

# Good Practices

FIGHT, PREVENT & CURE FISTULA  
In Amhara Region



Story-Telling



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## FOREWORD

One of DSW's longest interventions is a project called "Fight Fistula" thematically covers numerous rural areas (districts) in part of the Amhara region for well over ten-years. Because of its longevity in implementation, this project had to undergo through several phases. Due to our key thematic focuses, we expend and devote resources in the efforts of addressing fistula.

Preventing early marriage and linking the referral services for institutional delivery were our core thematic activities. We also offer an ambulance to transport fistula patients to the referral medical institution and the reintegration part includes by supporting fistula treated women with income generation. Capacity building is another key activity DSW instruments as part of the efforts to fight fistula.

Both the direct beneficiaries at the girls' clubs level and healthcare providers from health centers were recipients of relevant trainings. Club management and entrepreneurial skills commonly offered for the leaders of girls' clubs, which include girls and women who got treated from fistula. To enhance the ability of healthcare providers for preliminarily screening of fistula related cases and attendance of delivery where episiotomy procedures are required, trainings were offered. As a result, we observe that where DSW supported healthcare providers with these particular trainings, there haven't been reports about fistula cases caused by during the forceps delivery.

Based on the assessment in an in-house capacity, we identify the lessons and promising practices worth replicating further.

Once the key activities leading to the worthy practices determined, we deploy our team to the field for capturing the key activities in the form of interviews, group discussion and observations. Accordingly so, a team of our staff members camped out in the fields over the recent past in selected woredas of the Amhara region for documenting the good practices.

Testimonies from key stakeholders, including the direct beneficiaries and other implementing partners particularly from the government sector were recorded. The format of our good practices incorporates several storytelling, success stories and anecdotes as well as lessons learned from the practices.

We thank our partners who support the efforts of fighting fistula throughout the implementation period. On behalf of DSW Ethiopia, my gratitude goes to the leaders of the girls' clubs, Bahir Dar Hamlin Fistula Hospital, health extension workers and other healthcare providers. I would also like to extend appreciation to relevant government stakeholders in the Amhara region particularly including those of the regional health and women & children bureaus for being with us and help implement this project.

Thanks,

# WHO WE ARE

Deutsche Stiftung Weltbevölkerung (DSW) is a global development organization that focuses on the needs and potential of the largest youth generation in history. We are committed to creating demand for and access to health information, services, supplies, and economic empowerment for youth. We achieve this by engaging in advocacy, capacity development, and reproductive health initiatives, so that young people are empowered to lead healthy and self-determined lives. With our headquarters in Hannover, Germany, DSW operates two liaison offices in Berlin and Brussels, as well as maintaining a strong presence in Ethiopia, Kenya, Tanzania, and Uganda. Established and officially registered in 2000, DSW Ethiopia was the first to go operational among the three other DSW country offices in Africa. In the course of the past twenty years, the country office in Ethiopia has been able to diversify the intervention of its thematic focuses by integrating nutrition programs with SRH issues. Its target demographic groups further extended to benefit working youth in industrial parks, flower farms and micro and small enterprises.

## 14 Intervention Areas

### EAST GOJAM ZONE

Jabir Tehinan  
Sekela  
Quarit  
Dega Damot

### WEST GOJAM ZONE

Enebe Sar Midir  
Shebel Berenta  
Dejen  
Enarge Enawuga  
Goncha Siso Enesie  
Huleteju Enesie  
Enemay

### AWI ZONE

Guagusa Shikudad  
Dangla zuria  
Banja Woredas

## Target Beneficiaries

- Women & Young people
- Community members
- Religious leaders
- Health Extension Workers (HEWs)
- Women Health Development Army (WHDA)
- Girls clubs, and other local structures
- Government Stakeholders







*Ambulance is stand by to transport fistula patients to and from the health facilities.*

## DOCUMENTING GOOD PRACTICES

Our good practice document is both publishable in print and electronic whose materials drawn from direct interviews from beneficiaries, interactive discussion with stakeholders, involving community members as well as including the first-stop observation made during the field visits. The published format of the good practice document is designed in a magazine style. It contains testimonies, stories, anecdotes and key figures and facts from the reports. There are some important findings taken from the end line evaluation and used in the document. This document is mainly designed to reach out donors who financed the project as well as other stakeholders who might need to replicate the good practices.

## INSTITUTIONAL DELIVERY AT HEALTH CENTER

In a tropical East, the morning sun often offers plenty shines and warms. Whether in a rainy or summer time, the sun doesn't shy-off to shine in Ethiopia. At 9:30 A.M, on Monday, April 19 2021, the Gisa Health Center was packed with visitors basking in the mild morning shine while waiting for the healthcare providers to admit them in one at a time. A barefooted woman in her early fifties who an hour so ago saw off her full-term pregnant daughter to be attended for child delivery who abruptly took notice of an incoming DSW's four-wheel drive vehicle on which a team of three staff members boarded. She stumbled and aimlessly moving around in panic holding her head. As her husband and others trying to calm and comfort the woman, we approached them and inquired what was going on. To make the long story short, that woman mistook DSW's vehicle for an ambulance that would probably transport her pregnant daughter who was in labor to a referral hospital. She thought her daughter's labor might have been complicated for which she would be referred to. DSW's vehicle is reputed for its flagship service of transporting fistula patients who are referred to Bahir Dar Hamlin Fistula Hospital. The worried mother wouldn't be calmed without being ushered through the delivery room in which she took a good glimpse of her new born granddaughter. We accompanied the worried mother into the corridor leading to the entrance of the delivery wards. As her worrisome mood settles and everything goes calms, we congratulate the family members and the new born child before departing for our business.



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**Leaders of girls clubs were trained at DSW's training center on Club-Management, Leadership & Community Mobilization related to fistula prevention. Each club represented by 2 participants.**



Yeshitila Biresaw Kassahun,  
Chairperson of Girls' Club

## BEING HUMAN IS ENOUGH TO BE HELPFUL

Supported by DSW, our FF club maintains fifteen members. On a quarterly basis, we review our activities as we receive the budgets from DSW within the same time intervals. Much as the stakes high for DSW, the Women, Children and Youth Office (WCYO) and the Health Office (HO) in Gisa woreda are the key stakeholders working with us in partners. Both of these local government offices collaborated with us and facilitated an office from which our club operates. We also work with health development army (HDA), a grassroots change agents who operate the outreach services from house-to-house. Accompanied with HDA, our club leaders trek through villages where we set up a coffee ceremony and engage family members in different groups and discuss about fistula issues and cases. Our outreach campaign efforts to fight fistula most commonly cover open market places, churches and schools. For more accurate information, the behavioral change communication materials prepared by DSW are often used and disseminated among youth and other community members. The topics mostly address specific fistula issues and related sexual and reproductive health subjects. Our partners such as health extension workers (HEWs), health development army, members of the law enforcement institutions, courts and police are included are helpful. They are helpful to identify and prevent harmful traditional practices, which are restricted by laws.

## TIP-OFF

Rumors about possible early marriage arrangements run around and tipped-off over through any of the change agents. Villages about which we receive advanced information on suspected early marriage practices would be the target to be reached out. We travel by foot and ride part of the trek on horseback. We approach the specific households in questions and discuss the matter of our concerns. When and if proved, there would be early marriage arrangements, which usually do happen to be the case; our contacts at the police department along with women, children and youth office would accompany us in the latter trip to foil the planned early marriage programs. There are cases by which some being held accountable in the court system for breaching the family law that forbids the practices.

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## CHALLENGES

Usually, going through the villages should happen before and after the rainy seasons during which streams overflowed and make way in and out of the villages remain impassable.

## MISLEADING INFO

Once a suspected fistula case is identified, it sometimes becomes a challenge to convince patients and their family members for the services due to the misleading information rooted in the community. Signboards are also factors affecting efforts to fight fistula. For instance, if photos of individual change champions being used on billboards or appeared on signboards installed in the particular areas where the individuals happen to be familiar or known to the community, they might be the subject of rumors for being fistula patients. After some fistula patients received treatments and being repaired they might experience weight losses and upon their return home, these physical changes give for certain members of the community to mill rumors that being treated from fistula as if it would cause one being underweight.

## CHANGES

A growing population in rural communities understands that harmful traditional practices are unacceptable ones worth fighting against. More and more parents would like to see their daughters go to school rather than being married off in their teens. Treated fistula cases underpin efforts to fight against fistula. Community members are alarmed by the menace of fistula and become involved in prevention efforts and identifying suspected fistula cases.

## FF Club

We benefit from 10,000 birr reward from DSW for being best performing FF club. The amount, which recently was rewarded by DSW on behalf of our club, has been used to fund our income generating activity (IGA). When and if this project phases out, we shall keep up some of the key activities utilizing the resources can be drawn from the IGA. We have the pool and are still looking for a prime space to put up. Running the game of pool as an IGA will require us to find where many youth frequent. If all goes as planned and our IGA kicks-in, many more youth in our area will find a place to play a game of pool for fees.





*Mulunesh Almaw Moges  
Treated and cured from Fistula, she  
plays a role of change agent while  
still working with the girls' club.*



## I HAVE MADE CHANGE AND BECAME A CHANGE AGENT

**B**orn in the family of nine siblings, Mulunesh Almaw Moges is the fifth born for her family. Her first marriage came at the age of 13 and had ended three years after she ran away. Barely had she spent one year with her parents before she was given to another husband in her second marriage then she was seventeen.

For the next two years she had suffered four miscarriages. Despaired by the condition in which she was unable to give birth, Mulunesh sought for traditional medicines and had gone to the monasteries and convents in a hope to find a cure for her reproductive health needs. But nothing came out to be helpful until she was able to deliver her first live birth when she turned nineteen. “Although I was able to give birth three times each within three years interval, I had miscarried seven childbearing before and after my first birth was delivered.

