



## An Australian NGO: The Catherine Hamlin Fistula Foundation

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(retired Geography teacher)**

### NSW GEOGRAPHY SYLLABUS AND AUSTRALIAN CURRICULUM

#### STAGE 5

- Spatial variations in human wellbeing. (maternal and infant inequalities)
- Development between and within countries using selected indicators. (Global and local- scale Ethiopia and Australia)
- Consequences of spatial variations in human wellbeing. (gender inequalities)
- Issues affecting the development of places and their impact on human-wellbeing. (Ethiopia)
- Initiatives to improve human wellbeing in Australia and other countries. (Ethiopia)
- Initiatives by governments and non-government organisations to reduce spatial variations in human wellbeing. (Catherine Hamlin Fistula Foundation)
- Discussion of the role individuals play in improving human wellbeing. (citizenship)

#### STAGE 6

- Development Geography
- Access to health services
- Gender equity
- Well being

Human wellbeing: variations, gender inequality, global, national and local disparities in maternal and infant health.

Response of an Australian NGO to inequalities in development and human wellbeing for a sustainable future and toward the SDGs.

Geographical inquiry and skills: maps, Literacy, Numeracy, ICT, Critical and Creative Thinking, Visual literacy, Cartoon Analysis, Personal and Social Capability, and Ethical Understanding.

## Introduction



Established by Dr. Catherine Hamlin in 2012, the Catherine Hamlin Fistula Foundation is an Australian charity, raising funds to support the Catherine Hamlin Fistula Foundation in Ethiopia. It was established to eradicate obstetric fistula. It includes six hospitals, a rehabilitation centre, 48 rural clinics and a midwifery college in Ethiopia. The organisation is expanding the model of care into Uganda. Catherine was raised in Sydney and her husband, Reg., in New Zealand. Support from Australians has provided the majority of the Catherine Hamlin Fistula Ethiopia's funding over the past 60 years.

## The purpose

Catherine Hamlin Fistula Foundation has one purpose and one purpose only: realising Catherine's dream to eradicate fistula: forever! It is dedicated to restoring the health and dignity of women who have suffered horrendous childbirth injuries.

"These women have suffered more than any woman should be called upon to endure. To meet only one is to be profoundly moved and calls forth the utmost compassion that the human heart is capable of feeling."

*Dr. Catherine Hamlin AC*

## The African continent



Source: <https://www.google.com.au/maps/place/Addis+Ababa,+Ethiopia/@8.9724958,34.2906112,6z/data=!4m5!3m4!1s0x164b85cef5ab402d0x8467b6b037a24d49!8m2!3d8.9806034!4d38.7577605!5m1!1e4>

## Map showing the terrain of Ethiopia and location of Addis Ababa



Source: <https://www.google.com.au/maps/place/Africa/@8.8475918,6.2735568,2.98z/data=!4m5!3m4!1s0x10a06c0a948cf5d5:0x108270c99e90f0b3!8m2!3d-8.783195!4d34.508523>

## An introduction to the work of the Catherine Hamlin Fistula Foundation



Photo by Mary F Calvert. Image source: <https://hamlin.org.au/>

**A Walk to Beautiful** – <https://www.youtube.com/watch?v=TVx1NfKV0BM>

## ACTIVITY

View "A Walk to Beautiful". Hearing the stories of the three women in Ethiopia, Ayehu, Zewdie and Yenenesh, write a letter to a friend in Addis Ababa (the capital of Ethiopia) explaining how your life has changed and how you feel after discovering that you have an obstetric fistula.

# FEATURE ARTICLE: HUMAN WELLBEING

## What is an obstetric fistula?

An obstetric fistula is a hole between the birth canal and the bladder or rectum.

## How is it caused?

It is caused by an obstructed labour during childbirth, where a mother cannot access the health care that she needs. In a developed country a caesarean section would be performed. A hole, or a “fistula,” develops between a woman’s vagina and her bladder or rectum, when a baby’s head is constantly pushing against her pelvic bone during contractions.

## What are the consequences?

In rural Ethiopia, where women have little or no access to maternal healthcare, they will be in agonising labour for days if their birth is obstructed. Tragically 93% of obstetric fistula survivors lose their baby and suffer unimaginably horrific internal damage that leaves them leaking urine or faeces, and sometimes both. With little or no access to clean water, it is usually impossible for a woman suffering with an obstetric fistula to remain clean. Her clothes and shoes become soaked with urine, creating a horrible odour leaving a survivor ashamed and humiliated. Their family doesn’t want them. Their husband doesn’t want them. They are condemned to a life of isolation. They are shunned by their villages because of their foul smell and inability to bear more children. Skin infections, kidney disorders and even death can occur if a fistula is left untreated.

## Access to clean water is limited



Image source: <https://hamlin.org.au/>

## Fast facts about obstetric fistula from the ‘endfistula’ web site – <http://www.endfistula.org/what-fistula>

- Obstructed labor accounts for up to 6 percent of all maternal deaths.
- Fistula has virtually been eliminated in Europe and North America through improved obstetric care.

- Women in sub-Saharan Africa suffer almost twice as much illness from sexual and reproductive health causes than women in the whole world.
- At least two million women live with fistula in developing countries, with 50,000 to 100,000 new cases occurring each year. These figures are based only on the number of women who seek treatment.
- In areas with high maternal mortality, fistula may occur at a rate of two to three cases per 1,000 pregnancies.
- In developing countries only 40 per cent give birth in a hospital or health centre.
- An estimated 80 percent to 95 percent of vaginal fistula can be repaired with surgery.
- The average cost of fistula treatment, including surgery, post-operative care and rehabilitation support is A\$600, which is well beyond the reach of most women with the condition.
- However, after treatment former fistula patients can have a normal life again.
- Prevention is the key to ending fistula.

