

Project Name: Addis Ababa Fistula Hospital
Monthly report for: Jan, Feb & March 2006
Contact Person: Ruth Kennedy

a. Programme Overview

Background

Drs. Reginald and Catherine Hamlin, both Gynaecologist-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 in Ethiopia in 1959 and the need became so great that in 1974 they established Addis Ababa Fistula hospital specifically for women with childbirth injuries. Oversight is given by Mr. Mark Bennett the Chief Executive Officer, and Dr. Mulu Muleta as the Medical Director.

Definition

The pressure of an unborn baby's bony head against the mother's bony pelvis in unrelieved, prolonged and obstructed labour causes lasting even twenty four hours and more leads to death of tissue and an abnormal opening between the vagina and adjoining organs. Labour proceeds often resulting in a stillborn baby and accompanied by a constant trickle of body waste products, making her smelly and unwanted. She becomes a social outcast; friends and close relatives eventually find it impossible to live with the constant smell. The pain, rejection and isolation lead to demoralisation and loss of a sense of dignity as it becomes apparent that her injuries are permanent.

Goal

The overall goal of the hospital is to provide services for those suffering from childbirth and related injuries, rehabilitating them to the point where they can be integrated back into their society with dignity and a sense of self worth.

Specific Objectives

- To provide physical, social and spiritual assistance to patients with obstetric fistula disabilities
- To make obstetric fistula related capacity building available to health care professionals, both in country and out of country.
- To give informed up to date information of the plight of women with obstetric fistulae and other childbirth injuries to the international community.
- To improve the capacity of the hospital to meet the needs of the patients
- To provide a voice for women with obstetric fistulae, a patient advocate
- To give prenatal shelter when possible for high risk and post obstetric fistula repair mothers.
- To teach the public in general and the women in particular about the hazards of unsupervised pregnancy and labour.

b. Profile targeted population

Three million women in Ethiopia become pregnant each year, of this 0.3% will develop obstetric fistulae. This represents approximately nine thousand new cases each year plus the old cases unreached previously.

c. Geographical Location

The hospital is located off the Jimma Road section of the Ring Road in Old Airport, Addis Ababa. The hospital provides treatment and care completely free of charge for all its patients.

II. Programme Performance

Activity List		Current Quarter		From October '05	
		Plan	Actual	Plan	Actual
Hospital in/ out activities					
No. OPD Patients seen		562	714	1057	1365
No. Admissions		310	332	514	564
No. Discharged		228	253	395	480
Nurse aides admitted		-	10	-	22
DM res. admitted		-	12	-	19
High Risk Mothers (new)		-	7	-	16
Bed Occupancy (aafh only)		//////////	New	//////////	429 /06 only
Surgical interventions					
Minor		71	93	131	149
Major		264	284	452	539
Physiotherapy					
1	No. Physio - post op	90	292	159	525
2	No. Physio – rehab session	-	25	-	115
4	No. Physio Stress pt. exercises	-	75	-	160
5	No. new plug users	-	102	-	56
Stomal-therapy					
A	No. Stoma therapy consultations	-	75	-	167
B	No. / bags supplied	-	124	-	359
Other Tests					
No. Ultra-sound		26	26	38	57
No. Urodynamic testing		-	-	-	-
No. X-rays done		47	114	100	119
Training etc.					
Eth. Post grad-doctors		4	10	9	17
Foreign doctors		3	12	6	14
Nurses		1	10	2	10
Nurse aides in training		10	15	10(average)	45
Outreach projects / Bahr Dar					
No. Pts seen		-	116	143	166
No. Pts operated on		-	97	67	117
High Risk mothers		-	5	-	7

Outreach projects / Mekelle				
No. Pts seen	-	16	-	16
No. Pts operated on	-	12	-	12
High Risk mothers	-	4	-	4
Outreach projects / Metu				
No. Pts seen	-	-	-	51
No. Pts operated on	-	-	-	41
Dr. Trained	-	-	-	1
Outreach projects / Congo				
No. Pts seen	-	-	-	47
No. Pts operated on	-	-	-	27
Outreach projects / Sierra Leone				
No. Pts seen	-	-	-	21
No. Pts operated on	-	-	-	35
All -total no pts. operated on	////////////////////		////////////////////	1015
Destra Mender Residents / pts				
Total resident (average)	40	48	43 (average)	48 *
New resident	-	4	-	16
Waiting patients	4	27	6	94 / 30 av.
Long-term physio. Pts.	-	28	-	77
Education classes				
Hospital	120	120	240	280
Destra Mender	84	84	168	198
Outreach centres	6	6	12	12

* Three residents from Destra Mender are now in training for nurse aides for Yirga Alem.