Each birth was accompanied with a prolonged labor and delivered at home without being attended by healthcare providers,” Mulunesh recounts. At age 30, Mulunesh was twice married and bore three children with her second husband. She recalls how her first marriage was arranged the same day along side with her two older sisters.

“It was one week prior to a wedding event for my two elder sisters arranged when I had turned to thirteen year-old. Shortly after, my mother had confided to me for the first time that I too would be wedded on the same weekend that I thought was initially arranged for my sisters.

Since then, it took me years to comprehend as to why my marriage was kept secret and actually its plan was well underway without anyone else’s knowledge except for our parents. Since marriage at the age of as early as thirteen wasn’t allowed by law, my parents had their own plan to cover up my unlawful marriage using the same ceremony at which both of my sisters who were within the range of legal age for marriage. Thus I was quietly ushered and sent over to my husband without anyone outside the family members ever known about it, says Mulunesh.”

After she left her parents’ house for matrimony, Mulunesh didn’t go far away to put up. To date, she continues to live with her own family some two-hour trekking through the terrains from her parents’ farm homestead. Born in the same village called Gisa, about seven kilometers farther afield from the nearest busy town known as Dangla, a town within 80 km reach east of the Amhara regional capital, Bahir Dar.

“Well before I was referred to Bahir Dar Hamlin Fistula Hospital, the first time I had noticed drips of my urine strayed down my legs. I told no one my condition, nor did I take it seriously. In an attempt to prevent the leaks, for the first time I started to wear tight underwear. Nevertheless, my urine-soaked underwear became too much to bear. I realized that the leaks had caused the foul smells that prevent me getting close by people. I endured to live with my condition even though the earliest sign of leaks with small drips were ob-

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served before I was able to give birth. As times passed by, the drips, which were sporadic had grown in volume and the leaks merely exacerbated the incontinent shortly after I gave birth to my third child who is now eleven years old,” explains Mulunesh. As a pregnant for the fourth child, Mulunesh had entered her second trimester when she suffered her seventh miscarriage. She immediately sought attendance from the healthcare providers at the health facility in Dangla following which she was diagnosed with fistula. A referral would have been required but not for the next three months. “After three months, I took the referral slip with me and went on my own all the way to Bhair Dar Hamlin Fistula Hospital where I was admitted for repair in 2010,” Mulunesh testifies.

Once fistula patients repaired and rehabilitated, they receive skill-based trainings at Healthy Hands-Off Joy. Their skills will be helpful during the reintegration efforts, one of which is an economic empowerment. Women and girls who got treated from fistula will require psycho-social support through running income generating activities as part of the reintegration process. So that they continue to be voices for others who either haven't been reached out for the service or who are potentially vulnerable to fistula. “Since my full recovery from fistula, I have been active member of fight fistula girls' club supported by DSW with budget and capacity building efforts. I have always been out there telling other girls to be aware the menace of fistula. My experience is a lesson for anyone to learn from. It is an evidence that fistula is repairable and curable,” Mulunesh asserts further.

## CHALLENGES Observed

Early marriage remains rampant, if left unchecked by legal instruments. Despite the Ethiopian family laws set out the legal age threshold for marriage, early marriages remain one of the trigger factors for prevalence of the fistula cases in Amhara region. Among others, some priests and other religious figures too seek out to marry girls below the legal age limit in a quest for ensuring virginity and sacrosanctity. Because of the growing school age female members of the community attending formal education and the interaction ensues between boys and girls, it probably won't be considered puritanical and with it, the chances for girls in school to keep their virginity intact suspected to be less likely by the priests whose conviction bound by religious sacrosanctity. This has to be curbed, however, any effort to do so faces with challenges, as religious institutions have powerful influences on community. This is even more challenging when it comes to the rural community in particular.

## CHANGES Realized

One of the leading causes for the prevalence of fistula lurked in the inability and inaccessibility of institutional delivery. In the view of this fact, efforts are intensified by DSW to increase awareness about the benefit of delivering birth at health facilities. At the same time awareness is created how the absence of institutional delivery leads to health complication, including fistula incidences due to labor in childbirth without being attended or having the support from healthcare providers at the health facilities. As members of the health development army visit house-to-house through the villages, they identify pregnant mothers among the households so that they can have access to prenatal care services. Once identified, they are registered on record to do the follow up at the health posts where they find the health extension workers. If and when the pregnant women entered their trimester, they come at the nearest health centers to stay put in the shelter built in the compound

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of the health facilities where they are able to follow up their pregnancy until they give birth with the support of healthcare providers. This effort has hugely impacted the increase number of mothers who have access to institutional delivery and reduced the possible childbirth complication, had they been left at home to labor.

By Tracing from the records made during house-to-house visits by HAD and the health extension workers based at health posts (the grass-roots-based and most proximate institutionalized government health sector structure) contact women who entered full-term pregnancy. Following which the health centers review the lists and facilitate transportation to and from home those of the full-term pregnant women. Until delivery attended by healthcare providers, the pregnant women remain put, sheltered and catered at the quarters inside the health centers' compounds.

Mulunesh received 10,000 birr from DSW as part of the reintegration efforts and is now able to generate incomes from fattening cattle and breeding and keeping goats and sheep. Though she did not manage to resume schooling, Mulunesh takes active roles at the leadership of the FF club.



*Mengesha Admassu Wude  
Women, Children & Youth Affairs Office, Qarit*

## THE IMPACT IS OBVIOUS

Until as few as two years back, our district was known for notoriety to practice early marriages. Rampant as it was, Qarit produces one of the highest rates of fistula prevalence in region-wide comparison. The magic of creating strong awareness about fistula and what causes it along with the health and psychosocial consequences of fistula have made big changes among our community. Leaders and key members of the girls' club are adept at mobilizing the community and creating the level of awareness about fistula about which the community needed to be knowledgeable. With the knowledge being made, the tip-offs over suspected fistula cases come handy. Not only the community members who became aware of fistula do tell us the whereabouts of suspected fistula cases but also inform us on events at which secrete wedding for early marriage taking place. As an officer at women, children and youth office, I observed the good efforts advanced by DSW to empower leaders of the girls' club through life skills and get stakeholders involved in every step of the intervention activities. We, as government stakeholders, therefore, take DSW's project very seriously," a 32-year-old civil servant working with Women, Children and Youth Affairs office, appreciates DSW's commitment to bring key stakeholders of the project around their shared goal.

## CHALLENGE

The general thinking and culture of marriage in our community stand challenging in the effort to fight against fistula, however, as the awareness level spikes, the dynamics change with which some members of the community find rooms to maneuver visible progresses toward preventing early marriage practices.



## ENDURANCE & STRENGTH PAY-OFF TO OVERCOME SEXUAL VIOLENCE

**B**orn and raised in Dibaka Shinbun, within two hours walking distance from Gisa, the nearest rural township where the Gisa health center situated, [Asayech Mekonnen Belayneh](#) is the third child in the family of seven siblings. Crossing through several subsistent farming fields was her staple route to get at the primary school. High schools are located beyond walking distance from the rural localities. Thus parents in Dibaka Shinbun rural constituency resort to send their kids to Gisa, about 10 km away when they are in high school. Like most of her peers in the rural villages do, Asayech moved and put up in Gisa renting a small room with her friend during the school days and returns home over the weekends.

“For the first time I found myself being free on my own twenty-four hours round the clock,” Asayech recalls the feelings she experienced while staying outside the supervision of her parents being in high school. “We stoke our meals enough to keep us for a week. All we are left to do is simply to make tea or coffee otherwise we have plenty of times to read. My roommate and I rented the room a few hundred yards away from our school, so do most of other students who originally come from the farthest end of farming community. We could spend in the library without being worried to be late for home and associate with other students as much as we are pleased. Occasionally, male students accompany us in our room and stay with us for a couple of hours over cups of tea before they leave,” Asayech says.

Like the girls, boys whose rural homes are far from Gisa do rent rooms nearby to self-boarding themselves during their high school studies. Interaction

between both sexes often goes unchecked and things happen. Sometimes in early 2020, Asayech, at sixteen, was then a 10th grader. She returned to her rented room slightly early and found a note left by her roommate who wouldn't be there until past weekends. Then, she was all by herself alone in the room. Like in any other regular day, guys from her school who drop by for a few minutes, she received a male visitor.

“About a few minutes past 6:00 P.M in the evening, I wasn't sure where I had once seen the guy who emerged from my door, which was only left ajar and did not even knock on as he entered. My visitor who appears slender and tallish must have been one of these senior students in our school preparing for school leaving exams in a few months to come. I haven't realized how late already the time got as we continued to keep conversing.

By then, we got at ease with each other. At one point in the night he stood on his feet and pretended to depart and got physically closer before playfully started pulling me. What happened during the next one or two hours left me with a feeling of trauma. What it feels like being raped was the firsthand traumatic experience I went through the whole night and beyond. I didn't even recall how the guy whose name I haven't asked in the first place left the room. I found myself in pain lying down with spattered blood staining part of my school uniform, I still had on me. As if nothing did happen, I kept quiet. No one was ever confided to until much later when my silence proved consequential in my life,” Asayech said.

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Rape is a serious crime committed against many vulnerable girls and women, it is even painful when such sexual violence occurred and the assailants remain at large unaccounted before the law. The psychological trauma will, therefore, unleash its impact upon the victims for as long as justice remains elusive. Many schools are being sexually taken advantage and raped by those close to the authority or their fellow students. Their rape cases usually kept beneath formidable silences born out from fear of stigma by society. For every girl's untold story of victimhood in sexual violence, it triggers another justification yet to rape another girl. The story of Asayech is the story of many other girls who might have gone quiet for fear of possible retributions by their assailants.