## ACTIVITY

Look at the visual presentation on facts of obstetric fistula on the WHO website and the youtube entitled “End the Shame” listed below. Access the ‘endfistula’ web site. Summarise this information from these sites and compile a poster or infographic to raise awareness of obstetric fistula. Display the infographics to raise awareness of obstetric fistula in your school.

End the Shame – <https://www.youtube.com/watch?v=OYdUyJGuSWg>

World Health Organisation – <http://www.who.int/news-room/facts-in-pictures/detail/10-facts-on-obstetric-fistula>  
endfistula – <http://www.endfistula.org/what-fistula>

## Fistula Camp helps women and girls in Sierra Leone regain their dignity



Image source: <https://hamlin.org.au/>

## The global distribution of obstetric fistula

Global Fistula map showing the distribution of fistula surgeries on a global scale



Source: [www.globalfistulamap.org](http://www.globalfistulamap.org).

### ACTIVITY

- From the 'Global Fistula Map' ([globalfistulamap.org](http://globalfistulamap.org)), describe the global distribution of fistula surgeries.
- Click on Fistula Care Facilities in the key then click on surgeries by country in the bar.
- How many of the 11 countries are in Africa?
- Label these countries on an outline map of Africa.
- Construct a pie graph, using Excel, to show the % of fistula surgeries in the 11 countries.
- Select Ethiopia on the fistula map and using the demographic layers in the key, describe and explain the occurrence of obstetric fistula in Ethiopia. (quote statistics).
- Locate the Hamlin Fistula hospitals by scrolling over the beige squares. Describe their distribution in Ethiopia. Where do you think another facility should be located?

## Barriers to the prevention of obstetric fistula

### Geography and isolation

Ethiopia is a mountainous country which renders access to health care facilities difficult from many parts of the country. Paved roads are rare. This isolation of ethnic groups has resulted in the preservation of cultural attitudes and practices. Information disseminates slowly, resulting in the rural population remaining both ignorant of health facilities and disempowered.

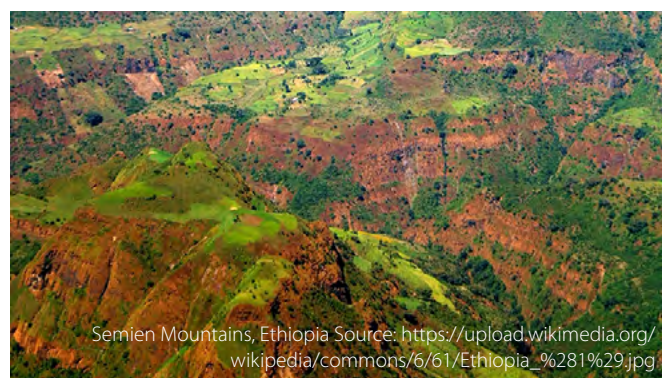
### The physical and human geography of Ethiopia



Image source: <https://hamlin.org.au/>

### ACTIVITY: Photograph interpretation

Download a photograph of rural Ethiopia and label the human and physical barriers to preventing obstetric fistula. (transport, infrastructure, tradition and topography)



Semien Mountains, Ethiopia Source: [https://upload.wikimedia.org/wikipedia/commons/6/61/Ethiopia\\_%281%29.jpg](https://upload.wikimedia.org/wikipedia/commons/6/61/Ethiopia_%281%29.jpg)

## Rural villages, Ethiopia



Image source: <https://hamlin.org.au/>

## Poverty

Poverty is a significant barrier to the eradication of obstetric fistula. Poverty leads to malnutrition which means that a female's pelvis does not develop properly. This makes it more likely that she will experience obstructed labour and that her child will die. Frequently women cannot afford the fare to a hospital or any medical charges. For this reason, the Catherine Hamlin Fistula Foundation provide all treatment and rehabilitation free of charge.

"Of particular concern to me is the plight of women and girls, who comprise the majority of the world's unhealthy, unschooled, unfed, and unpaid"

Hilary Clinton: Rafferty, November 2012

## ICT ACTIVITY

The correlation between gross domestic product, maternal mortality and obstetric fistulas.

Access the graph in the website below. Describe the changes in maternal mortality with poverty both globally and for Ethiopia. You can explore other indices.

## Bubble Graph: Maternal mortality and poverty



Source: [https://www.gapminder.org/tools/#\\$state\\$time\\$value=2013&delay:120&marker\\$axis\\_x\\$which=poverty\\_percent\\_people\\_below\\_320\\_a\\_da y&domainMin:null&domainMax:null&zoomedMin:null&zoomedMax:null& scaleType=linear&spaceRef:null&size\\$which=maternal\\_mortality\\_ratio\\_ per\\_100000\\_live\\_births&domainMin:null&domainMax:null&spaceRef:null&c hart-type=bubbles](https://www.gapminder.org/tools/#$state$time$value=2013&delay:120&marker$axis_x$which=poverty_percent_people_below_320_a_da y&domainMin:null&domainMax:null&zoomedMin:null&zoomedMax:null& scaleType=linear&spaceRef:null&size$which=maternal_mortality_ratio_ per_100000_live_births&domainMin:null&domainMax:null&spaceRef:null&c hart-type=bubbles)

## Access to health care and maternal mortality

From 1990 to 2015, the global maternal mortality ratio declined by 44%, from 385 deaths to 216 deaths per 100,000 live births, according to UN inter-agency estimates. This translates into an average annual rate of reduction of 2.3%. In spite of these gains, some 830 women still die every day from causes related to pregnancy or childbirth. For every woman who dies, there are 20 or 30 who encounter injuries, infections or disabilities. In 2015, an estimated 303,000 women died of causes related to pregnancy or childbirth.

