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Hamlin Fistula– Ethiopia

Visit of the AUS,AID General Director

AUS,AID Director General Bruce Davis , came to Ethiopia to visit the Addis Ababa Fistula Hospital on May 28, 2008.

The AUS,AID had supported the Addis Ababa fistula Hospital , since its establishment in 1974 , and the Director General has promised to keep on supporting the hospital in improving maternal and child health mortality, which is the main goal of the Millennium Development.

During his visit Mr. Davis met with Dr. Catherine Hamlin the co-founder of the Fistula Hospital and her staff . The Ethiopian Ministry of Health His Excellency Dr. Tewodros Adhanom was also present in during the Director Generals visit .



Left Dr. Catherine Hamlin , Center Director General Bruce Davis , HE Dr. Teowdros Adhanom (Minister of Health)

Opening of the Harar Hamlin Fistula Center

The Harar Hamlin Fistula Center was opened on May 9th 2008.

There were distinguished guests from Harar regional Office and also partners of the Hamlin Fistula International.

The Center was built with the contribution of the Fistula Foundation in US and also the Tesfa Eneste Project which is founded by Ethiopians living in America. The center will treat fistula patients who come from Harare Region and also will cover the patients who have difficulty traveling form East Ethiopia to the Capital city Addis Ababa .

The Center cost 7.5 million Birr. It is the fourth center for the Hamlin Fistula Organization in Ethiopia . It has one doctor ,



Left: Ato kassaye Kebede (F.F. US), W/o Abaynesh , Dr. Hamlin and regional official.

two nurses and ten nurse aide , guards, laundry workers and in addition there is one kitchen . It can accommodate up to 40 patients.

During the opening our partners and also the director for the Tesfa Eneste Project W/o (Mrs.) Abaynesh were at the center.

Our partners were here at the Addis Abeba Fistula Hospital for an International meeting followed by the opening of the Harar Hamlin center.

Medical News

During the past three month starting April ,2008 to June,2008 , there were 433 patients who had surgery at the Addis Ababa Fistula Hospital and it is estimated that 92% were successful .

There were 955 patients seen in the OPD. Out of this 255 were admitted to prepare for surgery and 256 got cured and went back to their village. This is for

the main hospital. We have also received 17 high risk mothers who were former fistula patients came to our Hospital to have their babies.

During April ,2008 to June,2008 we had nine trainees from Kenya, Liberia and Afghanistan to get training on fistula surgery.

We have upgraded our training program to not only train doctors but also include nurses .Their training will include all the projects that we have here in our compound. They were involved in ; the OR, on Post operative care, Physiotherapy ,and Stoma therapy. They went back to their own countries in early April , 2008. We have trained three doctors and five nurse including one public Health Officer for six weeks .

Desta Mender



Our new Chicken barn area with Manager Ephraim, Sr Ejigayehu and Ato Abebe.

Our work in Desta Mender is progressing well and the women who have been trained in dairy production are now generating a good amount of income. Aside from the milk

which is produced for use in the Hospital, they are also producing butter and local cheese, which they

sell at wholesale prices to the staff. With this income they are covering all production costs, paying something for their housing and then making a modest profit as income. Another 5 women have been trained to look after the Chickens laying eggs. From 150 Chickens we are now getting 120 eggs/ day and soon we will increase to 450 chickens. These women are also generating income towards their cost of

living. These changes have brought significant improvement on the outlook that these women have for the future. They are no longer dependant but working towards their own future well being. In the last month a small group of women have also been trained in basic home nursing, with the hope of gaining employment in an old persons nursing home.

Out Reach Centers

“Whole hearted commitments to women with childbirth injuries with God’s love and compassion”

We received a patient who had a fistula for ten years. She is now twenty five years old. We asked her why she waited so long time to come? she said that her families could not afford the transportation as we were too far from her home.

This has been changing for the past five years, because we have started becoming closer to our patients by opening our outreach centers where we can do surgeries and give them treatments. Additional to our Bahirdar, Mekele and Yirgalem centers, we have opened Harar Hamlin Fistula

Center in May this year. This center will also increase the amount of our patients that will be treating annually and help us to assist the women in the east side of Ethiopia. This center will not only treat the patients from Ethiopia but also the ones who come from the main land of-Somalia.

For the past three month we have treated 171 patients in Bahir Dar, and 49 patients in Mekele and also 95 in

Yirgalem Center. In Harar we have 40 Beds in the ward and also an operating room with physiotherapy, laundry and kitchen. The difficult cases will be referred to A.A.F.H. While our new doctor gains confidence and skills. In the last 3 months we had 23 patients referred from our outreach locations to the main center in Addis Ababa.

Prevention

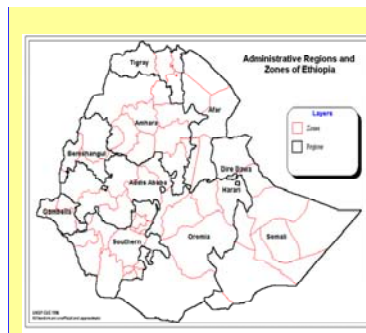
In Ethiopia where about 2.9 million women give birth a year about 9,000 mothers will develop obstetric fistula. Obstetric fistula can almost always be prevented. However, prevention depends as much on social change as on medical interventions. As Dr. Reginald Hamlin once said “prevention is the best thing, if we only had the money.”

Prevention must be reducing the incidence of new injuries by focusing more on interventions that prevent maternal mortality and morbidity.

