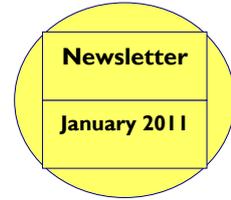




Hamlin Fistula UK

UK Registered Charity number 257741

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

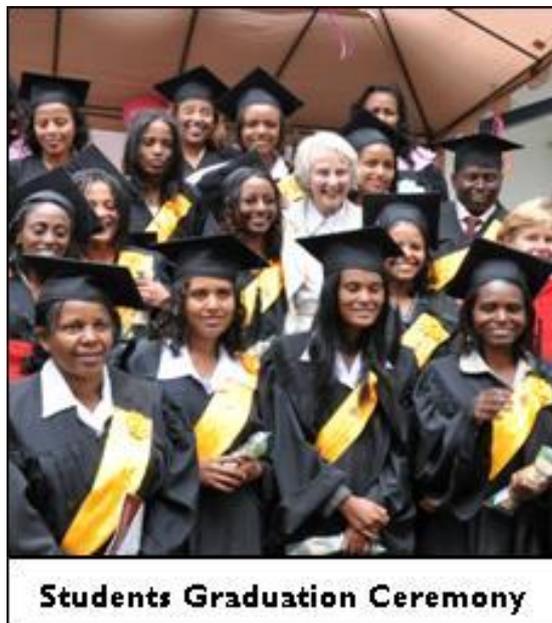


(Patients names in stories are changed to protect their identities)

Dr Hamlin's dream has become a Reality

Three years ago we began in a small way to train Hamlin Midwives, taking on 12 students in the first year. The Graduation of these students took place in October 2010.

When they arrived they were just out of school and now they have graduated as Hamlin Midwives. Along with the students, Sister Mantegbosh Zewdie from Amhara Region graduated with distinction. They received their awards from Dr Hamlin and Dr Tewodros Adhanom, the Minister of Health. Dr Tewodros paid tribute to everyone involved and at the end of his speech he praised Dr Hamlin for being a role model for all of the graduates, a model they should follow in their professional careers. Dr Hamlin responded that it was her wonderful staff that had made the College so successful. (We all know that it is also her example that inspires us all!)



Now that the midwives have been deployed into the countryside of their own home areas, the compound looks empty without their familiar faces, but we wish them well as they begin their work in several areas of our country. Two are in Tigray Region, three went to Southern Nations, near to our Yirgalem Centre and the rest are in Amhara Region. Before they graduated they achieved a long clinical placement in their home areas close to where they are now working. The students first had to implement health education at a community level in schools and women's associations and then to attend community leaders meetings. Some had to speak to 500 students who had gathered together and

others to hundreds of women. To be able to stand up in front of an audience and give such a talk in fluent English was all very impressive and, according to their tutors, they were very capable.

The second part of their placement was to visit our regional hospitals at Bahir Dar, Mekelle and Yirgalem for eight weeks, where they had to manage critical deliveries, like breech, twins and manual removal of the placenta. They have conducted more than fifty deliveries each. They are going out working as Hamlin Midwives well equipped with knowledge and experience and with confidence to work on their own in their respective health centres.

Dr Hamlin's dream has been to contribute to reduced maternal and new-born mortality rates and reduced childbirth injuries, with the desire to give to mothers a respectful birth. We have made a start and as more of our midwives go out into the provinces this is the dawning of new hope for so many mothers in the countryside who will now have skilled help and loving care as they face labour, no longer alone and fearful.

Report from the Dean of the Midwifery College

It rained for two days before and two days after the day of Graduation, but that special day was so good. There was a lot of expectation as the day dawned as you can imagine and the days before were filled with emotion like fear and excitement.

Our Graduate Midwives managed so well and Abreht, the class representative, made a speech which everyone really appreciated. She managed so well. The atmosphere was relaxed and Dr Hamlin and Dr Tewodros, as well as having a professional relationship, showed a deep respect for each other and for all that has been achieved.



Jacqueline with Dr Hamlin and Dr Tewodros, the Minister of Health

The memory of this day is shining in our hearts and I am so pleased that Dr Hamlin saw and contributed to her dream. Our responsibility now is to make her dream flourish along the new road of the deployment of our young midwives.

Report from Beverley Stewart (UK Trust)

It was a privilege to be asked to provide some training to three selected midwives who will be employed as supervisors for the first group of graduates from the Hamlin College of Midwives. Previously I had spent a six months sabbatical at the College focusing on the BSc Degree Course as opposed to the recent two weeks spent with the graduates who have now returned to the rural setting as part of the prevention work in obstetric fistula.

The three supervisors were very responsive to this short training and appeared excited in what was expected of them in this new role of being a preceptor to new midwives. Training consisted of working with them in adapting from the UK what can easily be achieved and suited to the Ethiopian environment.

Part of my work there involved presentations to inform the academic team on the main elements of supervision and key rules that would be invaluable in professional development of the new midwives, as well as current students and tutors at the College.

The whole experience was interesting and enjoyable, particularly in being able to impart areas of my role as a supervisor of midwives and to learn and understand what it is to be at the beginning of such a huge change in how midwives can be supported after completion of training and deployment to rural Ethiopia.



**Beverley Stewart presenting the
Graduates with nurses fob watches.
(Gifts from the UK)**

It was rewarding to witness the final presentations by the first graduates and to see how they had progressed in one year since I was last with them. This was a remarkable experience for me and it demonstrated how the students felt about the new way of learning and how key skills were assessed.

My thanks to Dr Hamlin and the staff at the Fistula Hospital, the staff at the HCM and the final year students for making the experience such an enjoyable one.

