ANFE learning program is to enable adult women learners to build self confidence, critical thinking and actions that help them win life challenges within their own context, besides the basic literacy and numeracy instruction. It is more than a year since we launched the new training programme and despite the many challenges we faced, the outcome for these women has proved to be very favourable.

Three Women's Self-Help Associations, which are registered as Micro-enterprises at the local administration, have also been established at Desta Mender. The associations have been named by the members as Hope, Yaddeno and Tokate, and these will be engaged in an integrated dairy farming business, a small restaurant business, and sewing and knitting activity respectively. In the near future we expect that a number of women will be starting their own venture close to one of our outreach centres or even near to their previous living area.

Report from Jacqueline : Dean of Midwifery College

2007 saw the commencement of the Hamlin College of Midwives at Desta Mender. In 2010, the first eleven Graduate Midwives were sent back to their home areas as health professionals to serve their communities. Three years only a short time for a tree to grow, but enough time for a young woman to become a midwife.

Behind the scenes contributing to this fruitful story were hours of work and commitment from each and every staff member. We congratulated the Graduates with emotion and a nice celebration but I would like to say a warm 'Thank you' to the team of the College, who as a whole contributed with heart and a quality of work on a daily basis for this achievement. Many colleagues from the Fistula Hospital also joined us in this venture and receive here our respectful acknowledgments.



Midwife in Amhara Region
Wetet Abay

In the five health centres around Ethiopia where the Midwives have been deployed, work has started, deliveries are being conducted by 'our' Midwives, critical cases have already been referred in the Amhara region; the deployment project is 'on track'. As a 'first newborn', we are giving it very special care and attention; it takes a lot of energy from Sr

Annette, Ato Solomon, as well as the Midwife Supervisors and many others to understand, analyse and contribute in an harmonious way. We are considering the beginning of this project as a critical time to grasp, in depth, the challenges we are facing and to respond in the most appropriate way. Every step is a lesson learnt sometimes with joy and sometimes with disappointment, but isn't that how life goes?

At the College, the first theoretical semester is finishing. The 2nd and 3rd year Students have succeeded quite well in their studies. The 1st year students have struggled a little more as our expectations within the College are high and our teaching methodologies new for most of them. As Academic staff, we are aware of this difficulty and we try to do our best to walk alongside them with advice and We have our hearts full of praises to the Lord and we take a deep breath to face the future with the confidence that He is in Control.

Yirgalem Centre

There are many incidents in which we sympathize and rejoice at the same time. At our Yirgalem Centre there are two sisters who are recovering after successful surgery. The eldest sister is 18 and has been married for 5 years, while the younger one is 16 and was married 2 years ago. They came from Sawla Woreda, Zanga Kebele in the southern part of the country. They each had a stillborn baby after a long and difficult labour lasting for many days and leaving them incontinent. Their family took them to Sawla Health Centre, they are subsequently transferred to Sodo Health Centre and now they are at our Yirgalem Centre recovering after their ordeal.

They have both been eager to tell us that they are advising their younger sister not to get married, rather encourage her to continue her education.

We have to admire their braveness in the way they have dealt with their injuries, they are both in good spirit and wish to tell every woman of the need to be near to a health centre to give birth.



Two happy sisters recovering
after successful surgery

Profile on Tigist Debebe—Stoma Nurse at AAFH

I started working in Addis Ababa Fistula Hospital in 2009, just 15 days after I was married. I am happy and committed to working here because I believe it is a great blessing to be able to help women who are physically, psychologically and socially traumatised due to birth injuries.

I began working as a stoma nurse in May 2010. I received training from Sr Ruth Gadissa, who was the previous stoma nurse here, and Sr Prilli, a stoma nurse from South Africa who came for five days to give training in stoma care and management. All of this has been helpful to me.

(A stoma is a surgically created opening on the abdominal wall through which body wastes are collected into urostomy bags (for urine) and colostomy bags (for faeces).



I work on 3 major areas in the stoma clinic.

1. Pre-operative counselling.

The diversion procedures are done for patients who have severe injuries and who can't be repaired in the usual way. Often these procedures are the last option to make the women dry. It is difficult for the patients to decide to have this surgery. Most of them cry when we explain about the procedure, so if it is possible, we include close family members in the counselling sessions as we

know this gives good psychological support for them. Once they have decided to have this surgery, I give them training for a minimum of one month on how to manage the bag and take care of their stoma afterwards.

2. Post-operative stoma care and management.

I and two nursing-aides give care to the patients immediately following surgery to make sure there are no complications, and sometimes the skin around the stoma needs attention.

3. Bag requisition and stock management.

In cooperation with the purchasing department here, every 3 months I request urostomy and colostomy bags from the company 'Hollister' in Ireland. I distribute them to all our Satellite hospitals and to Desta Mender.

We have a total of 128 ostomates. Nineteen are working at Addis Abba Fistula Hospital as nursing-aides, so I see them regularly. Fifty-six live in or around Desta Mender, I visit every

Thursday to see if they have any problems and once a month to give supplies. There are ostomates at all of our regional hospitals and supplies are sent to them every 3 months.

UK News

Demen Bekele has Hip Operation

(Report by permission of the Enfield Advertiser)

A laboratory assistant at our main hospital in Addis Ababa has travelled to UK to receive a new hip, thanks to Consultant Orthopaedic Surgeon Professor Howard Ware and his team at a hospital in Enfield.

It has ended years of pain and restricted mobility for Demen after she was gunned down in an Ethiopian civil war with her mother and father in 1991. The attack killed both her parents, orphaning her at just four years old. The bullet fractured her hip and damaged a sciatic nerve in her leg, causing severe arthritis.

Despite this, Demen successfully completed her education in 2003 and then trained as a laboratory technician, receiving an Honours Certificate for her course in 2008.

She was offered the position of laboratory assistant here at the Addis Ababa Fistula Hospital a year later and her hard work and dedication quickly came to the attention of Professor Gordon Williams. After learning of her past troubles Professor Gordon and other colleagues decided to pull together financially and support her in getting a hip replacement to end her years of pain.

Professor Howard Ware (whom Prof. Gordon had helped to train at the Hammersmith Hospital in London) was so inspired by Demen's story that he opted to offer her the operation for free.

"My operation went well. My hip was sore to begin with, but now I notice the difference" said Demen.

"My old hip was causing me constant pain and it was very difficult to move around. Now I can move freely and I am so grateful for the kindness of Professor Ware and the hospital in Enfield that I was able to have the operation. The pain used to bring back terrible memories of the civil war, but now I can put that behind me and move on with my life."



**Demen Bekele after her hip operation
in UK hospital.**

(By permission of Adam Hat—Enfield Advertiser.)

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**Mr Laurence Parkes CEO
Hamlin Fistula UK
4 Parade Buildings, Nimmings Road
Halesowen, West Midlands. B62 9JJ**

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