Asayech's acquiescence went as far as it could cause her a life threatening childbirth complication. So belatedly, Asayech realized pregnancy had actually occurred. "After a few months passed by and I was unable to see any sign of menstrual period, I suspected of conception might have happened. With stress ensuing, I was growing slimmer and my pregnancy appeared inconspicuous. My parents wouldn't be able to notice anything different except for my fast changing mood. For four days in a row, I labored and nothing was delivered. Each day took away my ability to persevere. Finally, my father took me to Gisa Health Center where he was told it was pregnancy. It became difficult to have a normal birth, given the prolonged labor that I had gone through during the previous four days," she said. According to the healthcare provider who recalled her condition, "Asayech's case was a hy-

drocephalus one, which was resulted in stillbirth because of an anomaly position the unborn child suffered throughout her pregnancy".

"I spent five days admitted in Gisa Health Center and it was a stillbirth delivery attended. I was also informed that fistula had occurred. I didn't know what it was meant by to become a fistula patient until I experienced incontinence upon returning home," Asayech recounts.

The diagnosis clearly indicated a fistula case and this won't be repaired before the first three months lapsed after delivery. This is because the shape of the RH organs changed during pregnancy has to reverse to their pre-pregnancy condition.

Members of the girls' club in Gisa who were closely following Asayech's case; they reached out in the village to get her parents' consent. A few days later, DSW's ambulance picked Asayech to transport her all the way to Bahir Dar Hamlin Hospital where she was repaired and has fully recovered now for several months.

Accompanied with girls' club leaders, Asayech was enrolled this year and as she has resumed schooling. The rented room in which she lives with her relatives during school days is safer. She also takes responsibility at the fight fistula girls' club. At this end, DSW has stepped in to support the reintegration efforts. Asayech, then, received 15,000 birr for start-up an income generating activity (IGA). Asayech owned sheep and goats and keeping them at her family farms. She has built a sense of income independence and feels empowered.

## INSTITUTIONAL DELIVERY INCREASES

One of the priority areas in Ethiopia's national health care quality strategy is to address maternal, newborn and child health. Fistula is one element integrated within the broader aspect of intervention. That is why, as a key stakeholder, we appreciate DSW's approach and we integrate some of our activities in partnership spirit with those undertaken by DSW courtesy of the fight fistula girls' club. DSW's effort to fight fistula is compatible with government's priority to address the maternal issues. If early marriage and institutional delivery are to be mentioned as key factors to be addressed for the prevention of fistula cases, the priorities of healthcare quality for maternal, newborn and child health are compatible with DSW's intervention. Because preventing the prevalence of fistula in many ways will mean access to quality healthcare for maternal, newborn and child health. Sheltering full-term pregnant women inside the compound of the health center makes quality healthcare services during prenatal, delivery and postnatal are accessible. These services ensure not only every mother is able to safely deliver and being attended but also every child is safe and attended.

## BENEFITS OF DSW'S INTERVENTION

The intervention strengthens our efforts and tasks. It creates team work between government stakeholders and girls' club.

## OPPORTUNITY

DSW provided training opportunities for healthcare provider on specific skills to treat fistula cases. The girls' club maintains institutional strength as a key partner for government health sector.

## WAY FORWARD

Enhancing the capacity of the girls' club as an institution is an important stake for DSW and government stakeholders.



Yohannes Gebeyehu Mulu  
Head of Gisa Health Center

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Number of fistula suspected cases were identified, of which initially 16 of them were diagnosed with fistula.

# 20

Number of the overall fistula cases were treated and repaired at Hamlin Fistula Hospital in Bahir Dar using DSW's ambulance back and forth.



Tamene Mekuant Adanu, who is a Physics teacher by profession has volunteered to become girls' club to fight fistula along with other girls working with the club.



## I HAVE A STAKE IN FIGHTING FISTULA

“As a teacher at Gisa 01 Primary School, I discuss with my students during the breaks. We engage and encourage students to discuss between and among them about sexual and reproductive health issues. Initially, very few would have had prior knowledge about SRH. Most, particularly of the female students aware about early marriage practices, says Tamene Mekuant Adanu, a teacher by profession who also volunteers to be an associate members of fight fistula girls' club.

Tamene has spent two years as an associate member with girls' club. There have been some occasions he was able to get confided to by his students whose parents secretly arranged their marriages. He tips off the matter over the leaders of the girls' club. In collaboration with the school administration and other community leaders, timely intervention saved children from being married off.

“Thanks to my association with the girls' club, our school maintains strong partnership and students have had access to several SRH related information in print and electronic-based materials tailored for mini-media. I believe that many students built self-esteem and became open enough to discuss with each other about SRH and early marriage issues. I sometimes take a break from the lesson session and briefly engage students in the classroom to assess their knowledge of SRH and often I found it impressive by the level of curiosity the students demonstrated. One thing I have learned from the school experience is that if we let tailored information about fistula messages reach out the youth in school, the youth would take care of themselves fair enough,” Tamene stresses.

“Encouraged by how hard members of the girls' club work to make the differences in the community through fighting fistula, I schedule times to travel with them over to the villages to campaign about the menace of fistula caused, among others, by marrying-off girls at their early age, he enthuses.

Tamene suggests that “if only DSW continues to support us for a few more years, there will be huge differences to be made in terms of uprooting an early marriage practice, which is notoriously causing fistula cases in our community.”



## DELIVERY WAITING SHELTER, where full-term expectants catered full-board in the premises of the Health Center Until Delivery Attended



One of the key milestones the public health sector reached to attain is the fact that institutional delivery has become a norm among rural households rather than being an exception. This was given due attention both to create access to quality services for maternal cares and prevent fistula. At age 24, **Zomanesh Chalachew Chekol** is in full-term pregnancy catered at the Maternal Shelter until her delivery is attended by health-care providers.

“I was admitted at the waiting shelter about a week ago. I am a few days into my ninth month pregnancy. I have all the support and care I need from the health center. Members of the fight fistula girls’ club are here each day to comfort and inform us about fistula. We also understand very well the maternal benefit of giving birth at health facilities,” Zomanesh, who expects to deliver her first child anytime within a week appreciates the condition under which she is being taken care at Gisa health center.

The delivery shelter at Gisa Health Center currently accommodates about eight full-term pregnant women who were brought within a few days apart from each other and have all spent a little more than one week. Each prospective mother is expected to be discharged within 24 hours of safe delivery.



**M**arried at fifteen, **Emebet Fenta Legesse** is now 35-year-old. She is a mother of seven children. Since Emebet had given birth to her first child at sixteen, every other two-year for the next nineteen years she has been in a state of maternity. Only the last two births would be having access to institutional delivery, including the one she is being cared at the maternity shelter in which delivery can be attended. I have been at the maternity shelter for twelve days waiting for delivering my seventh child soon. My husband had accompanied me here and when he left my daughter who is a student turning eighteen next week and will be staying with me at the shelter. Since we are visited and attended by the healthcare providers, at least, one in a day every day, I felt at home and looking forward to have a safe delivery,” Emebet who is one of the eight pregnant women brought to the shelter explains what it feels like being at the maternity waiting shelter.



*Masresha Merse Endalew, DSW's focal person at Women, Children & Youth Office in Dangla District, Injibara, Awi Zone (Banja Woreda Health Center)*

“When we started to establish the girls’ clubs two years back, we were not as enthusiastic as we are now. This is because the impact and crucial roles girls’ clubs in fighting fistula play are hugely significant. We realized that in the course of the past two years. In our district alone there is one fight fistula club and creating awareness about the cause of fistula in our community took lots of efforts from this girls’ club. As a focal person, I closely oversee activities undertaken by the members of the club. Although the girls’ club’s primary focus is to fight fistula through creating awareness, identifying fistula cases and facilitates referral links for the services, access to institutional delivery and preventing early marriage practices have also been strongly addressed. This project has benefited our community to become enlightened in ways health issues are perceived. Because of this project, we conveniently manage social mobilization and the community accepts sees it positively. We at WCY office see the sustainability of this project from the way the sense of ownership developed by our community. This should be seized as an opportunity to keep up and look for ways of replication the practice in other districts the project hasn’t been able to reach out. The effort to improve the psychosocial status of fistula patients has given us strong hands to convince parents in rural areas of cooperating with our works in fighting against fistula. One of which important achievements worth lamenting is the income generating activities that patients benefited after their treatment of fistula”.

**M**embers of the Fight Fistula Girls’ Club work in team with the health center and we also have access to their activity reports on a regular basis. How fistula occurs or what causes it is the key element of awareness creation messages are tailored from. Lead causes of fistula include female genital mutilation (FGM), rape, early marriage, institutional delivery inaccessibility. These and others related issues are specifically discussed with the community. The girls’ club in the company of health development army (HDA) prompts harmful traditional practices to prevent girls and other women in rural households from being vulnerable. The key benefits observed from the club’s activities:

## BENEFITS

Relevant information that increases awareness about fistula how it is caused, what causes and the consequences follow from being left treated. The girls’ club supports our works and, therefore, activities by the club are adding value in our works. The various posters and other behavioral change materials tailored by DSW support us to reach out the community members in the effort to increase their understanding of the health issues that affect their maternal condition and topics related to fistula.

## WAY FORWARD

This project would have delivered more impact, if outreach efforts were intensified focusing on maternal issues as specific intervention points. Trainings facilitated by DSW for healthcare providers enhanced specific practical skills at work and this has contributed in treating and caring fistula cases which were later referred to the Hamlin Fistula Hospital in Bahir Dar. The way forward is that the efforts by DSW to train more health professionals should be enhanced further.