## ACTIVITIES:

### GEOGRAPHICAL INQUIRY AND SKILLS

#### In groups

Using the information shown on the three maps in the websites below, describe the global patterns of infant mortality and maternal mortality. Using the time slide on the UNICEF maps, describe the changes.

Maps to show infant mortality and maternal mortality:

1. UNICEF – <https://data.unicef.org/topic/maternal-health/maternal-mortality/>
2. WHO – [http://gamapserver.who.int/gho/interactive\\_charts/mdg5\\_mm/atlas.html](http://gamapserver.who.int/gho/interactive_charts/mdg5_mm/atlas.html)
3. The World Bank – <http://data.worldbank.org/indicator/SP.DYN.IMRT.IN?view=map&year=2016>

#### Writing task

Access maps 4 and 5, given in the web sites below. With reference to all five global maps and the Global Fistula Map: locate Ethiopia; explain the correlations between GDP, maternal health mortality, infant mortality (per 1000), antenatal care and obstetric fistula. Present the information in a report, quoting statistics, to support the case for funding for the Catherine Hamlin Fistula Foundation.

1. UNICEF – <https://data.unicef.org/topic/maternal-health/antenatal-care/>
2. World Bank – <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?view=map&year=2014>

## A comparison between maternal health in Ethiopia and Australia.

### 1. Trends

Trends in estimates of maternal mortality ratio (MMR, maternal deaths per 100 000 live births) between 1990 and 2015, by country.

# FEATURE ARTICLE: HUMAN WELLBEING

Table shows maternal mortality ratio, 1990–2015

	1990	2000	2010	2015
Ethiopia	1250	990	420	353
Australia	7	9	6	6

Source: <http://data.unicef.org/maternal-health/maternal-mortality>

- Calculate the difference in the maternal mortality ratio between 1990 and 2015.
- Calculate the % change in mortality rate between 1990 and 2015 for Ethiopia. In what way is this a good news story?

## 2. Health indicators

Table of Health indicators

	Infant mortality ratio/ deaths per 1000 live births	Births attended by skilled health workers %	Adolescent birth rates per 1000 girls 15–19 years
Ethiopia	49.6	28	71
Australia	4.3	99	14

Source: <http://data.unicef.org/maternal-health/maternal-mortality>

- Calculate the difference in % of births attended by a skilled health worker in Ethiopia.
- Calculate the % of the infant mortality in Ethiopia.
- Suggest how this high number of adolescent birth rate might impact on the mothers.

### Inadequate health system

Inequity of health care is an underlying cause of maternal morbidity and childbirth injuries. There are few trained local health workers, which is the key to eliminating fistula. Surgeons in western countries usually don't have experience in treating fistula because the condition is so rare in the developed world. This means that the Catherine Hamlin Fistula Foundation Hospitals are important specialist training centres.

The World Health Organization (WHO) recommends a minimum of four antenatal care visits during a pregnancy. In regions with the highest rates of maternal mortality, such as sub-Saharan Africa and South Asia, only 52% and 46% (respectively) of women received the WHO number of recommended visits. (<https://data.unicef.org/topic/maternal-health/antenatal-care/>)

However, in Ethiopia, only 19% of women received four antenatal care visits in 2016. This is hardly surprising as there are only 156 hospitals in the country and most of these are in the urban areas!



[https://upload.wikimedia.org/wikipedia/commons/f/fd/Mother\\_and\\_Baby\\_at\\_a\\_Post-op\\_Visit\\_to\\_the\\_Fistula\\_Hospital\\_in\\_Arba\\_Minch\\_%289502371912%29.jpg](https://upload.wikimedia.org/wikipedia/commons/f/fd/Mother_and_Baby_at_a_Post-op_Visit_to_the_Fistula_Hospital_in_Arba_Minch_%289502371912%29.jpg)

For a population of over 100 million in Ethiopia, there are less than 200 obstetricians and 1,500 midwives. This compares to Australia with a population of 25 million with over 1,600 obstetricians and 36,000 midwives.

### A lack of funding

Fistula hospitals in developing countries generally have to rely on donations to run their operations.

### ACTIVITY

Explain why there is so little money for investment in health care in Ethiopia. Consider GDP, employment sectors, manufacturing production, exports, the likely tax income. Statistics may be found on <http://www.nationmaster.com>

### Education

The literacy rate for Ethiopia is 39%. For females it is 28.92%. Girls are often denied education as it is considered that they will marry young and have children. This reduces their economic opportunities and perpetuates the cycle of deprivation as these mothers are less likely to keep their own children in school. A lack of education denies girls the opportunity to develop their potential as healthy and productive citizens. Girls who leave school have worse health and economic outcomes than those who stay in school.

Barack Obama said that "I do believe that a woman who is denied an education is denied equality. And it is no coincidence that countries where women are well educated are far more likely to be prosperous"

Barack Obama, President of the USA, 4th June 2009  
Cairo, Egypt. Rafferty, (2012)

## Traditions and cultural influences

In some cultures, a woman's status is determined by her ability to provide a husband with multiple children. Often tradition results in girls having little control over their bodies.

### Lip plate women of the Mursi people, Ethiopia



Image source: <https://hamlin.org.au/>

## Child brides

Child brides are still common in developing countries with 30% of women married before the age of 18. Obstetric fistula can be largely avoided by delaying the age of first pregnancy. Child marriages are a serious violation of girls' human rights. It denies their right to health care, to education, to live in security and to choose when and whom they marry. The inequity of gender relations, where brothers and husbands make the majority of decisions, leaves the women disempowered about their own health. Complications from pregnancy and childbirth are the leading cause of death in adolescent girls. Many impoverished parents mistakenly believe that a marriage will offer care and protection for their daughter. Where the man's family pay a dowry then the girl may be sold for economic gain. Where the girl's parents pay the dowry the girl may be married as young as possible as the dowry is smaller.

