

Project Name: Addis Ababa Fistula Hospital
Project No. E31-131008
Monthly report for: January - March 20045
Contact Person: Ruth Kennedy

I. 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. In January 2005 the Addis Ababa Fistula Hospital appointed Mr. Mark Bennet as Chief Executive Officer, he will start his duties at the hospital in June 2005.

Definition

The pressure of an unborn baby's head within the mother's bony pelvis during labour normally causes no permanent ill effects on the intervening tissues. However, an unrelieved, prolonged, obstructed labour, resulting in 4 to 7 days of pressure can lead to death of tissue and an abnormal communication between the vagina and adjoining organs. Labour proceeds, but accompanied by a constant trickle of body waste products, making her smelly and unwanted. She becomes a social outcast as even 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.

a. 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 un-reached previously.

b. 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	From October '04	
	Plan	Actual
Hospital in/ out activities		
No. OPD Patients seen	863	1057
No. Admissions	375	509
No. Discharged	300	395
Nurse aides admitted	-	27
DM res. admitted	-	15
Total admissions	-	551
Surgical interventions		
Minor	101	137
Major	318	452
Physiotherapy pts.	101	258
No. Ultra-sound	15	38
No. Urodynamic testing	9	38
No. X-rays done	16	100
Training etc.		
Eth. Post grad-doctors	5	13
Foreign doctors	5	15
Nurses	3	7
Nurse aides trained	10	10
Desto Mender Residents / pts		
Total resident (average)	28	34
New resident	2	5
Waiting patients	7	48
Long-term physio. Pts.	8	41
Education classes		
Hospital	180	335
Desto Mender	126	215
Outreach centres	9	21

Outreach projects / Bahrdar		
No. Pts seen	-	229
No. Pts operated on	-	85
High Risk mothers		12
Out of country/centre activities		
Total no. Pts seen	-	81
Operated on by AAFH	-	59
Operated AAFH supervision	-	10

b. Analysis of activity report

Projecting targets and plans for who comes when and how when dealing with poor women coming when they can either afford to, or are permitted to remains questionable in a centre such as ours.

Achievement of objectives

1. Provision of physical, social and spiritual assistance

They walked in late one afternoon a tall beautiful not so old mother with sad eyes, her brother, the uncle of our little patient. She is sixteen, a slip of a girl, dragging her feet, fear written all over her face. The uncle led the group to the outpatient's area of the hospital where Getu, our great man at reception, came and registered the young woman. They sat there quietly portraying such a picture of dejection and despair. I



walked over and chatted with them, they came from some 400 kms away.

The young girl had been married young but was only just last year, at 15 years of age pregnant. She delivered three months before coming to us. A contact told the uncle of the hospital and after all the family tried to find some money for the journey she was brought to us. Later that evening I saw the mother and uncle sitting outside the hospital, they looked so dejected and poor I gave them money for a rental house.

I found the mother still here, beside her daughter. "Please go home and we will care for your child." Her reply was "My daughter is so sick I dare not leave her, she might slip away." She looked on her with deep love as she reached out with her work worn hand to touch her daughter. I was able to explain that her daughter was no sicker than any other the other girls sitting on the grass and that we would care for her, she would eat well, we

would treat the infection, her daughter would learn to read and I called the teacher over and she said she would certainly teach her to read.

They sit around the entrance watching other new patients arrive, they quietly go over and ask the newcomer from whence she has come, and perhaps she comes from near her home... The newcomer is still shocked with the big town, this place full of green and blue gown women all with puddles under the bench and they seem so indifferent about it, so casual whereas the newcomer is deeply shamed, the folk on the bus moved away from her, some have even had to get off the bus for the smell that so insults the nostrils. But here in this place no one covers his or her nose except for an occasional 'rich patient' who wants special treatment. We give special treatment to our leaky women, to our poor wee smelling patients, we hug them and touch them and then treat them all equally.