*Semeneh Alemu Aynalem, Health Officer at Banja Health Center, Awi Zone*



*Adgeh Endalemaw Ayalew  
Banja Health Center Head*

## WE ARE ON A RIGHT TRACK

A 30-year-old head of the Banja Health Center, **Adgeh Endalemaw Ayalew** has six years experience working in the health sector. Before he was reassigned at Banja health center a year ago, Adgeh had spent five years in the same position elsewhere.

“I have travelled across many rural districts within Awi Zone and in none of which except Banja district that I found the level of awareness about fistula widespread among the community. When I moved to Banja to head the health center, I was surprised by the commitment the leaders of the girls’ club here displayed. I found it a disappointment upon discovering the small budget the club being allocated with by DSW for several key activities would have required more resources to manage,” Adgeh observes how the girls’ club in Banja do more with less budget.

## BENEFITS

Harmful traditional practices have shown some signs of abating in our district particularly. This is because of this project has empowered the change champions who run the club activities. By the same token, the prevention and curing of fistula cases have enjoyed prime attention from local government involving the local community. Access to institutional delivery steadily growing as early marriage practices are addressed in a coordinating manner. Parents, teachers, students, court system, police, local government offices, including the health sector and community leaders along with members of the fight fistula girls’ club have created strong network to coordinate.

## OPPORTUNITIES

The facilitation skills of linking to the referral services by the club leaders are important additions to keep up with even if the project would discontinue at a certain point. These are particularly seen as the key opportunities that the health sector at the grassroots community level will replicate the practices. The other opportunity drawn from DSW’s project is the fact that youth-friendly services are increasingly accessible.

## WAY FORWARD

As a way forward, I would like to suggest that the behavioral changing messages are good but limited in scope as they focus on fistula and SRH-related issues. The more comprehensive the topics, the greater the effect would the tailored materials have become in terms of educating the community. It is also important that each key stakeholder gets involved as closely as possible in the project activities rather than being left out there as a mere signatory.

24,263

Social & Behavior Changing  
Communication materials  
disseminated among benefi-  
ciaries.



## WE LEAVE NO FISTULA CASE UNADDRESSED

“I have been with the club for quite sometimes and am better used to deal with the challenges once looked impossible to overcome. The greatest challenges we used to face to fight fistula were the community. The reason for members of the community being the most formidable challenges in the past was the fact that their knowledge about fistula was nearly non-existent. As we advanced with advocacy efforts to reach out the community, the awareness begins to pick fast enough to our encouragement until it has become widespread these days. The main issues we have to deal with creating the awareness included female genital mutilation, sexual violence against women/girl, prolonged labor, lack of institutional delivery, early marriage. Since DSW offers us from time to time various training programs to develop our skills, we have become more adept at dealing the challenges. When we are tipped off information on early marriage proposals, we move to the particular villages being accompanied with members of the law enforcement agency. The intervention to prevent early marriage comes in two ways. One of which involves convincing the parents and ensuring the practice would never be repeated. The other one is enforcing law that would be applied in the face of resistance against our attempt to prevent early marriage,” says Abeba Mekonnen Tessema.

## INTERVENTION

Wedding is one social event in rural community takes away frugal resources. Every household tends to spend more their ability to earn it back. We happened to be in one of the villages that several times in the past we visited. Uninvited, we arrived at one farming homestead early this year. The household head is a Christian Priest for whose future wife an underage young girl next door was proposed. We were allowed in and had a very long interactive discussion about his young bride. We talked over the low moral our society being immersed with little girls being given away as a wife. The health aspect of the practice and the legal issues that deal to forbid minors from being married off were in detail discussed. His initial reluctance faded off toward the end and we aborted the wedding and further the marriage proposal was also canceled. During this discussion both the priest family and those of the bride’s were present. The financial or resource aspect that would have unnecessarily been thrown during the wedding bore fruition. As the contribution of money for wedding from the side of the priest and his supposed bride’s family was known, it was agreed that each took back the contribution was made and the family of the girl decided to use part of the money that was meant for the wedding to build a house near the town in the name of the their daughter.



*Abeba Mekonnen Tessema  
Chairperson of Hiwot Fight Fistula  
Girls’ Club*



Members of girls clubs were trained by health professionals based in the health centers Community Mobilization related to fistula prevention and referral linkages. Each club represented by 8 of its members.

## WE LEARNED HOW TO FIGHT FISTULA

Bossena Gerem Moges is 24-years-old and a mother of one child by previous marriage. She lives with her seven-year-old son at her parents' place since she was separated with the father of her son a few years back. She took a leadership role at the club for about five years. "At my first appearance during an event organized by our girls' club, I had no idea what fistula means. Although I had heard some girls being in the health condition similar to what I came to learn later on what it was like fistula, I also didn't know whether early marriage would have been a cause until I joined the club membership. Since then, thanks to the several trainings I received from DSW and the responsibility I took at the leadership of the club, we have been able to change the communities who joined the efforts against fistula. Churches and open markets have been the most frequent places for outreach events we organize to campaign against early marriage as one of the fistula causes menacing the health of many girls and women in our community," Bossena recounts.



*Bossena Gerem Moges  
Hiwot Fight Fistula Girls' Club*



*Kefale Alemneh Kassa  
Head of the Arib Gebya Health  
Center*

## WE REACH MORE WITH OUTREACH SERVICES

I have been at the Arib Gebeya Health Center since one year. Some of the first notable activities I got myself involved in were the club's. The most challenging task I have observed is that when the club leaders engage in tiresome travelling through the villages and be able to bring a suspected fistula case, diagnosis could prove something else, rather than being fistula. When early marriage is prevented and at the community level the prevalence controlled, the rate at which institutional delivery grows lower than expected. The challenge to prevent fistula remains half addressed. That is why the partnership between the health sector and the girls' club becomes important. We work in coordination to address both the need for institutional delivery and the prevention of early marriage concurrently. When these two leading causes for fistula fairly addressed, the rate at which fistula cases occur reduces. On the other hand, enhancing the skills of healthcare providers as in the case DSW does with relevant training programs will impact on reducing the fistula prevalence. For fistula could occur during the administration of episiotomy procedures. With enhanced skills in place, episiotomy procedures wouldn't be a challenge for healthcare providers.

## OUTREACH

If more outreach activities conducted to reach out the rural community located farther afield, the awareness level about fistula and other harmful traditional practices will be widespread. If the needs for outreach efforts arise by the partner organizations, including the girls' club, our health center is readily cooperative to facilitate vehicles for outreach services.

## HERE IS THE STORY OF ONE GIRL I RECOUNT

An event like peer discussion, which is usually held between a small group of youth appears to attract first timers to take part. Mainly, due to the discussion and dialogue in such format invites fun and openness. A mother of one child, who got married at eighteen, Tiniedil Animaw Gelaw was only fifteen when she observed youth of her age clustered in a small group and engaged in an interactive discussion in a friendly manner. Although she went on bypassing the group to mind her primary purpose, she did find out what was going on. She instantly took interest in the activities. For the next five years, Tiniedil kept up her commitment to be part of the peer groups uninterrupted.

“My five years experience at the Tebaberut Girls’ Club has boosted my energy to do more in terms of helping the community. With more leadership roles I took over the years, I became more responsible to contribute for the community from the best of my ability,” says Tiniedil who recalls hereunder a story that she accounted about a 27-years-old girl’s fistula case.

### CASE STORY

As we routinely visit the rural villages, we divided manpower between us. Often time, deployment was arranged two persons for each locality. In one of my several visits I along with a fellow club’s leader trekked through a three-hour distance in a single trip to reach out a locality named as Genet Abo. It was a prescheduled visit for disseminating knowledge about fistula and factors that cause it. While there, a middle age person who was attending our discussion with the community members in an open market approached me to tip-off what he suspected might have been the cases of all things we were discussing. It was about his niece in her sick-bed at home. He led us to the homestead a few kilometers further away from the market. There, we moved to a detached small room in which we saw a lone skinny 20-year-old girl in bed. She appeared far older for her age. Irresistible foul smell was invasive once being inside the room. Soon, it became obvious that there has been incontinent. The girl was left suffering under the same condition for two years without knowing what to do. Her uncle and the parents consented to let her be taken to health facility in Qarit. Before we left the village, we contacted DSW for an ambulance. Two days later, we went back to the village with the ambulance, this time, and picked the girl at the health center to be diagnosed. It was instantly done so and she was referred to Hamlin Fistula Hospital in Bahir Dar that very same day. The girl was treated and repaired from fistula and went home fully recovered. We continue our campaign efforts to raise awareness about fistula being at the open markets. We recognize that if weren’t there at the market that day during which we came to discover the patient, we would obviously be somewhere around in another round of trip to do the same thing. But with each day passes by without identifying another fistula patient out there suffering, the pain and despair would be too much to bear.



*Tiruedil Animaw Gelaw  
Yetebaberut Girls' Club*





*Aynalem Desalegn Admassu  
Arib Gebeya Health Center  
(Trained by DSW), Healthcare  
Provider*

125

Number of Health Extension Workers (HEWs) trained on how to prevent, identify fistula cases & referral services.

## DSW'S TRAINING ENHANCES MY CAPACITY

**A**t the age of 23, Aynalem Desalegn Admassu is still unmarried. By the time both of her parents were at the same age, they bore children. Aynalem who is the seventh born being brought up into a family of 10 siblings. She spent the past three years working at the health center and looking forward grow her career in public health. “Even if I am a medical professional by training, my knowledge about fistula wasn’t as extensively sufficient as it should have been until I had received specific training facilitated by DSW. Of course, the intervention benefited the community with access to sexual and reproductive health (SRH) information. Without which efforts advanced that impact the community, it would have difficult to bring the change in attitude for fighting fistula,” says Aynalem.