Achievement of objectives

1. Provision of physical, social and spiritual assistance



Our little girl from Tchad has had her first and now her second surgery; she is making excellent progress, we have discussed with the hospital in Tchad whether they could keep her as a nurse aide and they have already said yes. If all goes well she should be ready to return home after a month or so, she will have some residual urine loss, but she said she can manage that – she truly is a delightful child!

This period is the time after the harvest and before the sowing so fathers are again free to accompany their daughters to the hospital where up to ten women are coming in on most days. Bahr Dar Centre where Dr. Andrew Browning is facing the same influx of women with childbirth injuries and has been sending complicated cases to us; missionaries have been into town over the

holiday season and have brought women from their areas, which mean we have plenty of women filling our beds. We have been operating on Thursday and one week Dr. Hamlin and Dr. Andrew operated on five women between them.

Sr. Azeb our physiotherapist is on annual and maternity leave, she has given birth to a darling little girl! In the meantime Sr. Genet is helping in the Urodynamics and Women's Health Departments and doing a great job! She was in physiotherapy one day when I visited and said she was learning from Yetemwork our nurse aide who works there, she said: "She is very good and truly understands these women." This is high praise for our wee lass that never had the honour of formal training.



Despite the early rains being heavy the women are still flowing into us here at the Fistula hospital. Older women who have 'just heard' of the Fistula hospital who have suffered for 15-40 years alone and ostracized by their communities! We thought with all the extra beds, the Women to Women project, an NGO opened to house our women while waiting for surgery and the space at Desta Mender we would not have to have two women to a single bed. Yesterday evening I was with guests in the waiting hostels and in "Betselam" (House of Peace), each bed had two women, the second hostel Bethel (House of God), almost half had

two pillows indicating two patients per bed there too! Dr. Andrew has placed mattresses on the floor for the women in Bahr Dar! The word is out and we are working flat out to meet the needs of these poor women.

Our care is reaching out to all our women and girls at Desta Mender, in Bahr Dar, in Mekelle and also out of country, surgery, training and teaching. Our teachers in literacy, crafts and legal rights continue with their teaching. The tapes with Bible stories are a great boon and well loved by our women, the Jesus video is a great favourite too! We are using Bible flannel graph stories given to us by one of our guests and these are popular with the patients.

2. Capacity building for health-care professionals

The AAFH trains all doctors doing their postgraduate training in obstetrics and gynaecology from Addis Ababa University. These men and women will hopefully go to the remote parts of Ethiopia and assist women with delivery by caesarean section thus preventing the tragic results we see here. Drs. Abubaker, Ayanew, and Aklul have been with us during January and February In March we have Drs. Berhanu Kebede, Dr. Berhanu Sendew and Dr. Delayeju who will stay another one month with us. From abroad we have had Dr. Lolita from Philippines working in Uganda; Dr. Margareta Sidenvall from Sweden working in Liberia; Dr. Joy from USA working in Kenya, they were here training for one month. We also had three short stay doctors visiting us from Congo where Dr. Ambaye had gone in January, Dr. Onsrud from Norway and Dr. Mkwege from Bukavu in Congo - plus another four short stay doctors visiting, in order to observe and learn the technique used at the hospital to then apply what they have used elsewhere.

Ten nurse aides went to Mekelle where Sr. Azeb and Sr. Hiwot, Ato Solomon the outreach coordinator will follow them for two years until they are judged competent. This team did a great job getting everything ready for the opening of the Mekelle Centre.



Our Sister Tutor is now training fifteen nurse aides are being trained for the Hospital here as we expand our activities and to complement any nurse- aides needed in the Regional Centres.

Sr. Meskerem continues until June 2006 in psychiatric training, this is such an important discipline as some 95 % have considered suicide as a means of dealing with their heartache.

The nursing sisters at Desta Mender continue to teach health and hygiene to the residents at the village and have now started doing outreach into local villages taking different residents with them.

3. International community knowledge sharing on obstetric fistulae

In January had visits from the British and American Embassies; German donors (DSW), many guests from Australia; UK; Canada and USA. We had a French journalist (France 2) to come; Students from Sweden who interviewed staff members; BBC correspondent; the Japanese Diplomat wives gave us blankets and part payment for uniforms. We also had surgeons and doctors to visit from USA as well as Cure International.

Our own Dr. Biruk Tafesse was able to go to Sierra Leone and train the doctors there as well as repair some injuries.

The month of February was amazing! We have representatives from seven of our eight international non profit organizations visit us for the opening of Mekelle Centre and the Partner's International Meeting (PIM). To know that there are dedicated men and women around the world who care to give of their time and experience to this cause is most encouraging. The countries represented were; Australia, Japan, Netherlands, New Zealand, Sweden, UK and USA. They each brought reports and shared methodology relating to their activities. We believe that each partner not only encouraged us but each other too. These partners represent us in their countries before media, governments and the general public.



