

Ethiopia. This work is led by Sister Ruth Kennedy, the Liaison Officer at the hospital, who previously was in charge of the Ethiopian Government's Safe Motherhood Programme.

Further expansion has taken place 'Desta Mender', 'Village of Joy', was built on land donated by the Ethiopian Government about 10 kilometres from the hospital. This village is used for long stay patients whose injuries prevent them from returning home.

Contemporaneously with the opening of Desta Mender, plans were announced for the building of 5 Outreach Centres (mini fistula hospitals), strategically placed around Ethiopia at Bahr Dar, Mekelle, Yirga Alem, Metu and Harrar. Addis Ababa is too far away for many patients, and this strategy would make the hospital's skills available to many more women. At the time of writing, Metu and Harrar were at the drawing board stage. Bahr Dar, Mekelle and Yirga Alem are fully operational.

Plans are now afoot for a Midwifery School to serve the Outreach Centres.

**Please try and help us in the task of raising funds to meet the considerable running costs of the hospital.**



**Dr Catherine Hamlin**

This charity has supported the Fistula Hospital for over 35 years. The philosophy has been to operate on a low cost basis. Until recently, the office was in our Honorary Treasurer's house. We had quite outgrown this facility, but we are now in an office in an industrial area with a very low cost and an all-inclusive rent. Our office is staffed by some of the trustees in an honorary capacity and by one nominally paid employee. In this way we ensure that a significant proportion of the money we raise is available directly for the purposes determined by the Fistula Hospital. In practical terms, we are able to purchase drugs, medical supplies and equipment that are not otherwise

obtainable from the government's medical stores in Addis Ababa. Our contribution is significant, and the hospital is totally dependent on us for these supplies. We always have at least £50,000 immediately available for immediate call from the Hospital.

**The Hamlins first came to Birmingham in 1967 On a fund-raising tour. Doctor Reginald Hamlin lectured at the University of Birmingham, which has a Medical School with an outstanding record as a Teaching Hospital.**

**The Charity was formed immediately after this visit to help support the wonderful healing work of the Hamlins.**

**This charity is the only UK charity which exclusively supports the work of the Addis Ababa Fistula Hospital. If you wish you can send a donation directly to the Treasurer. All donations will be individually acknowledged, and a copy of our current Newsletter will be enclosed with the acknowledgement**



Yirga Alem Centre whose annual running costs are met by this UK charity, in addition to our support for the main hospital's activities

#### **The trustees are:**

**John Kelly OBE FRCS FRCOG (Chairman), Brian Hancock MD FRCS, Clive Hewitt FCA (Honorary Treasurer), Betty Rose (Honorary Secretary), Jean Hadley, Phillipa Parkes BSc FCA, Malcolm Hewitt OBE MA (Oxon), Ginny Randle BA, Beverley Stewart B Sc, Rev Brian Taylor**



**Hamlin Fistula UK**  
(formerly Hamlin Churchill  
Childbirth Injuries Fund)  
UK Registered Charity No 257741

## **Addis Ababa Fistula Hospital**



The Hospital Entrance

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**Reginald and Catherine Hamlin** (nee Nicholson) began working as obstetricians and gynaecologists at the Princess Tsehai Hospital - the teaching hospital of the Addis Ababa Medical School in 1959.

They recognised the plight of women with obstetric fistulae and soon their success in treating such patients attracted increasing



**The main hospital ward**

numbers from all over Ethiopia. It became impossible to cope with the numbers so **the Hamlins built their own dedicated Fistula Hospital in 1975** from funds raised in Great Britain, America, Canada, Australia and New Zealand.

Obstetric fistulae are common in sub-Saharan Africa and other poor countries where good care in childbirth is not available. 5% of women in Ethiopia suffer from this horrible condition. If the labour becomes obstructed, the mother, if she is fortunate enough to survive, will deliver a stillborn baby, but the prolonged labour often wears a hole between the bladder and the vagina. **The outcome is lifelong misery due to a total and permanent incontinence, and deeply humiliating.** This can only be cured by skilled surgery.

It is now possible to see young women in a wretched state transformed to beautiful young women with a new start in life through the love and care of this hospital. It is one of the most moving experiences one could hope to see.

In Ethiopia the mountainous terrain makes transport difficult - 75% of the population live, on average 2½ days walk from an all-weather road. The statistics are frightening. There are few maternal medical services particularly in the countryside of this vast country. As a result almost **9,000 women each year** suffer this utter humiliation which leaves them as an outcast in their own society - because of the offensive nature of their injuries. **On average only 1,250 of these women manage to get to this**

**hospital.**

The patients are so desperate that they will make enormous journeys to reach the Fistula Hospital. With skilful surgery and nursing, the majority can be cured and return to their home to make a new start in life.

It is clear that the success of the Addis Ababa Fistula Hospital is due to its small efficient independent position. It provides the largest fistula repair service in the world. No patient is turned away, and all treatment is free.

The treatment is only possible because of the many generous donors throughout the world, in particular from donors in the



**A patient arriving with her brother. She has almost certainly been abandoned by her husband because of the offensive nature of her injuries**

**UK. The annual running costs now run in excess of a sterling equivalent of £500,000 a year.** This means that the cost of looking after the patient for their entire stay in the hospital, usually for a period of approximately 3 weeks comes to just £400 per patient!

**The hospital comprises one large 60 bedded and one small 12 bedded ward, an Operating Theatre, an Outpatients and Physiotherapy Departments and a Laboratory.** The Operating Room has a terrazzo floor and would compete for cleanliness with any in the world. **There are 4 operating tables. Where else in the world could one see 4 fistula operations being performed at once?**

In the grounds there are small hostels where patients can have treatment prior to surgery for malnutrition or infections, or just somewhere to live while they wait. All patients have access to clean water and good sanitation, which most do not have in their own homes. Without jeopardising patient care, maximum use is made of reusable materials.

An essential function is to train gynaecologists from Ethiopia and also from other countries where obstetric fistulas are endemic. All the post-graduates in Obstetrics and Gynaecology from the Medical School in Addis Ababa spend 2 months training at this hospital, and there is always a very long waiting list for those from other countries wanting training.

Dr Hamlin is in her '80s. Her husband, Reg died in 1993. A surgical team including Dr Mulu, Dr Ambaye, Dr Biruk, Dr Haile and Mr Andrew Browning MRCOG complete the team of qualified gynaecologists. Apart from fistula surgery undertaken at the hospital there are regular trips to other parts of Ethiopia and Africa to perform fistula surgery in local hospitals. There are capable senior nurses at the hospital, led by Sister Ejigayehu, the matron.

Much of the care at the Hospital is provided by former patients who have been trained to perform a variety of tasks, such as Autoclave Technicians, Theatre Assistants, Scrub Nurses, Ward and Outpatient Nurses. One former patient, Mamitu Gashe has become a skilful assistant surgeon and she shared in the honour bestowed on the Hamlins by the Royal College of Surgeons of England in recognition of the contribution made by such trained helpers. Not only have they achieved great skills, but they are an inspiration to new patients and possess the philosophy of the Hospital, which is to respect the dignity of every human, whatever their condition.

Prevention programmes are being developed, and important plans are in hand to increase awareness of this terrible affliction with a view to reducing the incidence among women in