In this place it is rare to ever become accustomed to the daily stream of sorrow that comes through our gates. The new frightened wee girl, trailing behind her father who so confidently striding out ahead of her, almost as if he would rather she was not there... Our little darling walking with her head low, sometimes limping almost wishing she too was elsewhere. The men folk have to leave their identity card with the guard, but the women have no need of this, the identity of the girl / woman is clear the smell,

the leakage the very dejection written all over her face is enough.

This is the last hope for this young, illiterate, innocent woman so she peep up a little regard to look around and then her head goes up at the scene before her, a yard full of women all leaking but also smiling. As she sits waiting to see the doctor a resident patient sidles up to her, 'Where are you from?' she'll ask. Perhaps her region... Then they see the video telling their very own story and the best part the success at the end! The change from despair to hope is tangible and so special.

Then of course there are those who have not been cured one hundred percent, there is still some leakage but not enough to warrant staying on at the hospital, now they must go home, the patient does not understand that the leak is from the right hole but at the wrong time and that over the next three months she will improve. Even with much explanation she still cannot fully understand but still she must go home. There are so many still waiting at this time between harvest and ploughing time, which is our busiest time.

Family is important to our patients. What of the husband who hear that his wife can no longer even have sexual intercourse because the vagina is closed, or the woman has a bag

on her abdomen to collect the urine? Preparing the patient is only part of our task, preparing the family is essential.

Pre-operative, intra-operative, post operative holistic treatment and care is imperative to the overall well being of women with childbirth injuries and these are done because of God's love for us all. Our teachers are busy teaching reading in Oromyffa and Amharic, the Walkmans have proved to be a success, now we need more taped messages and stories in all varieties of Ethiopian languages, we are asking friends and acquaintances to send these to us from around the world. We all remember to tell the women of God's love as most believe that God has cursed them, we want them to know that this is not so. Lessons from our legal teacher continue on human rights and money management.

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. This month we have had Drs. Wondimu, Abebaw, Workeneh and Tsgazeab

Obstetric Fistulae is prevalent not only in Ethiopia but worldwide and for this we have doctors coming from all over the developing world learning how to perform simple fistula surgery to help those women in remotes part of our globe. Dr Anna Maria working in Kenya and Dr. Gustav Barkett working in Togo completed one-month with us. Dr Josette is planning to help the Mercy Ship projects to start a hospital for women in Sierra Leone and she has completed one-month with us. Dr. de Bucher who is working in Kinshasa came to observe our work with a Congolese colleague. We had friends from Uganda under the auspices of Dr. Brain Hancock here to see how they can set up a good centre in Uganda. We have Dr. Takoi from Tanzania with us during the month of March and she takes her skills back to Tanzania to help the women in that country. We wish them all the best as they go now to help women in these areas of Africa.

Dr. Othon Lalos from Umea University Sweden was with us for one week and was able to lecture our staff and the students of the Post Graduate School of Obs/ Gyn at the Addis Ababa University.

Various nursing schools have visited us to learn how to manage obstetric fistulae and also how to avoid these through preventive means, such as health education. Including 18 trainees with Family Guidance Association of Ethiopia.

Sr. Emnet continues to train the nurse aides for Yirga Alem and to provide oversight for the nurse aides working at the AAFH. The nursing aide training programme is ongoing with junior nurse aides learning how to care for their suffering sisters and also those formerly living near the hospital but on the streets who have drifted back to Addis Ababa for one reason or another. This latter group are being specifically trained for the outreach centre of Yirga Alem, later we will take another ten for the outreach centre at Mekelle.