In the Northern Tigray province of Ethiopia, the practice of child marriage is deep-rooted, with many people believing that girls should marry while they are young and "pure". This practice is linked to early pregnancy, internal childbirth injuries and death.

There are expressive photographs on the Guardian website. One of the photographs shows Gurdo Shenqut "Gurdo Shenqut, 14, lies in bed after giving birth to her first child in her mother's house in Addis Ge. Gurdo married at the age of 11 and was forced to give up school. Her husband is unable to look after her and the baby as he is too poor, so she is staying with her mother. She is scared of him because he beats her when he gets angry" <https://www.theguardian.com/global-development/gallery/2015/jun/19/ethiopia-early-marriage-girls-empowerment-unicef-in-pictures>

## ACTIVITY

### Photo literacy

View the photographs on the Guardian web site and summarise the impacts of being a child bride on the lives of the girls

### Cartoon analysis

In groups, analyse what the cartoon below is depicting. For a guide on how to do this refer to the article by Susan Bliss. [https://www.gtansw.org.au/files/geog\\_bulletin/2013/3\\_2013/09\\_GTA\\_Bulletin\\_3\\_2013\\_Cartoon\\_analysis.pdf](https://www.gtansw.org.au/files/geog_bulletin/2013/3_2013/09_GTA_Bulletin_3_2013_Cartoon_analysis.pdf)

### Cartoon by Reza Mokhtarjzani/USA



Cartoon source: <https://www.icorn.org/article/womens-rights-cartoons>

## Dr Catherine Hamlin, staff and patients at the Catherine Hamlin Fistula Hospital, Addis Ababa



Source: Wikimedia Commons. Photo: Lucy Horodny, AusAID

## The Catherine Hamlin Fistula Foundation story

Founded almost 60 years ago, by the pioneering Australian, Doctor Catherine Hamlin and her late husband Doctor Reg Hamlin. They met and married when they were both medical officers at Crown Street Women's Hospital in Sydney, Australia. Their adventurous spirit inspired them to accept a three-year contract with the Ethiopian Government to work as obstetrician-gynaecologists and set up a midwifery school in Addis Ababa. On the evening of their arrival in Ethiopia, a fellow gynaecologist told them, "The fistula patients will break your hearts."

Catherine said:

"We were touched and appalled by the sadness of our first fistula patient: a beautiful young woman in urine-soaked ragged clothes, sitting alone in our outpatients department away from the other waiting patients. We knew she was more in need than any of the others. And so we saw the first of many fistula sufferers."

The Hamlins had never seen an obstetric fistula case before and there was little or no treatment available in Ethiopia. They researched techniques, mostly developed in the USA and refined the surgical technique to repair obstetric fistula injuries, while continuing to treat a broad range of obstetric cases. Within the first three years, Reg and Catherine had operated on 300 fistula patients. As news of a cure spread, many more patients came seeking treatment. These pioneering doctors never left Ethiopia. They worked through military unrest, famine and a brutal

civil war, maintaining their commitment to the women of Ethiopia.

To cater for the demand, Catherine and Reg began fundraising and opened the Addis Ababa Fistula Hospital in 1974. Dr. Reg Hamlin worked at the hospital until he died in 1993. Catherine refused to leave and her work for obstetric fistula sufferers in Ethiopia has continued uninterrupted for more than half a century. There are now over 550 employees and approximately 55,000 women have been treated for obstetric fistula.

## Catherine Hamlin and nurses, Addis Ababa



Source: <https://hamlin.org.au/>

A timeline on the organisation's web site shows the early years in photographs. <https://hamlin.org.au/>

Patients frequently remain as employees at the hospital.

## Patients now employed in the hospital



Source: <https://hamlin.org.au/>

# FEATURE ARTICLE: HUMAN WELLBEING

Catherine has twice been nominated for the Nobel Peace Prize and has received numerous international awards and acknowledgements for her dedication and pioneering work. In 1998, Dr. Catherine Hamlin won the Rotary Award for World Understanding and Peace. The funds she received from this award were used to build the rehabilitation centre called Desta Mender. Dr. Catherine Hamlin was awarded the Companion of the Order of Australia in 1996, Australia's highest official honour. In 2017 Catherine was awarded the prestigious Ethiopian Good Person of the Year Award. In 2018 she was named the new Senior Australian of the year in NSW. One of the new Sydney ferries (2017) bears her name.

## Ferry bearing the name of Catherine Hamlin



Source: <https://hamlin.org.au/>

## Catherine treating a patient



Photo by Kate Geraghty. Source: <https://hamlin.org.au/>

## The Catherine Hamlin Fistula Foundation – Model of Care

"We do not treat just the hole in the bladder. We treat the whole patient with love and care, literacy and numeracy classes, a new dress and money to travel home."

Dr. Catherine Hamlin AC

Paramount, is a respect for patient and a commitment to provide complete and compassionate care. They treat, rehabilitate, prevent and empower. The key facets of this model of care are:

- physical repair
- physiotherapy
- nutrition
- counselling
- literacy and numeracy classes
- life skills for long-term patients who go to Desta Mender
- empowering the women and restoring dignity
- training midwives for rural deployment

## Treatment: restoring dignity

Patients coming to the hospitals receive a customised programme that includes nutrition, physiotherapy, counselling, treatment and rehabilitation.

The geography and the poverty in Ethiopia meant that many fistula sufferers could not access treatment. Five regional hospitals have been funded by international donors and have enabled the NGO to treat many more patients in the provinces. All six hospitals provide a safe birthing facility where former patients can return for a clean, safe caesarean section delivery free of charge.