We were honoured to have the Australian Ambassador Mr. George Atkin with his wife to attend the opening of Mekelle which was supported through the Australian Government; the Aus Aid representative Miss Sally Mackay was able to be with us too. Friends from the Silverton Foundation made the long journey to support us in the opening of the centre in Mekelle; they too had contributed for this building.

On the 21st we received a delegation from the US Congress and representatives from the USA Embassy in Ethiopia. Our good friends from Johnson and Johnson were able to visit us from Scotland, always ready to speak out for us wherever they go.

Another group who we were privileged to have come was from Rome University, Prof. Morrone and his colleagues came to see what, how and why we do what we do in order to take this message back to Italy.

During March I was in Canada University of British Columbia, MORE Conference) and USA talking about obstetric fistulae in church groups and women's groups. The feedback was very good. The re-run of the Oprah Visit's Ethiopia has also brought further awareness around the world. Our International Partners have gone to their respective countries renewed in enthusiasm to get the word out about our work here, we are very grateful to each of them for this wonderful work they do for us.

We had the dissemination workshop for the research that was done last year. Dr. Mesganew Fantahun defended this very well before guests from the major NGO's in Ethiopia, multilaterals, and bilateral organizations who asked questions. The number of women living with fistula in the rural communities is 40,000; however the Demographic Health Survey indicated that there are 200,000 women living with fistula nationwide. This discrepancy can be explained in that many women have left their villages and are either living as beggars in the towns and cities or are hidden away in monasteries. This is heart breaking news and we must renew our efforts to get the word out, which we have been doing hence the large numbers coming both in Addis Ababa and Bahr Dar.

In March we had a film crew from Japan here, preparing a short documentary for the Japanese people. A photojournalist from Australia as well as an interview with Radio France International. We spoke with the publisher about having Dr. Hamlin's book translated into Amharic. The Ambassador from Swedish Embassy plus twelve office personnel visited us one morning. UNFPA our good friends have also been to visit us and representatives from W.H.O., Geneva were all part of our guests this past month plus many individuals simply interested in what we are doing.

4. Foreseeing adequate capacity for patient load

Women to women, an NGO for fistula patients awaiting admission has helped enormously in providing shelter for our poor women waiting their turn for admission. We cannot send them away from us as they have spent their last penny to come, so being able to provide this room and board is great. We have to learn to balance our patient load, but because the arrival time of this large numbers is concentrated to the first half of the year we seem to always have this problem from January through June, the second half of the year tends to be lower in intake. Desta Mender has been a great help in that some 35 waiting patients are currently being housed out there.

The nurse aides moved into their new residence 31st January where we built toilets and the modifications requested are now complete. We have been to see these ladies and they are happily settled with a senior retired nurse who will no doubt mother them well over the coming months. Some who had not wanted to live there before have since moved in! We still have plenty of patients to fill the vacated places. The ambivalent feelings about the move are being resolved and we had the much needed extra beds by 1st February!

Meeting the short and long term needs of all our patients is what we are doing; those with residual stress now have their own Women's Health Clinic with Sr. Azeb and Sr. Genet running this under the supervision of Dr. Biruk and the stomal therapy clinic with Sr. Ruth in charge. Our Outpatients Department is being well run by Sr. Konjit who is also a HIV/AIDS counsellor.

The new Mekelle centre is now only two weeks old and we have 13 women already! Bahr Dar centre with Dr. Andrew there permanently is overloaded already, with two to a bed...

5. Providing a voice for women

A voice loud enough to be heard includes encouraging every guest to tell our story wherever they may be; it also includes the use of media, music and art.

Schools, clubs, health centres and women's associations are now getting the message out, along with some 4,000 health extension workers in Tigray and Amhara Regions. Telling the communities of the plight of these women will make them more receptive and responsive and thus encourage them to take action both in preventing and retroactively before leg contracture and foot drop develops.

6. Ensuring follow up for post-fistulae pregnant women

This is a major step to be taken during 2006, reaching out to the women discharged home, making a way for them to return to the outreach centres for follow-up, letting them know they are not forgotten nor abandoned once they leave our hospital.

In collaboration with USAID Intrahealth is reaching out at grassroot level to teach prevention and early detection of obstructed labour ensuring that the most vulnerable women have a place to go once they become pregnant where they can have a cesarean section or if they prefer a place for family planning / birth spacing that will allow them the choice of time and place to become pregnant while also teaching them about HIV/AIDS prevention.