### CASE STORY

A few years back, I was then fresh from college then I met a young woman of full-term pregnant laboring who was being admitted in the health center for delivery. By the time she came here, she had a couple days spent at home laboring. She was taken to the delivery ward where cesarean section (C-Section) delivery was administered. She gave to a stillborn kid. The prolonged labor that went unattended for some days at home must have resulted in causing damage in her reproductive organ. She was diagnosed fistula. That was way back three years. This same young woman who was repaired then came at the health center three years later to deliver her first live birth. We met again, this time she was discharged from the health center cuddling her new born baby boy. Since my first experience of caring such patients, I was closely working with the fight fistula girls’ club and was able to treat and care some of the fistula patients before they were referred for repair in Bahir Dar.

### TRAINING

My limited skill to administer midwifery was excelled by the advanced training facilitated by DSW. Since then I was able to midwife with specific knowledge of care taken for those being admitted for delivery after they underwent prolonged labors at their homes without being attended by healthcare providers. Such training the one being supported by DSW provides healthcare professionals the right skills to avoid inadvertently causing trauma to the vaginal tissues during administering episiotomy procedures. According to sources associated with Johns Hopkins Medicine, an episiotomy is a cut or surgical incision through the area between the vaginal opening and the anus. This area is called perineum. This procedure is usually done to make vaginal opening larger for childbirth or in attempt to create more space for the baby to emerge or to facilitate a quicker delivery by which means to prevent spontaneous tearing.

### BENEFITS

Fistula patients who are treated have benefited not only from their health aspect but also from income generating activities. In the process of addressing fistula, the early marriage practices are also declining. Community always benefits from curtailing harmful traditional practices. Girls’ club leaders and members are empowered with skills that they need in life. Similarly, the healthcare providers too benefited from training programs that DSW supported and facilitated.



*Dagnanesh Asemere Ademe (Qarit)  
Treated from a fistula case*

**Dagnanesh Asemere Ademe** was and grown up in Leses farming locality some seven kilometers from nearest urban-oriented district town called Qarit. Like the older sibling who got married at ten before her, Dagnanesh started her first marriage when she barely turned to 15-year-old. She is now 29 and has three children.

“A year after I went to live with my first husband, I went back to my parents’ homestead for childbirth. The first sign of labor followed within one week of my arrival. It was a Friday late afternoon that I felt somehow there was a slight push from within me. It kept on going on-and-off for the next three four hours and abated. By past midnight, the labor became so heavy but nothing was able to emerge. Before I fell asleep, the day broke. In the morning, I was fed and took some water. A few minutes later I slept for a few hours only to be awakened with the labor pushing hard. On the fifth day, that was Tuesday; I was totally given up and slipped fainted. When I became conscious, I found myself in the bed at Marka Hospital in Qarit. There was no other way other than the C-section procedure to help me give birth. My child didn’t make it to come out of me alive. A stillborn was pulled out and a day later I was discharged. I came home without knowing what had wrong with me. Nor had the healthcare providers told it. I noticed incontinent almost immediately and I endured the condition in which for the next several weeks lived off. I was lucky that I came across some members of the girls’ club based in Qarit. They were in our villages the day they found out about my condition. About a week or so later, two girls from the club came fetching me from home for further diagnostic procedure at Finote-Selam General Hospital.

Fistula was confirmed and would have to wait for the first three months until the wounds I sustained being caused during childbirth labor. After I was referred to Bahir Dar Hamlin Fistula Hospital, I was repaired and discharged from there fully recovered. However, during my stay at the Hamlin Hospital my spouse abandoned me. Although I was married to my second husband some months into being left by first husband, it took me another five years before I became pregnant. One month shy off from my time to deliver, I went to the same hospital in Bahir Dar where I was repaired. There I gave birth to a baby boy, now is five-year-old. I am a change agent in our community. We have a community discussion on a quarterly basis organized by the health center in collaboration with our girls’ club. The subjects of discussion are all about maternal issues,” Dagnanesh asserts.



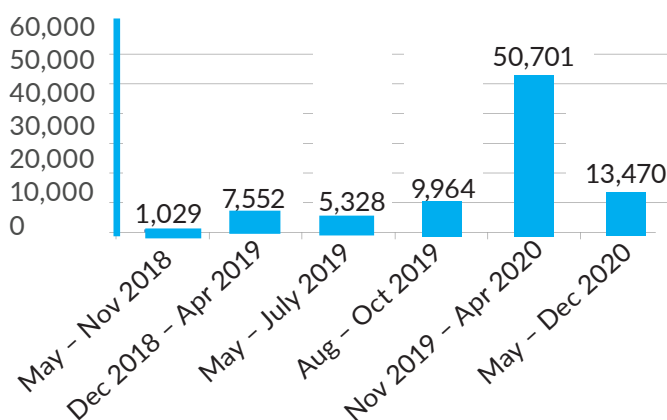


*Mantegbosh Kebede Desta*

## LIFE HAS TO GO ON

For three months **Mantegbosh Kebede Desta** had suffered without knowing what has gone wrong with her health. She went to Black Lion Hospital in Addis Ababa to find out and spent one month there in-patient before she was referred to Hamlin Fistula Hospital in Addis Ababa, then the only one capable of treating fistula cases. After the first repair was done, it all looked fine for Mantegbosh to go home healthy before she had experienced incontinence once again. For the second time, she was admitted in Hamlin Fistula Hospital in Addis Ababa about 500 km away from home. The second treatment went well and Mantegbosh had to leave for home. It didn't hold for long as incontinence recurred before she sought further treatment. When for the third time her repair was failed, she had already lost hopes if she had ever recovered. Her hope was re-kindled only after the fourth attempt of her repair past a one year mark without insentience reoccurring for the first time in more than two years. Since Mantegbosh was first admitted in Hamlin Fistula Hospital in Addis Ababa, the three attempts at which she was repaired had each time span about six months before it failed. She regained her hope after the fourth time attempt proved perfect for the next nearly forty-years. To date, she intact, healthy and even happier to see other girls and women with fistula cases do not need to travel for repair all the ways to the capital, when one like she forty-years ago had four times been treated at has been built in Bahir Dar, closer to home. She is one of the founding members of an association comprised those who had once been treated of fistula. In coordination with the Yetebaberut Fight Fistula Girls' Club, members of the association engage in advocacy on behalf of many girls and women out there who potentially remain vulnerable to fistula cases. Mantegbosh along with other members of the association meet on a monthly basis and share their personal accounts they encounter during efforts to create awareness about fistula in their respective areas of residence. Unmarried since she was abandoned by her husband since she felled sick, Mantegbosh who is fifty five years-old now live with her close relatives in the Gobeze-Mariam of Shembeko locality near Qarit.

88,044 persons reached out with fistula prevention information, education and communication materials





## WE HAVE COME A LONG WAY FIGHTING FISTULA

**M**eseret Worku Temsgen is now 32-year-old and was born into the family of eleven siblings, four of them are girls. Being the second last born child for her parents, she saw her younger sister who is the last born in her family being married off aged 10. Two of her elder sisters too were married at the age of fifteen. Meseret who started active role in the girls' club early in her school days, would have been married on the same day when her ten years old younger sister was wedded. At eleven, she was then one year senior. Meseret had protested against the proposed marriage. At least, for the next three years had bypassed marriage while staying with her older brother, a medical doctor was living somewhere else.

"I was fifteen years when I came back to stay with my parents. Soon, marriage issue was resurfaced. This time I had no way out but to go away with my husband. Because of which, I dropped out from school. When I informed my parents I wasn't happy in marriage, initially, they not happy either with my idea to leave my marriage life barely a year after I wedded. Anyway, I came back home divorcing my first husband with home I was pregnant. I gave birth to at home my first child at the age of sixteen. As a single mother and being the only child staying with my parents, I was tolerated in many ways and that gave me the strength. I became serious to resume my schooling for the next two years. I also took active roles at the girls' club first as a member and later became the chairperson during which times I learned a great deal of issues and have several training being offered by DSW to build our life skills. My responsibility at the girls' club makes feel more independent-minded. Whatever success I missed because of an early marriage, I started to envision better future ahead. The first fistula case we discovered outside our villages and linked a referral service for her repair. For the next five years, I did all my level best to campaign about fistula and became a familiar face in every village surrounding our home district, relatively growing to become an urban center. When I go feting for suspected fistula cases in remote areas, I bring one at a time stay in parent house before they would taken out for further treatment in Bahir Dar Hamlin Fistula Hospital. Every time I do this, I make sure the cases are being diagnosed and have the result in my hand to facilitate the referral links. Back in those days, DSW was only supported us with budgets for club management and build our capacity with skills. No ambulance would have come to fetch our patients unless we find a public means. Given the obvious stigmatization, our works had faced serious challenges without an ambulance exclusively arranged for fistula patients to be transported. Based on the growing needs, DSW has later on availed the ambulance that makes more our effort worth it. During the first five years of role as a chairperson of Yetebaberut Fight Fistula Girls' Club, there have been more than 20 fistula patients referred to the services. My regular role at the club was reduced to an on-and-off voluntarism after I went for four-year degree program at Bahir Dar University to study history." Meseret who earned her first degree in history is currently working as a civil servant at local government office. When asked how she was able to do what she did? Here is how she explains it: "Being a social person is an advantage to earn people's trust. In this, I consider myself of being luck to have come across people who confided in me, which they wouldn't do with many others. Because of which I used to receive the tip-off for any suspected fistula cases and early marriage arrangements. Sometimes, such information comes from the victims themselves". Nearly ten years after her first marriage that was failed to hold, Meseret has been married with her second husband for five years with whom she bore a son, who is now four-year-old. She mothered two children and one child by the previous marriage.