3. International community knowledge sharing on obstetric fistulae

During the first quarter of this year we had many visitors amongst who were:

- Liya Kebede, the WHO Goodwill Ambassador, as an Ethiopian she can truly represent women of Ethiopia.
- Mrs. Lesley Cochrane who is a regular visitor who helps us in the physiotherapy department was with us and was able to help organise our physiotherapy activities in the outreach centre at Bahr Dar.
- We have had medical students from around the world visiting hoping one day to make some inroads in to resolving high maternal mortality around the developing world.
- We had a three-day visit from Janani, an organisation working in north India where they have many fistulae. Dr. Nita Jha the CMO came to see how we manage our activities here and has taken plans to get something similar set up in that needy area.
- USAID visited and informed us that their reproductive health agents have identified a good number of patients with obstetric fistulae in the Amhara Region and they are refer them to our outreach centre in BahrDar. This is the exciting part of partnerships!
- We were as always delighted to have the Women of Vision from Charlotte North Carolina, USA to visit us. They spent two days with us, one at Desta Mender and one day here at the hospital. These are very dynamic women and we appreciate the role they play in providing running costs for our work in Ethiopia.
- We had Marc Duey and his family to visit from Philadelphia, USA. Marc's Company Prometics has given us some great IT equipment for which we are grateful!
- We were pleased to have a fine team from Cambridge who prayed with us.
- We were pleased to have the UNFPA Representative for Ethiopia bring the Goodwill Ambassador Natalie Umbruglio also representing L'Oreal and Virgin Unite. It was so good to be able to talk with these folk so that they too carry the message of this need around the world.
- We have a film crew from Netherlands here with us at present and they will be making a film for the European community about the plight of our poor women.
- Dr. Tedros, the State Minister of Health.
- Guests from Society of International Ministries
- Wives of the Germany Embassy Diplomats
- The Forum Syd Representative from Sweden
- A Norwegian Journalist
- Medical Students from Israel came for day visits throughout one week
- A team from Bukavu in Congo asking for help to set up a centre for women who are victims of sexual violence
- A Film maker from Netherlands
- Our Partners from UK spent one week with us, Mr. Clive Hewitt and Mr. Tony Legg. Tony Legg

- Ten Australians visited with us in one day!
- An environmental specialist from Australia came to talk to us about what we could do with the disused quarry behind us.
- We met with Medecin du Monde to discuss the way forward in Tigray region
- Thirteen ladies from the US Embassy visited us with one brave man!
- We have had 16 guests from Sweden with us for one week. Some are from our Swedish Trust and others from the Parliament in Sweden. They visited both bahr Dar and Yirga Alem and spoke highly of their visits.
- Drs. Othon and Ann Lalos have been with us also and have done teaching and lecturing for which we are grateful.
- We have other guests from Netherlands, UK and USA to visit as well.
- We were pleased to have guests from USAID who told us they are sending fistula patients to Bahr Dar and Addis Ababa.
- The chairman of our Foundation in USA visited us and met with the Board of trustees.
- The Swedish Trust held business meetings with us in early march also.
- We guest from Society of Ethiopian Expatriates in Diaspora (SEED) visit us
- Our good friends from Johnson and Johnson spent time with our staff that are directly related with Prevention.
- Various college students from USA and Sweden visited the hospital
- We were happy to have Mrs. Dewer the wife of the British Ambassador bring guests to the hospital.
- Dr. Ambaye showed the head of World Food programme in Ethiopia around the hospital.
- The wives of two USA Senators visited the hospital, accompanied by USA Embassy staff.

Engel Brother's Media is preparing a feature length film on obstetric fistulae, which will be marketed worldwide for television and cinemas. This will awaken the world to the plight of women with obstetric fistulae.

4. Foreseeing adequate capacity for patient load

It would appear that at this time of the year no matter how hard we try to provide space for our poor sick patients we never seem to have enough room. We still have the waiting patients, those waiting for second surgery such as closure of a temporary colostomy, those having physiotherapy or those too weak to operate on 'just yet'. Others have infections, or fevers so we cannot operate on them so we look after them in one of the waiting hostels around the grounds and then there is the influx of new patients.

