



Conflict and fistula: A heart-breaking reality

Please note this story contains distressing information.

An often-untold story is the impact of civil conflict and violence on childbearing women.

The Tigrayan conflict of 2020-2022 left a large-scale humanitarian crisis in its wake. The violence led to more than 2.6 million people internally displaced and more than 97,000 refugees. As families fled their small farms, and humanitarian aid was blocked, famine and food insecurity skyrocketed. Mothers watched their children starve, as one third of Tigrayan children suffered acute malnutrition.

Women are vulnerable to the use of rape as a weapon of war, and nearly 1 in 10 women and girls were raped in the first 8 months of the war - mostly gang rape by soldiers.

These numbers are deemed to be highly underreported, as rural women are more likely to face social stigma around rape and less likely to access healthcare. Ninety percent of the sexually abused women were unable to receive health care as only 17% of health centres were open, mostly in urban areas. More than 70% of hospitals and maternity centres closed, leaving women without essential medical care during pregnancy and labour.

A worrying outcome of the conflict in Tigray is likely to be an increase in obstetric fistulas, as women faced sexual violence and closed maternity services. Sadly, this threat became a devastating reality for Genet*.

With the war raging around her, Genet was left to labour at home without a midwife. The nearby government maternity centre closed because of the danger. Genet's labour did not go well. Her baby

died, and she was left with an obstetric fistula injury, causing her urine to stream uncontrollably down her legs.

Three days after childbirth, Genet was raped by soldiers as she lay in her home trying to recover. The sexual trauma caused her fistula to worsen, and now she leaked faeces as well.

The ongoing conflict prevented her from seeking help. It wasn't until two and a half years later that she learned about the Hamlin Fistula Hospital in Mekelle from health professionals in her hometown. Genet cried as she recalled,

The past two years of the conflict were the most difficult time in my life. I had a very hard time. I and many women were raped, young people killed, and people displaced. A lot happened to me and my family. I still feel the pain when I think about it.

The compassionate and respectful care she has been given at Hamlin has helped begin restoring her hope and dignity again. Genet has dreams for her future.

I was relieved when I came here to Hamlin and saw other women like me. I felt hope I would be cured. When I am back home after being cured, I plan to open a small shop and live an independent life. I am excited by the services I am receiving here and would like to thank those who let me be treated free of charge. May God bless you. Thank you!

*This patient's name has been changed.

Challenging times in Tigray



We recently interviewed Hamlin Midwife Mentor, Bella, who updated us on the conditions faced by our Hamlin midwives in Tigray.

What is your name and role at Hamlin?

My name is Bella Tutakay. I am a midwife mentor at Hamlin Fistula Mekelle Hospital. I have been a midwife mentor there for the last six years.



How has the conflict affected you?

The conflict was difficult. Many Hamlin midwifery centres were disturbed and disrupted. We lost many essential drugs and medications, as well as midwives, so it was difficult.

Many mothers experienced obstetric fistulas because the midwifery centre was not actively providing maternal healthcare.

There was no birthing service, no health service. Almost all services were disrupted at that time. It was difficult.



The mentorship programme was stopped because of the conflict. There were no medical supplies and no health provider at the health centres. Most centres closed their activities.

It was difficult for me. I couldn't travel to the midwifery centres to mentor the midwives because of the conflict.

Tell us about why your work is important.

My work is mentoring Hamlin midwives and ultrasound scanning pregnant mothers at Hamlin midwifery centres. It is necessary. It is important for preventing obstetric fistula.

We join the midwives during community mobilisation, educating women to attend midwifery services, or to deliver at midwifery centres. This is necessary to prevent obstetric fistula and to prevent maternal death, because mothers are very necessary for households. It is very fundamental work in maternal and child health services.



How do you mentor with all these challenges?

I mentor with a friendly approach to transfer my skill and knowledge. I share together with the midwives of the Hamlin midwifery centres and go together to mobilise communities. Along with the health extension workers, we discuss and arrange programmes, and we travel to villages. There we give health education about the maternal health service and about obstetric fistula, about the pelvic organ prolapse, and other preventable disease. We work together with the midwives, the health centre staff, and other partners like tribal leaders and churches to improve maternal health and child health and to prevent obstetric fistula.



What does it mean for women in your area when there are no health clinics open?

If the midwifery centre was closed, it is difficult for the pregnant mothers because there are no skilled birth attendants to support them. So, the women are affected by obstetric fistula and other maternal complications - and death. Obstetric fistula was increasing at the time because of the closed clinics. So, it was difficult.



What would happen if the Hamlin midwives were not in the midwifery centre?

The Hamlin midwives are special midwives because they have good skills, good knowledge, and a good attitude to prevent obstetric fistula and give maternal health services. When the Hamlin midwives are not present at the partner midwifery centres, it's difficult to mentor. Hamlin midwives are better than any state or governmental midwives.

What does it mean for everyone who's living in this area of conflict?

Especially now, because of the conflict, it's difficult to live in remote locations because the Hamlin midwifery centres are not active at this time to support pregnant mothers - no laboratory, no essential medications. Even the midwives are displaced because of the conflict. So, now, for pregnant mothers living in remote areas, it's difficult. It aggravates communicable diseases, obstetric fistula, and related problems. It is difficult.



Why is it important to get funding to reopen the clinics?

The funding is important to reopen the clinics for the mother and child. Generally, maternal health activities are decreasing in the Tigray region, especially in Hamlin maternity centres, because of the conflict.



We need funding to reopen the clinics - to arrange the maternal health services, to prevent obstetric fistula, and to provide maternal and child health services, and prevent communicable and preventable diseases.

We need additional funds. We need double funding. As well as routine funding, we need double funding, because there are not any medications for maternal and child health services. There is no medical equipment.



If the midwifery centre was destroyed or distracted by the conflict, we need budget or funding to renovate the health centre systems - water systems, electrical systems, and other systems. We need funding.

As well as for the mentorship programme, we need funding. To mobilise the communities and raise awareness about obstetric fistula and skilled delivery at midwifery centres. We need funding.

Thank you, our New Zealand supporters. You are saving many lives of women living in the war affected regions.





Hamlin a Year in Snapshot

Treat

- 3,580** Surgeries for Obstetric Fistula, Pelvic Organ Prolapse and other gynaecological conditions.
- 96%** fistula closure rate - higher than anywhere in Africa.

Prevent

- 84** midwifery centres were supported by Hamlin.
- 27,660** births by Hamlin midwives.
- 3,437** labour complications safely managed or referred.

Equip

- 37,136** pregnant women received treatment to prevent transfer of HIV to their babies.
- 1,598** community education forums were taught by Hamlin midwives.
- 53** midwives studied in the Master of Science Clinical Midwifery programme.
- 225** women with childbirth injuries received vocational training.



The waiting room at Gorche midwifery centre is near completion!

Thanks to our amazing NZ supporters, women in this remote community will now be able to live near the Hamlin midwives until they can give birth safely. Amaseganelo New Zealand!