When waiting is good.

Waiting.

We don’t like it; waiting in traffic, waiting for the weekend, waiting for a phone call or email. Waiting (we all agree) can be very annoying. Pregnant women, particularly, don’t enjoy waiting. Waiting for the birth of a baby when you are nine months pregnant is tedious, uncomfortable and often stressful.

In Ethiopia waiting for the birth of a baby is completely different to what we experience in technology and services–rich Australia.

Because of many factors almost a million babies are delivered at home each year in Ethiopia. Of course this is fine if all goes well with the last stages of pregnancy and labour but things can go wrong very quickly and it is then that a waiting room can become a life-saver.

Recently, in a move towards solving the problem of emergency deliveries, a ‘Zero Home Delivery’ plan has been implemented by the government and its partners. Central to this plan is the construction of waiting areas inside rural clinics. This means that pregnant women can arrive at the clinic days before their delivery and stay until they give birth, with professional assistance at hand in the event of an emergency.

Hamlin Fistula Ethiopia (HFE) has always been an early adopter of good new ideas, so as part of its prevention program, a high-quality maternity waiting area has been built inside the premises of Amrit Government Health Centre, a partner rural clinic under Bahirdar Hamlin Fistula Centre.

The waiting room can accommodate 10 pregnant women at a time and minimizes the rate of home delivery in the region by providing a full service for pregnant women living in remote villages. Women for whom transportation from their remote villages is a problem can now arrive days before their due date and wait in comfort, with the assurance of help if it is needed.

More and more, it is common to see small hut-like houses inside some rural government clinics made from local materials. But many of them are not particularly well–supplied. Often, they are poorly built, and lack furniture and resources. The Hamlin Maternity Waiting continued overleaf
Area at Amarit Clinic, on the other hand, is state-of-the-art. It has a wide-open rooms which are easy to clean, and are equipped with secure storage lockers. The rooms are nicely decorated, comfortably appointed and welcoming for women. This waiting room is a model for the rest of the nation.

“It is not just a waiting area, it is also an attraction for mothers to deliver at our clinic. It will definitely increase institutional delivery. Even before we started the service we saw the community’s reaction. Everyone loves it! Thank you Hamlin and those of you involved in supporting the project,” said Head of Amarit Clinic Mulugeta Buzyehu.

HFE officially handed over the waiting area in an inauguration ceremony held at the clinic, in the presence of government officials and HFE management team members on March 28, 2019.

Like most children in rural Ethiopia Tenaye Asmare had a hard childhood. She never attended school, but looked after her family’s animals and supported her mother at home. She lives in a remote rural village about 10 hours walking distance from a main road. Tenaye married as a teenager and moved in with her husband’s family.

She was happy in her marriage and became the mother of three daughters and three sons. In her community, having lots of children brings great respect to a family, so Tenaye was happy to conceive her seventh child. Tenaye’s six previous children were delivered at home without visiting any health facility. So she prepared herself for home delivery of the seventh one as well. But it got complicated. After three long days of labour at home and a difficult journey towards the closest government hospital, lying on a locally made stretcher, she finally delivered a stillborn baby. “I was in deep grief after losing my baby and then I realized that I had lost control over my urine and was incontinent. I felt ashamed, gave up and fell into double grief. I was living between life and death for about eight months with fistula. I even hid myself from my own family and led an isolated life,” she said.

Tenaye heard about Bahirdar Hamlin Fistula Centre from a relative and arrived there in the middle of January 2019 accompanied by her husband. She had several treatments which were completed in early March. Her first surgery successfully fixed the injury and left her totally dry. She could barely contain her excitement and gratitude when she said, “I didn’t expect I could get cured so quickly. But thanks to the doctor and all the staff I have now become a full woman again. As this is your daily routine (performing fistula surgery) you may not value what you have done to me like I do. It means a lot to me. You gave my life back free of charge, you have a special place in my life and I will always remember you throughout my life.”
From local girl to senior midwife

Sister Eyerus Debbe is originally from Merawi in North Ethiopia. It is a small rural town close to the Bahirdar Hamlin Fistula Centre.

Eyerus was an outstanding student, so on her graduation from high school she was granted a Hamlin midwifery scholarship and entered the Hamlin College of Midwives in 2012. She then successfully completed the four years intensive training at the college and graduated as one of the 5th round graduates of 2015. Her first job as a professional midwife took her back home, to a government rural clinic 20 kilometres away from her home town. She and another midwife from her class were able to begin work together.