7. Public awareness

The radio broadcast around Ethiopia has begun with weekly messages going out to the people of Ethiopia. The Fistula Song written by our own Dr. Biruk "Don't be silent" covers the following the girls speaking and then the response:

One-on-one education is still the best means of getting the message out and our staff speak at every opportunity to those around them. Use of Video, radio, TV continues and many tell us they have heard or seen us and know what we are doing and they too want to help. This is exciting as it will enable more to know how to prevent childbirth injuries.



Desto Mender

This farm village, 17 kms from Addis Ababa is truly idyllic. Located at the foot of a mountain that was reforested with saplings this past rainy season; with over 300 fruit trees (apples and peaches) and the home for some 40 women with chronic long-term injuries. The land given by the government for a workers village is progressing.

Our CEO and Administrator have carefully thought out plan for the residents is in progress whereby each resident will be trained in four disciplines and then a choice by the residents will be made as to which area they would like to perform within a cooperative / micro-enterprise set up. These cooperatives would be near to one of our outreach centres so that they can obtain their stoma supplies and go to when sick. This will help considerably to give these women / girls a way out for the future rather than simply day by day existing albeit a beautiful place. Most are young and rather despair their future so this has given them hope.



Progress is being made regarding the residents from Desta Mender, seven of them passed from 3rd year to 4th year, this women who had never been to school previously, so we congratulate Zuriashwork, their teacher for this excellent level attained!

We now have a fine young man from Alemaya University who has a BSc. in horticulture and a minor in animal husbandry, our CEO has asked him for a plan of action which, he has prepared indicating some business acumen. He will sign on for two years and then we will

review his work.

Outreach Centres

Bahr Dar

Dr. Andrew, his wife and baby boy have moved into a delightful rental house, fully screened to keep the mosquitoes away from little William their four month old son. Dr. Andrew is now up to his ear literally with patients, they have heard there is a full time doctor so the women are coming. Pathfinders and Intrahealth are also sending women to them daily. Sr. Wudie is delighted to have a full time doctor there as she can now share her load which was considerable previously.

The nurse-aides residence is now complete and the women will move in during April. Some more furnishing will be required so we are listing that out and will soon obtain this.

Mekelle



Sr. Hiwot, Sr. Azeb and ten nurse aides did a great job for the opening of the Mekelle Hamlin Fistula Centre. The centre is quite lovely and last Friday when I was there I asked the women if they preferred to go back to the old hospital and they all said “No we like this place! It is only for us and the nurses are so kind”. One former fistula patient was there who had just had a baby was pleased to be in such a clean and bright place too.

Dr. Ambaye went to Mekelle and operated on twelve women who were waiting there, already there another three waiting do once we have a good group one of our doctors will go up and operate, and in the meantime we are considering having doctors working full time in the outreach centres to provide a full time service in the Regional Centres.

Yirga Alem

We met with the Norwegian Lutheran Mission to discuss the final points for the Centre in Yirga Alem. Cabinets to be made exhaust chimneys to be lengthened and sterilizing rooms to have tiles and plastic ceilings and a dark grey to be painted white and in May at the latest the hand over will take place. In order to invite many guests we will have the official opening either end of October or early November, but we will start receiving patients as soon as we are ready, maybe in May 2006.

Yirga Alem

We are down to the final stages of the centre in Yirga Alem, the supplies for the centre have arrived and these are currently being stored in a room in the Centre until we the handover when we will set everything up and start receiving patients. The official opening will be in November 2006. The equipment has been bought by our friends at Women's Hope International in Switzerland.

Metu

During a recent meeting we decided to start the Metu Centre next, we will be building this at the end of the year. We have funding from some of our partners and we are now looking for others to join them in this exciting project.

Harrar

We now plan to start building that centre in early 2007, our USA partners are helping us with this and complete equipment for this too! We are truly grateful.

Community Involvement and Social Rehabilitation

Progress is being made regarding the residents from Desta Mender going to the local school and / or planning a future for themselves beyond Desta Mender confines should they show ability for independent living.

The Nursing Sister at Desta Mender is doing outreach the nearby communities regarding the needs of safe motherhood and the complications resulting from ignoring this message.

We are trying to get former patients involved in different activities, recently a flower grower has asked if we could supply him with two fistula women and another today said he wanted to employ some of our women! It is good to know that the local people and Ethiopians all are now seeing the value of helping us rehabilitate these women. We are so pleased!

We continue to follow the progress of the local school at Segu Meda, where building of two classrooms is in progress.

Conclusion

This quarter has made us realise how much our partners and donors mean to us, to be free to do what we do best, which is to care for women with childbirth injuries, is a special gift because you dear folk provide us with the wherewithal to serve our little women. Thank you so very much!

Ruth C. Kennedy
Liaison Officer
Addis Ababa
4th April 2006