The harvest is over, there is cash in the home coffers and the families can now afford to bring their injured daughters, sisters and wives all the to the Fistula hospital for treatment. Bethel Ward has two women per bed waiting for surgery. We have increased our operating days from three to four to endeavour to deal with the backlog, but then we run out of postoperative beds!

Desta Mender has now been set up to receive waiting patients and Sr. Beletech told me that they are managing and the residents are caring nicely for their sisters who come and they are enjoying being 'nurses'. Desta Mender still had waiting patients and Sr. Beletech has appointed one of the residents to help her with managing the nursing care with all the residents helping their sisters.

The Betezatha Ward is still not quite completed but we hope within the next week or so it will be ready. Bethel Ward will be re-tiled eventually (donation from the French Embassy in Addis Ababa) as tiles have come off the floor due to the constant urine leakage. The Princess Anne ward looks lovely with the new toilet, floor and ceiling.

We are housing over fifty nursing aides and we feel that we should give priority to patients so we may look for rental houses in the area where our nurse aides can be private to hang their washing etc. So we are now looking for two houses to rent, then we should not have to refuse patients or send them up the road to a rental house.

There are still those who cannot make the long road to Addis Ababa and for these we have the Bahr Dar Hamlin Fistula Centre already functioning and Dr. Andrew Browning is there now, we will have his report in the February. The Mekelle Centre and Yirga Alem centre are currently being built and hopefully will be ready for sue late in 2005! The remaining two (Harrar and Metu) will be ready in 2006.

5. Providing a voice for women

The best advocate remains the former fistula patient. Ato Solomon our outreach coordinator continues to do a great job raising awareness as does Sr. Wude the nurse in charge of the centre in Bahr Dar.

We have had three film crews here this last month, from Netherlands, from UK and from USA. All this will generate advocacy for these modern day pariahs.



Our residents from Desta Mender, our nursing aides who go home month by month carry more than their smiling faces, they carry the message of fistula how it happened, what can be done to prevent it, and how it can be cured.

The Alem video is now being shown through various NGO's, bilateral and multilateral agencies, for example UNICEF now has a truck for showing videos and they have the Alem video.

Walta Information Media is telling the fistula story throughout Ethiopia by radio with various broadcasts per week going out. The message must be heard and we need to make sure the story is told loud and clear.

6. Ensuring follow up for post-fistulae pregnant women

This has been a long-term concern for us and we have now started to undertake a major research nationwide with Dr. Mesganew Fantahun of the Community Health Department of the Addis Ababa University acting as our consultant. The research document is called: **“Magnitude of obstetric fistula in Ethiopia and integration of fistula patients in the community”**.

We have held the training of coordinators just last week and we collected one round of data in February March and the second round has now started. Dr. Mulu our Medical Director is Chief Investigator. With the subjective and objective data gained from this study we should be better prepared to know how best we can help treated and untreated fistula patients. With the subjective and objective data gained from this study we should be better prepared to know how best we can help treated and untreated fistula patients.



Both here and in Bahr Dar there are women waiting for their labour and some have already had caesarean sections and beautiful live babies. These outreach centres will increase with prenatal shelter as time goes and more hear of this facility. Already doctors are referring women there. We have sent up another twenty beds to Bahr Dar to accommodate all the women coming!

7. Public awareness

Our bright calendars are out and if you need any more let us know and we'll send them on to you! Dawit a young artist has done some delightful portrayals of the plight of our poor fistula women.

Walta Information continues to broadcast stories about fistula victims for which they pay 60% and we pay 40% so even in Ethiopia we are seeing the local media involved in getting the word out to the public. Solomon and Sr. Wude are key to getting the word out into the regions we value these two staff members with their vision for teaching.

Ethiopian television is planning to portray a brief film on the hospital and the plight of women with childbirth injuries.

Dawit a young artist who has done the portrayals of the plight of our poor fistula women is doing another two telling the story of the girls going home to be embraced by her family and also for those who are not cured, working as nurse aides. The last two portraits were upon the suggestion of our USA Foundation.