*Meseret Worku Temsgen*

*Age: 32*

*First Degree in History*





## HERE I AM HEALTHY AND STRONG

**B**rought up by a single mother, Megabit Alene Ayane had lost her father to a car accident when she was a toddler. Metekel was her birth place but her mother later remarried and moved to Debre-Eias, 50 kilometer east of Debre-Markos. Megabit went to a state-owned boarding school originally meant for orphaned children. Shortly after she graduated in Gender & Development Studies from Haramia University, she met her future husband, Mengiste Ayele with whom she got married at the age of 24.

“One year into my newly-wedded marriage life, I already conceived my first child. Late last year, my child began to kick and push downward. Labor, which wasn’t that severe at that stage, those it persists all night long and by day break, I hadn’t gone through delivering. At 11 A.M., I was taken to Debre-Elias Health Center where I was told to have proper meals and come back. By the time of our return at the health center, it was 10 P.M. in the evening at which time we found out the lone midwife in the night shift was asleep. Only to be awakened by an emergency call few minutes after our arrival. The first thing this female midwife prescribed me with was to do a little bit of exercise. For the next three hours I was all left on my own laying down on the stretcher laboring. This time was a very severe one that I was unable to endure it much. I bled for sometimes without being attended by healthcare providers. Once I was shifted from the stretcher along the corridor over to the delivery ward, it became obvious for the healthcare providers that the chance of normal delivery wasn’t possible. A forceps delivery would be the one way out to have my child born alive,” says Megabit who recalls the perseverance she underwent through forceps delivery during her first childbirth.

A forceps delivery is a type of assisted vaginal delivery, the Mayo Foundation for Medical Education and Research (MFMER) explains in its 2021 online posting. It is sometimes required in the course of vaginal childbirth. In a forceps delivery, a healthcare provider or midwife applies forceps, an instrument shaped like a pair of large spoons. It helps guide the baby’s head out of the birth canal. This is typically done during a contraction while the mother pushes. If a forceps delivery fails, a cesarean delivery (C-section) might be needed, according to MFMER.

*Megabit Alene Ayane*

*Age: 27*

*Education: First Degree in Gender & Development*

*Married with a daughter who is a year old*

*Born into the family of five siblings*

*She gave birth via EPISIOTOMY*

*PROCEDURE (FORCEPS DELIVERY)*

[See more on next page](#)

“As a forceps delivery failed, C-section was done to help me give birth to a baby girl. Thus, stitches were required and I have had some of them on. But the bleeding showed no sign of stopping and the healthcare provider came back to me and realized that some parts where operation done were either left unstitched or there were not properly stitched. She re-stitched them before I was discharged at 4 P.M. the following day in the afternoon. A few days later following my delivery for the next three weeks I initially had a urinary incontinence. With a few more weeks added, stool was forcing to run loose. When coughing and sneezing, I could not control of outflows of farts, urine and stool. Still I was also unable to avoid the pain caused by the unhealed wounds of the stitches. For a while I was unable to do anything about it until I saw a gynecologist to treat my condition. Only then I learned my condition was related to a fistula case. This was explained following the diagnosis as a result of unethical and malpractices on the part of the healthcare providers who attended me for childbirth. Since I had received training by DSW, I got some knowledge about fistula and how it would be treated. After the doctor who diagnosed me with fistula case issued a referral service, I reached out the Abugida Fight Fistula Girls’ Club in Debre-Elias. Ambulance from DSW was facilitated through the girls’ club and travelled to Bahir Dar at Hamlin Fistula Hospital, about 250 kilometer farther north of Debre-Elias. My husband, our nine month child and I were onboard. Two days after arrival, surgery was required to repair me. During which time, my husband had to babysit our daughter. I spent about eleven days at the Hamlin Fistula Hospital in Bahir Dar and sometimes in the early part of January 2021, I was discharged. For a month, my repair proved perfectly intact and a while later some parts in the stitched area became infectious and pus letting through it. I went to see the very doctor in Debre-Markos who first diagnosed me with fistula. I was prescribed with a medicine to apply on infected area until it was healed. Six months have gone by since I was repaired and I feel healthy and strong. As a member of the leadership team at Abugida girls’ club, I remain active in various activities to impact the community, I also manage income generating activities supported by DSW with seed-money,” Megabit concludes her testimony. Working with Women, Children & Youth office as at expert level, just a month ago, DSW has transferred 10,000 birr in cash on behalf of Megabit for her start-up income generating activities. Alongside with establishing a small scale greenhouse for malt seedling, Megabit is setting the arrangement for poultry activities to generate income from.

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## DSW'S TRAINING MAKES ALL THE DIFFERENCES

**N**egligence, lack of diligence and absence of specific trainings border the most unethical behaviors on the part of some healthcare providers who themselves became responsible for a growing number of pregnant women and girls who turned up for institutional delivery have ended up being caused with fistula cases during a forceps delivery or episiotomy procedures and the C-section administrations. Specific training programs being offered by DSW to enhance the skills of healthcare providers who attend pregnant women for childbirths have demonstrated a good record of assisting safe delivery. Unfortunately, due to incidences occurred in the cases of Megabit and Selamawit, the rumors running around among the community members posed a challenge that institutional delivery could cause health complication such as fistula. This leads to a stereotype as if every mother delivers at the medical institutions won't walk out again in full health, according to the community source. This distorted narrative sadly being shared even by some healthcare professionals. DSW's intervention to prevent fistula has long identified these gaps and strives to address them. Therefore, it provided specific trainings for some healthcare providers at certain health facilities where the level of ethical diligence and the required specific skills fulfilled have no incidence of fistula cases caused by professional practices during episiotomy procedures. These facts were strongly supported by the testimonies of the practitioners themselves working at different health centers who received the trainings courtesy of DSW.





*Selamawit Alealign Delele*



## FISTULA IS WORTH FIGHTING

**A** mother of two sons, Selamawit Alealign Delele who is thirty-years-old was married eight years ago. She grew up in Amanuel, a small township split between Debre-Elias at 30 kilometers and Debre-Markos, major zonal city, 20 kilometers farther eastward. Selamawit is the 7th born in a family of nine siblings. When she gave birth to her first child four years ago, Selamawit wasn't kept at home to labor for long before she was admitted at Debre-Elias Health Center for childbirth. Efforts by the healthcare providers to help Selamawit give birth through laboring weren't materialized. Thus it was determined to use forceps delivery.

"Although I initially spent only few hours in labor, it was so painful. Soon, I went to the health center in Debre-Elias where I was helped with a forceps delivery to give birth to a baby boy. They pulled out my son alive but I had felt torn up throughout my body. I endured it all for the sake of my beloved baby. As the healthcare providers started to stitch me, I realized something was, indeed, messed up both during an attempt for a forceps delivery and in process of stitching. Nevertheless, I came out of the health center cuddling my baby and during the first one month the stitched area gave me a hell of painful feelings. When the pains slowly began disappearing, the frequency of farts blowing loose grew. I also observed some signs of urinary incontinence in drips. At some point in the course of two years since I was stitched urine blended with stool was leaking sometimes being accompanied with strong foul smells. In two years space, my full-term pregnancy for the second child got me at the same health center two years back my first child was delivered. After I went through what I had to, a baby boy was given birth to. Before being discharged from delivery ward, the healthcare providers who attended my childbirth informed me there might be a fistula case needed further treatment elsewhere. Since my school days, we used to hear about fistula one would only occur if married underage.

I simply overlooked it for the next four months and stayed with my condition, which after the second childbirth became worsening. A gynecologist in Debre-Markos whom I went to check up with had confirmed my fistula case and referred me to Hamlin Fistula Hospital all the way to Bahir Dar. At home, some of my friends were talking about the girls with Abugida girls' club and went to see them. Once they heard from me the condition under which I suffered, they knew what was going on. Since I had a referral letter with me, all they needed was to contact DSW for an ambulance service. One of them had accompanied me along with five months old infant to Hamlin Fistula Hospital where admission was confirmed upon cross checking my case. My husband, Bamlak Dagneu 32, who was all along by me

[See more on next page](#)

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*During the process of documenting this material, it was observed that the young women who suffer with the cervical infections have none of the affordable access to the services as much as do those with fistula cases. This is because mainly cervical infections are being outside the thematic intervention of DSW. As a result, many young women remain vulnerable to a health hazard that is equally as menace the cases as for fistula.*

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had to stay put until I would be discharged from the hospital. Repair done and my full recovery came about shortly after a week rest at home. DSW's ambulance, which had brought me to the hospital, was the one took me back home after being treated. Now, one year and half has gone by since my repair for fistula case was done. I received 15,000 birr for a start-up IGA from DSW," says Selamawit. Selamawit Alealign who is now a mother of two boys who were born within two years apart from each other, the oldest has turned to four. She has earned an advanced diploma in Survey studies and working with the Debre-Elias Municipality. Selamawit has been assisted by DSW to reintegrate with the community and was early this year a recipient of 15,000 birr to run an income generating activity. Keeping sheep and goats is the type of IGA she preferred to manage.