"Before graduation I had attended close to 90 safe deliveries, managed lots of complications and grasped the necessary skills and knowledge through the college’s practical attachments. This helped me to adapt to my professional career quite easily. Now after three and half years' work experience at the clinic, my colleague (also Hamlin trained) and I are known as the best and most highly skilled midwives ever to work at the clinic. Everyone in the community knows us by our names! And this is made possible because of the quality training provided at the College", she said.

So far, Eyerus has attended over 600 deliveries at the clinic, some of which have been very complicated, and which could only have been managed at hospital level with the assistance of a highly skilled midwife. Now Eyerus and her colleague and friend are leading the midwifery service of Birakat Government Health Centre, one of the oldest Hamlin supported clinics under the supervision of the Bahirdar Hamlin Fistula Centre.

“Hamlin made me a highly respected professional midwife who is able to provide midwifery services in a quality and professional way. Thank you for making me competent,” she said.

Sister Eyerus, now 26 years old, has started her own family. She is the mother of two sons, aged two and four, both delivered naturally with the assistance of her colleague and friend, the other Hamlin midwife.
Fistula is just one of the terrible medical problems caused by a difficult or long labour. Pelvic Organ Prolapse (POP) is another. POP occurs when the womb protrudes from the body, often causing infection and incontinence. Hamlin Fistula Ethiopia (HFE) has now included treating prolapse cases as well as fistula.

Workinesh Simegn is about 60 years old. After her fourth child was born, some 30 ago, she suffered a pelvic organ prolapse. “I have lived 30 years of long, ashamed and traumatic life with this problem. I never thought it could be cured. Because of it I got divorced, left my children and gave up my life in the world to become a nun in the Ethiopian Orthodox church. An “Emahoy” is a woman who gives up married life, and is fully engaged in religious practices. Usually, much older women become Emahoys, but it has been almost my entire life until now”, Workinesh said.

Becoming a nun was the best way for Emahoy Workinesh to hide her health condition, and it meant that she could spend her time praying for a cure.

At the beginning of March, 2019, a two week long prolapse treatment campaign was held at Bahirdar Hamlin Fistula Centre in Bahirdar to celebrate International Women’s Day. For this campaign women with POP and obstetric fistula were identified from in and around the region. These 33 poor rural women, including Emahoy Workinesh, were screened for surgery and successfully received the treatment free of charge at the Bahirdar Hamlin Fistula Centre.

Dr. Fekade, the Medical Director said, “The government, particularly the Ministry of Health, prefers these campaigns to happen at Hamlin facilities rather than any others. The reason is we have shown the quality service we provide with our fully equipped facilities and most of all our experienced surgeons and medical teams.”

Asmere Bayu is at Ambesame Government Clinic, a Hamlin supported clinic under the Bahirdar outreach centre. She is there for her second pregnancy follow-up appointment. This is Asmere’s closest clinic where she delivered her first daughter three years ago.

Asmere has already benefited from the professional maternal health care services at the clinic, but this time she will receive even better treatment as well as a more accurate understanding of how her pregnancy is progressing. Until now ultrasound has only been available inside larger hospitals. It has been a challenge for rural clinics to provide accurate prenatal care which, in turn, is a challenge for eventual safe delivery. Hamlin Fistula Ethiopia, under its Prevention Program, is now pioneering an ultrasound service for pregnant women like Asmere inside its partner rural government clinics.

Sister Hirut, Midwife Mentor at Bahirdar Centre, drives to Ambesame where an eager Asmere awaits. “I never heard of or saw this in my life. This is my first time. The midwives told me it shows the actual movement of the fetus and accurately confirm its status and I said ok. And miraculously I saw my unborn baby moving inside and know it is in a good condition. I am so amazed!” said Asmere.

HFE has five portable and rechargeable ultrasound machines and has intensively trained all the Midwife Mentors at each of the five outreach centres. Mentors visit the participating clinics once a month. There is also a plan to train the deployed midwives on the use of the equipment and expand the service so it can be provided on a regular basis.

Sister Hirut said, “Now I can make the necessary preparations for each birth. This is a game changer project with a big demand, so we have to increase at least the visiting interval until it is made available at the clinics.”
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