## The location of the regional hospitals



<https://www.google.com.au/maps>

## Treating a patient



Photo by Mary F Calvert. Source: <https://hamlin.org.au/>

## Training specialist surgeons

Surgeons from around the world train at CHFF. Dr. Hamlin's pioneering surgical techniques have been recognised through the International Federation of Gynaecology and Obstetrics, the Global Health Council for best practices in Global Health, The Australian Medical Association, to name but a few.

In partnership with the International Federation of Gynaecology and Obstetrics (FIGO), Catherine Hamlin Fistula Foundation provides training in the Hamlin Model of Care particularly for surgeons from developing countries. This programme runs for six weeks, with two at the main Addis Ababa Fistula Hospital and four weeks in one of the Hamlin regional hospitals. On completion of the training the surgeons are certified as Fistula specialists and return home to practise. Mentoring by a FIGO accredited surgeon is ongoing. The final selection of surgeons for training is by the Catherine Hamlin Fistula Foundation.

The Catherine Hamlin Fistula Foundation joined forces in 2015 with Mekele University to create the Urogynaecology Fellowship Programme. It is a three year teaching programme to provide professionals with a comprehensive and multidisciplinary understanding of pelvic floor disorders. This is the first of its kind to establish an educational programme involving collaboration between a charity clinical services organisation and a government funded medical teaching institution. Three Hamlin Fistula Foundation members are currently completing the Fellowship programme.

## Rehabilitation: isolation to independence

Beyond the physical mending of scars and injury, Hamlin Fistula Ethiopia provides rehabilitation programs at Desta Mender, a farm and training centre established in 2002.

### Desta Mender Rehabilitation Centre

Desta Mender means "Joy Village" and is where longer term patients live for a period of time. Here, recovering fistula sufferers, and the 5% whose fistulas cannot be repaired, are supported to regain their physical and mental health and are empowered to reintegrate back into their community with dignity and choices. These patients receive training in vocational and life skills, such as childcare qualifications or hospitality training in the Juniper Cafe.

### Desta Mender Rehabilitation Centre



Photo by Joni Kabana. Source: <https://hamlin.org.au/>

With the help of start-up grants facilitated by Hamlin, some women, like Fetenech, have gone on to establish their own businesses.

### Desta Mender training farm



Photo by Mary F Calvert.. Source: <https://hamlin.org.au/>

# FEATURE ARTICLE: HUMAN WELLBEING

## Fetenech has a smile that beams



Photo by Mary F Calvert. Source: <https://hamlin.org.au/>

Fetenech has her own coffee house, which has prospered since she started it three years ago. But her future wasn't always so bright. In her teens, Fetenech had complications giving birth. She suffered unimaginably for three days with an obstructed labour before her baby was stillborn and she was left with a double fistula which caused her to become incontinent of both urine and faeces. It was an embarrassing, uncomfortable and isolating condition that she suffered for seven years. For Fetenech, the turning point came when she was referred to Hamlin's Addis Ababa Fistula Hospital. Her condition was successfully treated. As part of her rehabilitation, Fetenech received business skills training and support to establish a coffee house. Today, no longer living in the shadow of her injuries, Fetenech and her coffee house are thriving.

"I am born again and want to focus on my bright future ahead"

Fetenech

## Fetenech's coffee house



Photo by Mary F Calvert. Source: <https://hamlin.org.au/>

## Meet Asrebeb

Asrebeb had been lying in a dark hut, suffering from obstetric fistula for six years. Tragically she had given birth to a stillborn child and was leaking both urine and faeces. Fortunately a health worker heard about her and took her to the Hamlin Bahir Dar Fistula Hospital. When she arrived she was malnourished, unable to walk due to severe muscle contractures and in terrible pain.

## Asrebeb in 2009



Source: <https://hamlin.org.au/>

Dr. Hamlin's team began with nourishment, physiotherapy for her legs and eventually surgeons were able to correct her continence. Today Asrebeb is a different woman. She can walk again and is healthy, clean and well loved.

## Asrebeb (left) in 2015



Source: <https://hamlin.org.au/>

## Caesarean deliveries

Only about 25% of patients go on to have another baby. For those that are able, they are told to come back to the hospital for a caesarean delivery.

## Mother and baby after a caesarean delivery



Photo by Mary F Calvert. Source: <https://hamlin.org.au/>

## Prevention: training local midwives

Dr. Catherine Hamlin's fight to eradicate fistula has seen her lead a program of prevention throughout Ethiopia. The Catherine Hamlin College of Midwives was founded in 2007 and recruits students from rural areas, puts them through a rigorous four-year degree in Midwifery, and deploys them back to their villages where their skills are needed. The college curriculum meets the stringent standards of the International Confederation of Midwifery, including the precondition that students conduct at least 40 deliveries before they graduate. Each student is on a full Catherine Hamlin Fistula Foundation scholarship. Since 2007, 125 Hamlin midwives have graduated from the college.

This is a cornerstone of Catherine's vision, ensuring that women in Ethiopia have access to quality health care to prevent fistula injuries in the first place.

## A Catherine Hamlin Foundation College of Midwifery graduate, 2017



Photo by Joni Kabana. Source: <https://hamlin.org.au/>

## Hamlin Midwifery Clinics

The downstream effects of a midwife are remarkable. Qualified Hamlin midwives are working in over 48 rural Hamlin health clinics. When a Hamlin midwife arrives, new cases of fistula drop to almost zero in nearby villages. Hamlin midwives delivered over 22,500 babies in 2017 and not a single fistula occurred. Hamlin midwives also prevented hundreds of maternal and neonatal births. The importance of these midwives cannot be over emphasised. Once the midwife has fulfilled her obligations she may work in a higher education institute as a lecturer.