*Ayen-engda Guday Demissew*

## WE LEARN FROM EACH FISTULA CASE IDENTIFIED

**A**bugida is one of the longest-served fight fistula girls' clubs has been working with DSW from its early days of intervention against fistula. Thirteen-year-ago, Ayen-engda Guday Demissew was only seventeen to become the founding member of Abugida Girls' Club in Debre-Elias. She has been able to make numerous trips so many times in and around the rural localities in the quest for identifying fistula cases. She also grew skills how to get along with the farming community when it comes to creating awareness about harmful traditional practices, including early marriage. According to Ayen-engda, her club, so far, has referred to 13 known fistula cases for the services. Each had undergone repairs and reintegrated. "The training programs arranged by DSW were well-meanings in our ability to fight against fistula. DSW has trained us in various skill-based trainings, but some them such as the life skills, club management, communication skills, and counseling skills have made long-lasting differences for our club members and leaders who benefited from the trainings. Because of which skills at our disposal, we maintain the institutional capacity of our club and will continue to do so in the campaign of fighting against fistula cases. Income generating activities are in many ways effective to economically empower and reintegrate those who were being repaired from fistula. Particularly, facilitating revolving funds for IGA start-ups and to support the existing ones will set the path for more women's income independence," asserts Ayen-engda who has been the chairperson and currently working with Women, Children & Youth office in Debre-Elias. As a senior extension student at Debre-Markos University, Ayen-engda studies management to earn her fist degree. She advises DSW to refocus its intervention on cervical infection from which many young women suffer. Most of them often being identified for suspected fistula cases and would be transported for diagnosis and only to be discovered of their cases with cervical infections, which appear to be quite prevalent, according to Ayen-engda.





*Zewdie Mulu Belay, Head of Women Children & Youth Office in Debre-Elias*

## THIS PROJECT IMPACTS OUR COMMUNITY

**F**or more than two decades being at the helm of public services, Zewdie Mulu Belay was honored to appreciate partnerships with various development organizations, including DSW. She is now a head of Women, Children & Youth office in Debre-Elias. “Prior to DSW’s project reached out our community, the rate for the prevalence of fistula was like a wildfire. Even at the early stage of the intervention, early marriages were rampant. We appreciate the partnerships between DSW and the Amhara Development Association (ADA) which had started way back some years, together we started the battle to create awareness about fistula, fought against the prevalence of fistula and working to prevent fistula. At the center of our efforts there are two key factors we needed to address. One is early marriage and another institutional delivery. We owe DSW’s intervention for the level of awareness about fistula created among our community. Attitude has changed at the level of influencing the desired practices. Our record tells volumes of DSW’s works that impact on an increase in access to institutional delivery. Though so much has been done in the past, if the intervention by DSW terminated at this point, the burden of challenges faced by the community would be too much. In fact, we would have expected DSW to extend its intervention efforts in areas it hasn’t reached out the most vulnerable ones in our community, Zewdie enthuses.

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## WE ARE THE CHANGE CHAMPIONS

**T**he homestead of **Habtam Getahun Kefale**, who is 28, is located about four kilometers farther away from where we agreed to meet for interview. She has to walk all the way to meet us. Sadly, she was bitten by a stray dog on her way. We accompanied Habtam who had to be briefly hospitalized at the nearby Arib Gebya Health Center prior to this interview had gone underway. The eight kilometers of tarmac road to Dabor-Sekela rests halfway through from the nearby urban center. The remaining dirt-road covers 10 kilometers along the Blue Nile tributary basin. Habitam Getahun Kefale was born and grew up here until she had turned to seven-year-old when early marriage snatched away her childhood life for the next three years. Like some her peer did before her, she run-away from a spouse she was given to at the age of 10. Returned home where her parents had reluctantly welcomed her back. Habitam, however, would only wait for six years to wed again in her second marriage at 16.



*Habtam Getahun Kefale*

[See more on next page](#)



“Since I am the first child among six siblings, my marriage at the earliest possible age was expected to happen to set an example for the my younger sisters. My first marriage was lasted for three years and became a housewife again six years after I left the first one. After five days of labor at home and so much bleeding I had to endure all along, I was transported to the health center in a near vegetated condition. Despite the severe labor I went through, I was assisted to deliver a stillborn child at Shebel-Berenta Health Center. The day before I was released from the health center, the result of my diagnosis confirmed a fistula case. This, they said, had occurred sometime during the prolonged labor before I was brought in at the health center for institutional delivery. Until my wounds sustained during assisted delivery completely healed, I stayed at home for the next three months before I had a referral link at Hamlin Fistula Hospital in Bahir Dar.

By the end of the three month period some eight years ago now, I was contacted by the Adey Abeba Girls’ Club members and DSW’s ambulance fetched me from home and being transported to Hamlin Hospital. Repair was done and upon my release, I was taken home by DSW’s ambulance in the same way I was being brought in a few weeks back. My husband and I remain happier and had spaced five years from the first attempt of my childbirth to have a child. This time, I went to the Hamlin Fistula Hospital when I was in full-term expectant. There, a C-section was done to help me deliver a baby girl full of life. Sadly, she would only live a little more than one year before her life came to an end so early. Ever since I was repaired from fistula, I go out there in the villages reminding my neighbors to beware of sending their daughter to marriage so early in their ages and to let their pregnant family members go for institutional delivery. I also advise whenever I come across a pregnant woman around the village to give birth at health institutions,” Habitam tells her story.

Habitam who is a 28-year-old, rent a small portion of her parents’ farm and plant vegetables and other fruit trees for commercial benefits. Traditionally, female members of the family aren’t explicitly entitled to inherit their parents’ farmland, if one or the other parent is still alive. In Habitam’s case, it was so innovative the idea of funding her own parents’ property and make use of it for mutual benefits. Eight years ago, she had received 3,700 birr from DSW as part of the reintegration programs. It was meant for her income generating activities. She used the money to engage in farming both by being able to generate incomes for own and bringing extra earning for her parents who collect fees from the rented farmland.



*Despite being hospitalized for dog-bite, Habtam had afforded us a big smile and happy to be interviewed.*



*Signing up a consent for the interview*



*Yirkemu Biazen Megiste  
Married with two children  
Adey Abeba Girls' Club chairperson*

## WE CARE FOR THE WELLBEING OF COMMUNITY

**A** 33-year-old Adey Abeba girls' club chairperson, Yirkemu Biazen Mengiste has taken a lead role in her club for the past ten years. "I have two kids, a boy and girl. The first born is in his teen. The responsibility of looking after two children is already too much. However, I believe that my commitment to help the community brought me up is also my responsibility. I can do it in more ways than one. One of which being as a member of the girls' club to fight against fistula and that would as well mean a contribution to the community wellbeing. We at the girls' club do not miss most of the wedding events taking places out in far away villages. We split between and among fifteen members and trek on foot up to fifteen kilometer on average. All in the efforts to reach out vulnerable members of the community to have the health services accessible. We do the awareness campaigns and at the same time approaching households to find out if any with signs of suspected fistula cases would be around. Some tell us right away and others might even mislead us. If we are still early in the day being in one of the villages where we identify a suspected fistula case, the first thing we do is to contact the Women, Children & Youth office. Because this move gives us the strength in case we need to enforce legal means for the patients to be transported. In the absence of consent from parents or spouses, local government offices are the most important outlets for us to address the challenges. Almost on all occasions, the women with the suspected cases being isolated somewhere in the farm homestead would be willing to have the services. The spirit of our determination boosted both by natural motivation and by the skills we gained from the trainings DSW arranged. Because of our unreserved commitment in the efforts to fight fistula, DSW has several times awarded our club in kind and seed-capital for income generating activity (IGA). Given the fact that all of us being the products of farming community, our IGAs are related to the farming activities. We keep sheep and goats and dairy cows to commerce the dairy products. Recently, our club was selected for good performance of the programmatic activities and awarded by DSW 15,000 birr. Part of this money used to run a tea room nearby the premises where the office of our club being found. The IGAs are very good sources of incomes to save certain amount on a regular basis and use them for the costs of the club management. In fact, by using our IGAs to cover some of the club activities, we are strongly hoping to ensure sustainability. At this point, nothing will ever slow our determination to make visible differences in our community. Some even nicknamed us as 'vagina repairers'. This particular nickname must have been coined in reference to our roles on facilitating referral for repair of fistula cases. Despite an embarrassing nickname thrown at us by some members of the community who seriously misunderstood our contribution to society, we are set forth for making desirable changes, Yirkemu enthuses a wary forward on behalf of the Adey Abeba Fight Fistula Girls' Club.



*Together, they muster energy and make a difference in fighting fistula.*



## IGA FURTHER REKINDLES MY HOPE

**T**wice being a runaway bride between the age of 11 and 15, Serke Shiferaw Beyene became pregnant when she was sixteen marrying for third time. She suffered for three continues days and nights in labor. Given the lowland area in which she lived with her husband, there were no means of transport other than riding on horseback. Few hours into her arrival at the health center, she was attended. Her baby was born stillbirth. She went to her parents' house feeling weak. Urinary incontinence that she suffered kept her away from her husband for the next two years. She got used to live with the condition and yet had decided to move back to her husband. To Serke's surprise, her spouse, initially, did not complain anything about even the foul smell caused by the incontinence to let her feel at home. After she gave birth to a baby boy, the incontinent somehow abated but the unpleasant smell persisted. "This has resulted in being our conjugal bed separated. As my husband kept complaining about my condition, we continued under the same roof to stay apart between two beds for two years. I left him taking my son along with me. Back again with my parents, never looked back anything to do with marriage. It took me nearly five years before I started seeing someone for the first time. I considered to get married for the fourth time. I knew that my seven-year-old son could be looked after by my parents, should I move with my life. Serke's fourth marriage had brought her good news as she became pregnant. The bad news was that her baby wasn't born alive. So was the complication she suffered for years from childbirth became deteriorated. Until members of the Adey Abeba girls' club who had prior information about Serke popped up home and requested her consent for the services, she was stuck in a room and looked despaired. Following her treatment at the Hamlin Fistula Hospital in Bahir Dar some two years back, Serke regained her strength and spirit back to the full life. DSW has supported her with 10,000 birr for a start-up and with WCY office in Shebel-Berenta topped 5,000 birr more in propping up her means of incomes. Serke has become economically a self-reliant person who run own income generating activity. Among two dozen shops built by local government for small-scale businesses, Serke was entitled to have one for IGA. This small retail shop is located in a busy market area where people come around for shopping. She sells candies, various types of staples, and grains. Since she was provided with the seed-money about two years ago, Serke's IGA has accumulated 120,000 birr in capital. She also saves 500 birr each month to mortgage a condominium unit under construction. Thus far, her saving hikes at 8,000 birr.