IRIN the UN newspaper has written up a good article about the hospital for which we are grateful.

Leaflets in English have been printed and are being distributed. Two other brochures are being published in local languages on Obstructed Labour and Obstetric Fistulae.

Desta Mender

This farm village, 17 kms from Addis Ababa is truly idyllic. Seated 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 28 women with chronic long-term injuries. To visit this village is to be touched, various walking with walking frames others with a single crutch, others with nothing visual to tell you they have chronic injuries. They cook and bake, they learn needlework and all go to school to learn to read and to write.

This month the Oromiya Social Service Bureau granted us the land next door to provide a worker's village too. As it is so remote our employees need housing. Soon we will be able to provide this for them.

We visited the local school 5 Kms from the village where eventually some of our women and certainly the children of the workers will attend. It would be great if we could also provide them with a well, children walk long distances carrying water to clean the classroom and the black board. We received the proposal from this school for the new classrooms and we are asking now for donations to help them. It would cost 20,000 USD to finish building two classrooms and then build four new ones and even build a well!

Internal telephone connections have been installed to help with communications. The adjacent land for a workers village is being fenced and then the houses will be remodelled and the workers who have been transferred from Addis Ababa can live there.

Sr. Beletech is doing a good job caring for the women out there and many feel that she is like their mother. With the extra load we have sent out nurse aides to help her.

Many guests ask if we couldn't build guesthouses for income generation, this is something we need to consider for the future as the residents would have purpose in living at Desta Mender, caring for guests, preparing food etc.

Outreach Centres

BahrDar

The head nurse there is very busy with teaching and caring for high risk mothers, since the Research data collection started we have had a large number of women coming to the centre asking for help. Dr. Andrew has been up several times to help these waiting patients. We realise the importance of having a permanent doctor in BahrDar, so after a few months Dr. Andrew and his wife will go there to live.

Mekelle

We have been able to identify a senior nurse in Mekelle for training as a coordinator. Sr. Behfta comes from Tigrai, her husband is being transferred to the University in Mekelle. Sr. Behfta is a senior nurse with 19 years experience. The building has started with the foundations laid.

Yirga Alem

Dr. Ambaye is still searching for a senior nurse to run the Yirga Alem Centre. Hopefully we will have someone soon. The architectural drawings needed some adjustments which have now been done and work on the building has begun.

The two other centres in Metu and Harrar will be planned for in 2006.

Community Involvement and Social Rehabilitation

The Addis Ababa Fistula Hospital is the community, women from remote villages communities from all over Ethiopia meet at the hospital with one thing in common and create yet another community, that of Injuries...

We are totally aware of the gaps in meeting the needs of our poor women, once they leave we have until now had little or no way of following them unless they returned to us here in Addis Ababa. Now we are moving out towards them. (See Research)

We look after some forty former fistula patients by providing rent for them around the streets of Addis Ababa. We cannot let them go hungry, others we are taking little by little for training for the outreach centres, eventually most will have been trained.



We see the value of having the nurse aides live in the community of the surrounding area instead of on the compound of the hospital as this creates dependency instead of independence.

The Fistula Community is nationwide, it is not limited to our surrounding area geographically, and therefore we are hoping that through the Research analysis we will be able to involve the nationwide community towards social mobilisation and rehabilitation for

women with childbirth injuries.

Conclusion

You have played a role in helping us move this centre forward from the 300 operations a year in 1974 to over 1,200 per year in 2004. From a clinical driven institution to a centre of worldwide renown, which also meets the social needs of it's injured and provides ongoing training from the illiterate (nurse aide) to the most learned (medical doctor). From the hidden mountains of Ethiopia to eyes of the world you have helped us take the message of these the most forgotten and undervalued victims of our world. Thank you!

Ruth C. Kennedy
Liaison Officer
Addis Ababa
1st April 2005