## Trained midwives making a difference to maternal health



Photo by Mary F Calvert. Source: <https://hamlin.org.au/>

## Extending the Hamlin Model of Care to Uganda

Uganda has been chosen as the new frontier for Catherine's vision. The Foundation is still committed to working in Ethiopia but a significant need has been identified in Uganda. There are up to an estimated 200,000 women suffering from obstetric fistula and 1,900 new cases occur each year. The Catherine Hamlin Fistula Foundation will work in partnership with Terrewode, a local community based organisation. Together a 30 bed hospital and 30 bed recovery facility will be built, as well as support services such as physiotherapy and pharmacy, kitchen, laundry and staff accommodation. The centre will be located at Soroti, a remote Ugandan town approximately 300km east of the capital Kampala.

## Gender equality and human rights in Ethiopia

### Sustainable development

In 2015 the UN announced the 2030 Agenda for Sustainable Development. This consists of 17 sustainable development goals which seek to build on the Millennium Development Goals (MDG). The Sustainable Development Goal 5 (SDG) specifically addresses gender equality. This issue also cuts across at least five other SDGs. Gender equality is at the very heart of human rights and United Nations values. There is increasing evidence that adherence to human rights contributes to health. Only 52% of women married or in a union, freely make their own decisions about sexual relations, contraceptive use and health care. Making motherhood safer is a human rights imperative. Gender equality is a necessary foundation for a peaceful, prosperous and sustainable world. <https://www.un.org/sustainabledevelopment/gender-equality/>

Ethiopia suffers from some of lowest gender equality performance indicators in sub-Saharan Africa. While remarkable progress has been made in several of the Millennium Development Goals (MDGs), it is lagging behind in MDG 3. The Global Gender Gap report 2010 ranks Ethiopia at 121 out of 134 countries in terms of the magnitude and scope of gender disparities.

Women and girls in Ethiopia are strongly disadvantaged compared to boys and men in several areas, including literacy, health, livelihoods and basic human rights. Only 6% of rural women have access to credit and 1% have vocational training skills. While there is general political will and commitment to address gender inequality, there has been limited capacity to fund and implement community-based interventions targeting vulnerable women. [http://www.unwomen.org/mdgf/B/Ethiopia\\_B.html](http://www.unwomen.org/mdgf/B/Ethiopia_B.html)

### How is the Catherine Hamlin Fistula Foundation empowering women and reducing gender inequalities?

Under Dr. Catherine Hamlin's leadership, the treatment of women suffering with an obstetric fistula is focused not only on repairing the injury, but also on restoring dignity. For the women of Ethiopia who have been shunned and humiliated, the Hamlin Model of Care is a critical aspect of building self belief, harnessing inner strength and empowering these women to live independently. The vocational training, life skills and access to micro finance play an essential role in raising gender equality, especially in the rural areas.



Photo by Mary F Calvert. Source: <https://hamlin.org.au/>

### The Hamlin Fair Trade Shop

#### What's the philosophy behind the retail story?

The Hamlin shop is focused on empowerment. It pays a fair price for products produced at a fair wage by African artisans. When customers buy a candle or a coffee mug, they are helping to lift a person, a family, and a community out of poverty. Hamlin is very proud to say that it is creating jobs in Ghana, Kenya, Ethiopia, Tanzania, Swaziland, Uganda, Burkino Faso and South Africa. There is a big win-win. All the profits are passed directly to the Hamlin Fistula Foundation. The Hamlin Shop relies on volunteers to meet and greet customers, pack online orders, and include a handwritten note with every parcel. They also go out into the community and speak about our work in Ethiopia and Uganda.

#### Patients knitting scarves at Desta Mender to be sold at the shop



Source: <https://hamlin.org.au/>

# FEATURE ARTICLE: HUMAN WELLBEING

The Fair trade movement is growing, and the Hamlin NGO Shop is growing with it. The ethical products provide opportunities for conversations and advocacy <https://store.hamlin.org.au/blogs/journal/five> <https://store.hamlin.org.au/blogs/journal>

## Bullets to Beads

Entoto Artisans' **"Bullets to Beads"** fair trade jewellery is sold in the shop. This is a particularly interesting story <https://store.hamlin.org.au/blogs/journal/entoto>

## How have they come from rural Ethiopia to The Hamlin shop?

In northern Ethiopia farmers collect artillery shells, left behind after decades of civil war. The local people use traditional methods to melt down the casings and rework the metal into delicate discs and beads. These are sent to workshop at Mt. Entoto on the outskirts of Addis Ababa. Here, an enterprising women's collective create jewellery in the Bullets to Beads range. Entoto Artisan is a fair trade business employing more than one hundred local women living with HIV/AIDS. Inspired by traditional Ethiopian designs and natural motifs, these creative women recycle not only the copper and brass beads from the artillery casings but also reuse Ethiopian leather and hammered silver to create unique jewellery and stylish handbags.

Entoto's artisans are paid a fair wage, lifting them from the poverty associated with their harshly stigmatised condition. The organisation funds healthcare and after-school tutoring programmes, also helping put personal saving mechanisms into place. Many workers are single parents and have come to Entoto from difficult circumstances, previously only able to make a living by begging or hard labour. Now they work in a safe environment, treated with dignity and respect.