*Serke Siferaw Beyene*  
*Age: 32, Adey Abeba Club Member*

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**Number of fistula treated women were supported by the project wiith seed-capitals as part of the reintegration efforts.**



## THIS PROJECT HAS MOBILIZED COMMUNITY

Working for the past eight years at Women, Children & Youth office in Shebel-Berenta, Sintayehu Jemal Yimmer has also been a focal person who oversees the project on behalf of his office. “As a focal person of the project, I regularly interact with the girls’ club leaders and understand full well their activities. We at the Women, Children and Youth office observe and appreciate DSW’s project that continued to benefit our community in terms of creating strong awareness about institutional delivery. More importantly, the intervention has impacted on the decline in early marriage practices. We recognize DSW’s efforts that help mobilize young women to volunteer for helping the community and in many practical ways fighting the prevalence of fistula. The health aspect of benefit is one thing we acknowledge that many young women benefited from the project and the economic side is another that empowers them with self-reliance. As the awareness campaign intensified, parents and those with fistula cases found it easy to interact with us here and out there in public telling every detail about fistula. Some of the information a few years back would have provoked taboos not only to speak about it but also how it is being told. These are some of the benefits we observed and appreciated the changes in our community, which we will support its sustainability.



*Sintayehu Jemal Yimmer  
Project's focal person,  
Women, Children & Youth office,  
Shebel-Berenta*

## TRAINING ENABLES ME FIGHTING FISTULA

Overall, Alemu Gebeyhu who is 36-year-old has 10 years of experience working at the public health sector. He spent the past three years since he was reassigned as a head of the Ye'ed Wuha District Health Center. He was one of the healthcare providers who received specific training by DSW. “Despite my ten years experience in the public health works, I wasn’t able to understand with specific details when it comes to dealing with fistula cases. The training took me to a new height of curiosity and diligence in a manner I approach labor-fatigued expectants at delivery ward. I became adept at being specific to a specific situation while attending childbirth at delivery ward specifically women with vulnerability to fistula cases. Because of the training, we do not have cases that being reported of urinary incontinence as a result of applying episiotomy procedures in an effort to help safe childbirth at our health center. This is one of the key motivating factors for me to acknowledge the practicality of training being offered by DSW to support this project. In the same vein, if this specific training is being up scaled, the contribution to address the issues of maternal will be enormously great. That is way we are resolved to work very hard with the Adey Abeba girls’ club and identify and shelter full-term pregnant women at our health center until safe childbirth ensured. If they start laboring at home without a healthcare provider attending them and come here after they suffered much for institutional delivery, it would be helpful for the healthcare provider to have a specific training one which DSW facilitates in order to ensure no complication leads to fistula cases,” says Alemu.



*Alemu Gebeyhu Teshale  
Head of Ye'ed Wuha District  
Health Center*



*Mosit Demis Adane*

## GOT BACK MY LIFE

**D**ivination, a practice with ritualistic element may vary by culture and religion in many part of Africa, which isn't uncommon among traditional community in Ethiopia. At one point, **Mosit Demis Adane** secretly sought help from a local diviner in a desperate attempt to obtain traditional medicines for curing fistula. She realized it wasn't working and, therefore, once again she had turned her fate to a holy water fetched from the Church all out of despair to be free of a menace called fistula stayed with her without being confided to no one for four years.

"Few days after childbirth, I was unable to control flatulence (farting). The experience was strange because the moment I feel it coming and it uncontrollably expels. Within a day apart, I experienced urinary incontinence for the first time," recounts Mosit who gave birth to a baby boy four years ago.

Four hours of labor to deliver a child at home didn't work. Thus, Mosit in the company of her family, including her pregnant mother had walked for half an hour to get at Digolma health center seeking out to access institutional delivery. Past midnight, Mosit was already inside the premises of the health facility where no one was immediately attending until the day breaks. "I was taken to the delivery ward slumbered across a stretcher and being told by the healthcare providers just to keep pushing as much as I could. I continued to labor without being properly attended until 1:00 P.M. and all the way through 4:00 P.M. in the next day. I was already too tired to push and only then the healthcare providers came rushing to assist," says Mosit.

Episiotomy procedure was required so that Mosit would be assisted for childbirth. After a few hours mini surgery, the child was successfully pulled out and stitches were done. A day later, Mosit went home with her baby and would only return at the health center in less than a week to complain about the pains she had. She warns that loosened stitches might have been the cause of the pain and yet she was dismissively told it would heal by itself.

"Though I remained quiet about the uncontrollable flatulence and urinary incontinence, I was prescribed by the private clinic in Debre-Markos some dosage of capsules to relieve my pains. I was also advised by the same doctor to return in three months for further follow up, but I didn't bother to show up either.



[See more on next page](#)





**“Do not hold back to tell your story of fistula, for every girl’s story is the story of many others who need to be rekindled.” *Mosit Demis Adane***

I kept my health condition for myself for a while and started to seek out help with traditional medicines. Nothing had worked out for me. Still, I remained tight-lipped even as my condition turned for the worst. Neither the uncontrollable flatulence nor the incontinence of both my urine and stool showed any sign to abate for the next four years. My husband who sadly passed away two years ago had already separated with me when I was pregnant to our son. All along I have been staying with my son at my parents’ house just a few kilometers outside Debre-Elias.

One of the most frequent places I had the courage to be out in the public would be a Church where I stay aloof. Because of particularly the embarrassing uncontrollable flatulence and a foul smell diffuses out of me, my distance from people had to be kept. Nothing would have changed, if early this year I hadn’t braved it to join uninvited a group of girls discussing issues inside the Church compound.

The discussion was led by members of the Abugida Girls’ Club (as I learned it later) and the topic they were discoursing was all about fistula, a menace I had carried on for about four years. I took keen interest in their talking points, for everything they said had everything to do with my case. I had to wait for the group to get through with the session and made my case only in front of the club’s leaders right away. They pledged to take me for checkup at the health center in Debre-Elias the following day. Once the diagnosis had confirmed a positive fistula case, DSW’s ambulance came fetching me from home within two days and travelled to the Hamlin Fistula Hospital in Bahir Dar where I was repaired,” says Mosit who is now 25 and running her own income generating activities supported by DSW.

Being born and grew up in an agrarian rural environment, Mosit chose to invest in keeping and fattening cattle for generating independent incomes after she received 10,000 birr from DSW as part of the post-treatment integration efforts. With the menace of fistula causing the traumatic four years behind her, Mosit is a happy mother whose son has already turned four this year. The very day Mosit became a mother herself, her mother too gave birth to a baby boy. The siblings ticked up when her expectant mom who, a day before, had accompanied her pregnant daughter (Mosit) for childbirth at the health center went rushing home only to deliver her own seventh child within hours apart from a grand son who was born following episiotomy procedure was done for Mosit whom she left back in the health center laboring.



*Signing her consent. Mosit who sat for interview onboard an ambulance used by DSW, the very vehicle, a few months back was used to transport her to and from Bahir Dar Hamlin Fistula Hospital.*



## SUSTAINABLE REINTEGRATION IS WAY FORWARD

The prevalence of fistula cases in Amhara region has been one of the most severely affected in the country. There are and have been efforts all along to address the menacing effect of fistula particularly in our region both by government and among non-governmental stakeholders. Some foster direct partnership with the public sector and others intervene through involving community at the grassroots. This project, which is the subject of our discussion here was introduced and implemented with and by DSW that embraced both government structures and those of the community ones to address the prevalence of fistula. We at Women & Children Affairs (WCA) bureau have appreciated DSW for engaging the key structures as important stakeholders ranging from regional level all the way to woreda offices, so significantly by directly involving and partnering the existing community structures and the youth through the girls clubs.

The project such as fight and prevent fistula contributes in terms of development outcomes to the broader desires and plans of the regional state. While fighting fistula, the challenges of early marriage, institutional delivery and maternal issues are set out to be addressed in more ways than one. Many other interventions by different organizations have the approaches with fistula being one of the components among other thematic focuses. DSW's is and has always been an exclusive focus embarks on fighting and preventing fistula. When a project exclusively focuses to address the prevalence of fistula, the impact would be fairly outright. That is why, from the get go, this project had to gain the full supports of the WCA bureau at the regional level, so were by those at Zone and woreda who have equally important stakes in the project.

I would also like to acknowledge the opportunities this project afforded to women particularly of those being treated and repaired from fistula who benefited from livelihood prospects as they are able to own income generalizing activities. The capacities of girls clubs have been strengthened throughout the project implementation period and their structures remain stable and sustainable in the ways the community stands to benefit.

A way forward bears the continued partnerships among the key stakeholders and gives more focuses on expansion of efforts to support vulnerable women and girls in our community become empowered both economically and in their choice of life. Let's also work toward establishing the reintegration centers to help those girls and women who are potentially and actually exposed to fistula help themselves in a sustainable manner.



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