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Collaborating with Ayder Hospital Mekelle Tigray Ethiopia

Background to the visit:

In November 2020 the Ethiopian government began military operations in the Tigray region against the Tigray's ruling party. Civilian structures in Tigray including hospitals and schools were shelled and destroyed by Ethiopian federal forces and by Eritrean armed forces. The fighting and restrictions on humanitarian access forced more than two million people to flee their homes and left at least 2.3 million in need of help. This ethnic cleansing against the Tigrayan population included gang-rape, sexual slavery, people forced to rape family members and murder, including the killing of children. In November 2022 a peace agreement was signed, despite this the Ethiopian and Eritrean soldiers continued the sexual violence.

Ayder Comprehensive Specialized Hospital, the largest hospital in the region and was the second largest in Ethiopia. During the war time in Tigray the Maternal Mortality Ratio increased from 186 to 835 according to a Community-based study.

Huda, a midwife, colleague, travel partner and borne in Mekelle Tigray went to Mekelle in order to help female victims of sexual violence.

After this visit a group of midwives and myself got together and we started the organization "Midwives without borders". The aim of the organization is: To improve accessibility and quality of maternity care and delivery care.

The association plans to start its operations in the war-torn area of Tigray in northern Ethiopia.

The visit to Mekelle, Tigray

In October 2023 I flew together with two Swedish midwives, Huda and Cissi to Mekelle Huda, born in Mekelle speaks the local language.

A driver from the hospital picked us up at the airport and drove us directly to Ayder hospital.

At the hospital we were welcomed by dr.Egziabher, clinical director and dr.Gebresalassie the hospital chief and the head of the women's clinic whom we already met at a zoom meeting. We were given a tour of the hospital and at we also were informed about the history of the hospital. All information was *before or after* the war. Before the war, the hospital was one of the best in the country, with a close collaboration with eg small maternity clinics in the region.

Today very little is known what is happening at the small maternal clinics around the hospital. The hospital lacks "everything" drugs, disposable and reusable materials and hospital clothes and means to pay the staff with. Despite this, the staff come to the hospital, women are helped to give birth, operations are performed but probably most of the time, the patients have to pay or buy e.g. medications themselves at the pharmacy. The staff was able to take care of emergency situations, but reintroducing and producing e.g. new guidelines are overwhelming tasks. The tour and the history of hospital were mixed with personal stories and tragedies.

The second day, Cissi and Huda followed the local midwives and myself followed the doctors in the maternity ward to try to understand how the care of the women works. we spoke to the woman in charge who was completely exhausted. I met the obstetricians and followed them and tried to figure out how they manage the daily work. Many women give birth outside the hospital, and the hospital have unfortunately very little contact with the clinics, and almost no information about what is happening at the clinics, and they get very few referrals.

Later the head of the department and ourselves discussed different issues and we decided we should help the organize the wards postpartum hemorrhage kit. We also discussed scrubs for the staff since most of the staff worked in their own clothes.

The third day we went to different women's shelters, which was heartbreaking. We didn't talk directly to the victims, but we talked to the leaders of these shelters. We heard the stories however, terrible stories, and also, in one of the shelters the head of the department was obviously, in a terrible state as she said, "I can't take one more story, but I have to, because if I don't no one will, so I just have to continue".

We discussed the victims situation and the staffs situation, we discussed treatment, abortions, the children's situation. Children older than five are not allowed in the shelters, so they will have to stay with the violent relatives...

On day four, we were back at the hospital, visited , we went to the gynaecological ward, and, we saw the theater where surgical abortions are performed. Ethiopia abortions laws allow abortions in case of socioeconomic situations and in case of rape. Mainly surgical abortions are performed. We unpacked a CTG machine (the department already had an old one, we brought an almost new from Stockholm).

We gave two lectures, Huda gave a lecture about CTG, and I gave an interactive lecture about aortic compression in case of postpartum hemorrhage.

The last day we discussed with heads of departments what we can do for the hospital. We didn't finalize the plans but zoom meetings, lectures in fetal medicine were suggestions.

I went to Ethiopia together with two Swedish midwives', one born in Mekelle who and
24 October 31 October back in Sweden 2 November