## Bullets to Beads

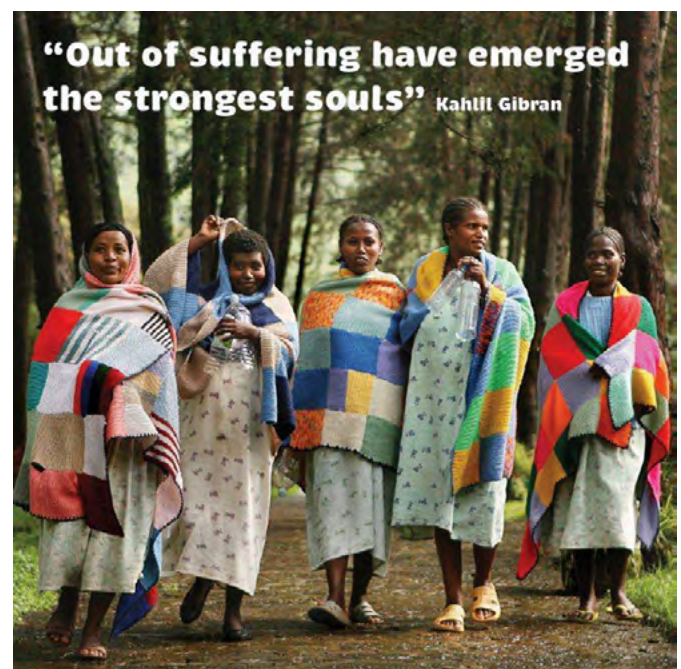


Source: <https://store.hamlin.org.au/blogs/journal>

## Conclusion

Catherine and Reg Hamlin have dramatically transformed the maternal landscape for Ethiopian women. After Reg's death in 1993, Catherine was determined to continue with the work. Catherine has pioneered the way in providing complete treatment for women suffering with a fistula. She has developed the Hamlin Model of Care which is practised in six hospitals, she has established a School of Midwifery and is extending obstetric fistula care into Uganda. At 94 Catherine lives in the grounds of the hospital in Addis Ababa.

## Dignity restored



Source: <https://hamlin.org.au/>

"Dr Hamlin stands as a source of courage, support and inspiration to all of us."

Dame Quentin Bryce

Dame Quentin Bryce met with the hospital's patients during her 2009 Africa Tour



Source: [https://commons.wikimedia.org/wiki/File:GOVERNOR\\_GENERAL\\_AUSTRALIA\\_AFRICA\\_TOUR\\_\(10698465786\).jpg](https://commons.wikimedia.org/wiki/File:GOVERNOR_GENERAL_AUSTRALIA_AFRICA_TOUR_(10698465786).jpg)

# FEATURE ARTICLE: HUMAN WELLBEING

## ACTIVITIES: ACTIVE CITIZENSHIP

- Design a digital brochure or poster to promote the Hamlin Fistula Foundation fair trade shop. You should include the rationale, an explanation of how at least one product meets the fair trade criteria and a few examples of the merchandise.
- Devise an advertising campaign and organise a fundraiser for the foundation (mufti, morning tea cake stall, who has got talent, parent/ student dinner etc).
- Imagine that you have been given \$300 to buy Christmas presents in the Hamlin shop. What would you choose, for whom and why?
- Conduct a class discussion on the purpose of fundraising to both raise funds and to create an opportunity for advocacy.
- Write a report for an Australian newspaper to highlight the maternal health situation for women in labour in rural Ethiopia.
- Write a speech to be presented to your local MP advocating for more government aid to be directed to maternal health in Ethiopia.

## ACTIVITIES

### Group work

Make an iMovie of a role-play to promote the need for Hamlin Fistula Ethiopia. Include the mother, villagers, bus driver and hospital staff. The movie is to be played to an Australian audience. Include relevant statistics.

Compile a PowerPoint presentation to evaluate the work of the Catherine Hamlin Fistula Foundation. Your presentation should include statistics.

In groups of four, create a game to show the need for better maternal and infant care in Ethiopia and to demonstrate the work of the NGO Hamlin Fistula Foundation in Ethiopia. (it can be based on a known game or your own).

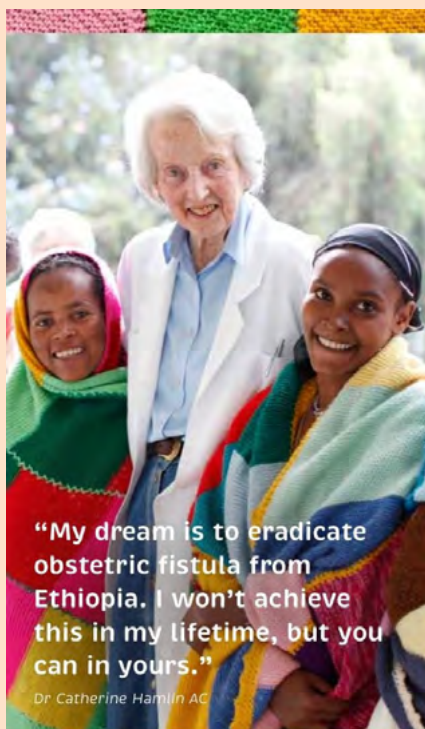
### Class discussion

Conduct a class discussion on the purpose of fundraising to both raise funds and to create an opportunity for advocacy.