The A.A.F.H. for the past 4 years has focused on prevention. We have three public health officers in our BahirDar, Mekele and Yirgalem Fistula Centers. The health officers have been:-

- Training Health extension for high risk identification and safe delivery, when and where to refer for the type of care provided to obstetric fistula patients, and how to prevent obstetric fistula. (There were 168 trained HEW in BahirDar, 57 in Mekele and 92 in Yirgalem.)
- Equipping health extension

REDUCING MATERNAL AND NEWBORN DEATHS



Ethiopia:
11 Regions/62 Zones

workers and TBA with basic delivery kits starting January 2008 until March (There were 5,550 delivery kits delivered.)

.Public Health officers at the Hamlin Fistula Centers have trained 193 TBA in Bahir Dar, 81 in Mekele and 78 in Yirgalem. There were also training programs for health Officers, nurses/midwives and doctors as well.

The training was performed in different Weredas and Zones where the Hamlin Fistula Centers are located.

Story of a patient

Shewage is one of our patients from western Ethiopia, a region called Oromiya. She is fifteen years old and has had double fistula for three years. She has been in labour at home for three days. Even though the Health Care Center is six hours by foot they waited for days until she delivered the still birth at her mother's house.

After the death of her father it was hard to survive with what they had, so she came to Addis Abeba to work as a domestic servant.

Shewage was raped by her employer and went back to the village with out any money. She was pregnant. Her mother took care of her both during her pregnancy and after she had the fistula, but died shortly after. Shewage was left with her

younger brother and sisters.

She said "They start saying I had a bad smell and they are getting sickness out of this, so they put me in my mothers place and they would never set foot there unless I move out of the house. It was my neighbors who have helped with washing my cloth and giving me food. I thought may be if I die things might not be too hard, I cannot blame them since I know the condition and the offensive smell that I have."

A neighbor told her that he could help her get a referral letter so that she could go to a hospital. After that she went to a Health Care Center where they told her, the province hospital in Sheno might be able to help her. In Sheno the doctors told her she has to go to Addis Abeba, because they could not treat her

there.

She started begging money on the street when a staff at the hospital saw her referral paper and told her not to beg on the street because people there would help her to come up with her transport money (which is less than 2US dollar).

" She took me to her house thinking every one would accept me, but it was hard for her family and they started complaining about the smell and I had to find a place to stay."

Shewage had a cousin who lives in the town but still after staying for a week the same thing happened and she had to leave there to.

By this time they had gathered enough money and a man volunteered to escort her on her journey.

She came to the Addis Abeba Fistula Hospital with recto Viginal fistula (RVF), and Veisco Viginal fistula (VVF) and a dense scar, one of our Doctors, Dr. Ambaye examined her, and although it is going to be a difficult case we are hoping that she can be cured and start a new life.

Physiotherapy

Because the number of patients has been increasing for the past



four years, considering our growing number of patients and small capacity, we will begin building a new physiotherapy wing beginning in early October, 2008 and starting to function sometime in 2009. Our physiotherapist, Sr. Azeb Befekadu, said that the room they have could not accommodate the number of patients, equipment

they use, and also be an examination room at the same time.

The plan for the new building has been done. The new Physiotherapy will accommodate three exercise beds, with space for more equipment for them to use. It will have an office where they could assess and examine patients more privately, and also be used to give electrolyte therapy. It will have its

own toilet which is also accessible for wheelchairs. There will be a new path for our patient to use without discomfort, and in addition to this there will be a store room. Among the patients admitted to our hospital 10% will need this facility to do the exercise.

Midwifery College

The Hamlin College of Midwives was excited to receive Preliminary Accreditation in early May. The students enjoy practicing their basic skills in the AAFH every Friday morning and will commence their first "Midwifery" clinical placement of 6 weeks in two locations in Mid July. We are very happy that Professor Barbara Kwast (Fistula Trust of the Netherlands) will be joining us at that time.

Over the Easter break the students made the long trip back to visit their families in the countryside. One student found that



Hamlin Midwifery College students & Sr. Annette Bennett the college Dean

many people in the community came to hear about what she was studying. She explained that as Midwives they will help to reduce the incidence of obstetric fistula.

After hearing about obstetric fistula the student's mother proceeded to explain about a woman in a nearby village who was ostracized from the community because she leaked urine.

The student and her mother made a trip the next day to find the woman. After explaining to the woman and

her family that she could be cured they rallied the community together to help pay for her to take the transport to the Bahir Dar Fistula Centre to be repaired.

It is so exciting to see this small impact (not small for the lady!) that these young woman are already having in the communities where they will eventually serve as Midwives.



THE ADDIS ABEBA FISTULA HOSPITAL

Drs. Reginald and Catherine Hamlin, both Gynecologist Obstetricians, came to Ethiopia to work at the Princess Tsehai Memorial Hospital 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 Abeba Fistula Hospital specifically for women with childbirth injuries.

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

We are a registered charity in the Ministry of Justice and under the umbrella of the Federal Ministry of Health.

Story about our Staff



The other difference is that you could easily see the necessity of food and nutrition on the patients. Getting more nutritious food gives them strength. Even the ones that seem not to have any hope, get well and start playing with friends or helping around in a way she can. This is what makes me satisfied in my job.”

Fikirte has three children, but still treats and talks to our patients and also looks after the twenty five employees in the kitchen like a mother. “I got married after I started working here and God has blessed me with my families and with my work at the Addis Abeba Fistula Hospital.”

Fikirte Kebede is the head of kitchen department at the Addis Abeba Fistula Hospital. It has been ten years since she started working at the hospital. Fikirte started working at the guest house, looking after trainee doctors, our partners and guests of the hospital who would stay at the compound.

When our kitchen head Tiringo Demisse passed away three years ago, Fikirte became the head of the kitchen and now coordinates three departments.

She says that working in the kitchen is simple because of the team work and the accessible way the kitchen is set. “What makes it unique is everything is prepared here; bread, injera and stew (wot) except for the products needed to make these foods nothing is purchased outside which makes it fresh and of quality.

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