Patient's Story

Emahoy (*a title given to a nun*) thinks she is 75 years old, she may be even older. She roughly guesses the times when she became pregnant. She said, "Forty or fifty years ago I delivered a stillborn baby after 6 days of labour and I became incontinent. I continued to live with my husband and we thought I would be better sometime. I conceived a second time and prayed for a normal delivery and a live baby. The labour went on for four days and sadly the dreaded fear became true. I delivered another stillbirth and had chronic health problems. My husband left me and I went to live with relatives.



Emahoy

After three years of living with family, life became very difficult and I had to live in the grounds of a church and become a nun. I have been there for 40 or 50 years."

Recently a man found her in the church compound and convinced her that she could be treated in our satellite hospital at Bahir Dar. After spending a month at Bahir Dar she recovered well, went home dry and with a smiling face.

We witness very sad stories like Emahoy's. It is lack of awareness of the treatment that has been available free of charge for more than 5 decades for women with childbirth injuries. This lack of awareness forced Emahoy to be an outcast within her community for so long.

Report from the Medical Director

Eighty percent of women who present to the hospital have infected urine. This itself is not a great problem, but all the patients have been exposed to a variety of antibiotics which are freely available in the local markets. They have been told that these tablets will cure their fistula. Of course, they don't, but they do make the bacteria in the urine resistant to antibiotic treatment.

Following surgery all patients return from theatre with their urine draining into a special bag and they have been taught how to empty the bag by themselves. Training in the use of the bags was given by Judy Tolley, a visiting nurse from Edinburgh. She is hoping to raise money for our UK Trust to purchase highly absorbent nappies which last for about six hours



Patient with her 'special bag'

each time of using, so enabling those patients awaiting surgery to be dry. This also enables us to introduce an infection control policy throughout our hospitals

Patient Education

Education is part of several activities we are providing for our patients. They have literacy, numeracy, health education and nutrition classes in both Amharic and Oromifa languages. Various handcraft classes are available to enable them to regain their self-worth and sense of productivity as well as independence. On Friday mornings the teaching focuses on various issues which have a positive impact on meeting the millennium development goal on preventing maternal death and disabilities.



Sister Lidya with patients

Sister Lidya teaches patients on harmful traditional practices. She explains about practices carried out in rural parts of the country which are proven dangerous. Some of our nursing staff take it in turn to continue the important training in health issues.

Opening of Metu

Our fifth Satellite Hospital is open and it is planned to give a holistic service for women with childbirth injuries around Oromiya, Gambella and Benishangul Gumuz Regions.

The Centre has been constructed adjacent to the government's Metu Karl Hospital with the help of donations from our European Partners, namely, Hamlin Fistula UK, The Netherlands and Women's Hope International from Switzerland. Expenses related to prevention and patient identification schemes, which will be undertaken by a health officer at the centre, will be covered by Hamlin Fistula Germany.



Funds are raised in different ways, sometimes by large legacies, sometimes by regular giving, sometimes by small donations. After a recent presentation by one of our UK trustees, a lady came forward and said, "This is a wonderful story, I will give you all that I have." She opened her purse and emptied it into the collection plate. Does this remind us of the story of Jesus and the widow's mite?

The dream of Dr Hamlin has come to fulfilment—the jigsaw is complete. In the future we all have to ensure that we keep the Hamlin Dream alive.

UK News

Trustee Dr Brian Hancock visits Addis

Dr Hancock visited the hospital with Dr Mike Bishop, a urologist, to show the surgical team a simple operation that seems to help patients with post repair stress incontinence. This has been a major problem with several patients at the AAFH who have been resistant to all the usual conservative measures. We hope that given time, the outcome of the operations will be successful.

The visit proved to be a reciprocal arrangement. Dr Bishop was able to see in depth for the first time the fistula work done in Addis and this was useful for him as he will be visiting Nepal, Gambia and Uganda.



Dr Mike Bishop with patient after her stress operation

Tigist visits Ireland and UK

The UK Trustees had the honour of welcoming the new Stoma nurse, Tigist Debebe, for a brief visit to Birmingham. Tigist replaces Sr Ruth Gadissa who was the stoma nurse for many years at the hospital in Addis Ababa. Ruth has now returned to her previous role as Theatre Nurse. Some previous patients were trained to be nurse-aides by Ruth and they have assisted both Ruth and the new nurse, Tigist.



Tigist in the UK

To improve her skills in stoma care Tigist recently attended a training course at Hollister in Ireland. Hollister is a company committed to helping healthcare professionals deliver

better products for Ostomy and Continence Care.

After the course Tigist visited the Trustees in Birmingham. She spent three enjoyable days there and, needless to say, she made a very favourable impression with her stunning traditional Ethiopian dress and hairstyle

Expenditure in Ethiopia

The work of the hospitals has grown in a huge way in recent years with the development of the Outreach Fistula Centres (Satellite Hospitals), Desta Mender and the Midwifery College. A major item of expenditure that will be included in future budgets will be the cost of operating midwives clinics in villages. All this work is supported by contributions from partner organisations around the world, here in UK, and in Australia, New Zealand, The Netherlands, Germany, Sweden, Switzerland, Japan and USA. Below are the approximate annual figures (in GBP) of how contributions are spent.

Addis Ababa Fistula Hospital	1,208,747
Desta Mender Rehabilitation Centre	165,643
5 Satellite Hospitals	528,363
Midwifery College	91,850
Other Expenses	35,914
Total Operating Costs	2,030,517

Thank You

We, here in the UK, would like to thank all of you who contribute so regularly and faithfully in many different ways to this cause. The single gifts from individuals and all the many extra gifts we receive from time to time, together provide the vital income required to help the work of Hamlin Fistula to continue.

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