Class discussion on the extent to which Hamlin Fistula Foundation is working towards achieving the SDG 5

### Class debate

"Australia should increase aid spending in Africa"



**"My dream is to eradicate obstetric fistula from Ethiopia. I won't achieve this in my lifetime, but you can in yours."**

Dr Catherine Hamlin AC

**Catherine Hamlin  
Fistula Foundation**



## Guest speakers to schools

**A CHFF representative is available for public speaking opportunity in schools, tertiary facilities, teachers' conferences and community settings.**

### Contacts:

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Catherine Hamlin Fistula Foundation HQ  
Locked Bag 20 Pyrmont NSW 2009  
The Hamlin Shop: 1396 Pacific Highway Turramurra NSW 2074  
Telephone: 02 9440 7001

## References

### Books

- Golden, J. (2017) *Crown Street Women's Hospital 1893–1983*. Allen & Unwin
- Hamlin, C. & Little, J. (2015) *Hospital by the River*. Pan-Macmillan Australia (2nd ed.)
- Little, J. (2010) Catherine's Gift. Pan-Macmillan Australia

### Websites

- Anti-natal care – <https://data.unicef.org/topic/maternal-health/antenatal-care/>
- Bliss, S. Cartoon analysis – [https://www.gtansw.org.au/files/geog\\_bulletin/2013/3\\_2013/09\\_GTA\\_Bulletin\\_3\\_2013\\_Cartoon\\_analysis.pdf](https://www.gtansw.org.au/files/geog_bulletin/2013/3_2013/09_GTA_Bulletin_3_2013_Cartoon_analysis.pdf)
- Catherine Hamlin Fistula Foundation – <http://hamlin.org.au/>
- Catherine Hamlin Fistula Foundation shop – <https://store.hamlin.org.au/blogs/journal>
- Child marriage – <https://esaro.unfpa.org/en/topics/child-marriage>
- Chinese influence in Ethiopia – <https://www.bloomberg.com/news/features/2018-03-02/china-is-turning-ethiopia-into-a-giant-fast-fashion-factory>
- CIA World fact book – <https://www.cia.gov/library/publications/the-world-factbook/>
- Ethiopia: Advancing gender equality – [http://www.unwomen.org/mdgf/B/Ethiopia\\_B.html](http://www.unwomen.org/mdgf/B/Ethiopia_B.html)
- Ethiopia-child marriage – <https://www.unfpa.org/news/ethiopian-women-and-girls-see-remarkable-results-ending-child-marriage>
- Ethiopia-early marriage – <https://www.theguardian.com/global-development/gallery/2015/jun/19/ethiopia-early-marriage-girls-empowerment-unicef-in-pictures>
- Ethiopia- ending solitary bush births – <https://www.unfpa.org/news/cursed-no-more-women-western-ethiopia-reject-childbirth-alone-bush>
- Ethiopian literacy rates – <https://countryeconomy.com/demography/literacy-rate/ethiopia>
- Facts on obstetric fistula – [http://www.who.int/features/factfiles/obstetric\\_fistula/en/](http://www.who.int/features/factfiles/obstetric_fistula/en/)
- Facts on obstetric fistula – <http://www.who.int/news-room/facts-in-pictures/detail/10-facts-on-obstetric-fistula>
- Fair-trade – <http://www.fairtrade.com.au/What-is-Fairtrade>
- Maternal health – <https://www.unfpa.org/maternal-health>
- Maternal mortality – <http://data.unicef.org/maternal-health/maternal-mortality>
- Maternal mortality – <https://ourworldindata.org/maternal-mortality>
- National indicators – <http://www.nationmaster.com>
- Obstetric fistula – <https://www.ics.org/committees/developingworld/publicawareness/obstetricfistulaanintroduction>
- Obstetric fistula – <http://www.endfistula.org/what-fistula>

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Reza Mokhtarjovani/USA., Cartoon – <https://www.icorn.org/article/womens-rights-cartoons>

UNFPA – <https://www.unfpa.org/data/world-population-dashboard>

### Gender equality and sustainability

- End fistula – <http://www.endfistula.org/>
- End obstetric fistula – <https://www.unfpa.org/resources/intensifying-efforts-end-obstetric-fistula>
- Gender equality – <https://www.un.org/sustainabledevelopment/gender-equality/>
- Gender equality – <http://www.who.int/gender-equity-rights/news/tile4a.jpg?ua=1>
- Human rights for mothers and children – <https://www.ohchr.org/EN/Issues/Women/WRGS/Pages/MaternalAndChildHealth.aspx>
- Obstetric fistula and Inequities in maternal care – <https://slideplayer.com/slide/7029610/>
- Sustainable development – <https://sustainabledevelopment.un.org/post2015/transformingourworld>
- Sustainable development, Ethiopia – [http://www.unwomen.org/mdgf/B/Ethiopia\\_B.html](http://www.unwomen.org/mdgf/B/Ethiopia_B.html)

### Maps

- Global need map – <https://www.unfpa.org/data/total-need>
- Births attended by skilled health workers – <https://data.worldbank.org/indicator/SH.STA.BRTC.ZS?view=map>
- Map on maternal mortality – <http://data.worldbank.org/indicator/SP.DYN.IMRT.IN?view=map&year=2016>
- Map on infant mortality – <https://data.unicef.org/topic/maternal-health/maternal-mortality/> Map on antenatal care <https://data.unicef.org/topic/maternal-health/antenatal-care/>
- Map on global GDP – <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?view=map&year=2014>
- Maps – <https://www.google.com.au/maps/>

### Graphs

- Development – [http://gamapserver.who.int/gho/interactive\\_charts/mdg5\\_mm/atlas.html](http://gamapserver.who.int/gho/interactive_charts/mdg5_mm/atlas.html)
- Ethiopia poverty – <https://www.gapminder.org/tools>

### Youtube

- A walk to beautiful – <https://www.youtube.com/watch?v=TVx1NfKV0BM>
- End the sham – <https://www.unfpa.org/obstetric-fistula>
- Ethiopia-girl power – <https://www.theguardian.com/global-development/video/2018/mar/05/never-retreat-all-female-band-yegna-bring-girl-power-to-ethiopia-video>
- Improving child mortality – <https://www.youtube.com/watch?v=ZGK3qYd8-hc>

### Education resources weblink

- There is a link to resources on the Catherine Hamlin Fistula Foundation found at [www.hamlin.org.au](http://www.hamlin.org.au)