We remain very grateful to God for all that happened in 2016, and for the graces to serve God through our work in 2017. As we all have our history, so does each year record its own history. The year 2015 left us with the sad news of Dr. Fabian Upuji’s death. He died on 28th December 2015 and was buried on 8th January 2016. Dr. Upuji was so faithful to his commitment in VVF hospital that he remained steadfast even when he was sick. His contributions to our hospital and the wellbeing of the patients cannot be easily forgotten. May his soul rest in perfect peace!

While we were getting over the loss of Dr. Upuji, our beloved Sr. Ann Ward, the brain behind the existence of this institution, passed away. Sr. Ann was sick for a while in Ireland, her home country, but her demise was painfully celebrated in gratitude to her dedicated life and services to Africa with special reference to Nigeria and in Uyo, Akwa-Ibom State. Sister Ann’s funeral took place in Ireland, while we had a memorial Mass for her. In spite of the sad feelings, the following activities were carried out within the year:

1. **Camps/pooled effort/free surgeries**

Our first camp for the year 2016 started on the 10th of January 2016 with registration and admission of 58 patients, of which 45 had surgeries, while 13 were deferred due to the following reasons:

(a) Low Haemoglobin (Hb) and to build up for next camp  
(b) Medical conditions not suitable for surgery now  
(c) Needed more treatment with antibiotics before surgery

![During surgery](image1)

![Patients in the ward post ops.](image2)

The cases repaired were:

- Vesico-Vaginal Fistula (VVF patients) - 42
- Recto-Vaginal Fistula (RVF) patient - 1
- VVF/RVF patients - 2

26 of the patients went home dry, including the patient with RVF, while 19 of them will need more repairs.
The second camp started on 1st May 2016 with the registration and admission of 35 patients and 24 were repaired.

11 patients were deferred due to poor health condition not suitable for surgery such as: low haemoglobin, human immunodeficiency virus (HIV), reactive to pre-medication and other medical conditions.

17 patients went home dry while 7 will need further intervention. There were 2 women with RVF and 22 with VVF.

The third camp started on 1st August with registration and admission of patients as follows:

<table>
<thead>
<tr>
<th>Number registered/admitted</th>
<th>33</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number repaired</td>
<td>29</td>
</tr>
<tr>
<td>Number with VVF only</td>
<td>25</td>
</tr>
<tr>
<td>Number with RVF/VVF</td>
<td>3</td>
</tr>
<tr>
<td>Number on conservative catheter treatment</td>
<td>1</td>
</tr>
</tbody>
</table>

Each camp usually starts with wide publicity during which the Safe Motherhood group visits villages, schools and churches to create awareness.

We also publicize through radio and television programmes. Akwa-Ibom Broadcasting Services (AKBC) has been very good and supportive by broadcasting free of charge for us. May our good God bless their generosity. We are very grateful for the lives touched by these pooled effort programs. Lots of women come back with testimonies.

One of them is a young woman of about 33 years, married with one son. She had secondary infertility for a long time and when she finally became pregnant, she went to a church to deliver the baby. As labour was prolonged, she lost the baby and ended up with a VVF. Her husband was ready to end the marriage due to her condition, but she was willing to stay in the man’s house even without his financial support just to take care of her only child. As she stayed on, the maltreatment from the husband became so unbearable that she was forced to run with her son one night to escape the husband’s beatings. Her brothers felt insulted since she is the only sister they have. They planned and raised funds to take her to hospital for treatment. The first hospital they went to asked them to deposit N3,000,000.00 before she could be admitted. Not having such an amount of money, they went home disappointed with no hope of getting any more help. A few months later, one of her brothers heard the news of free VVF surgery available from us and quickly, like the three wise men looking for the Baby Jesus, they traced the way to the hospital to try their luck. With God on their side, she had a free operation and went home dry. What a joy as she went home thanking God and singing praises. We also sing praises with her and many others to our donors and supporters who make such services possible.

As we share the joys of those successfully repaired, we also share the pains of those still carrying the burden and humiliation of VVF/RVF. One of them is a young woman of 28 years, whose parents died when she was very young and was taken care of by her grandmother. She became pregnant by a man who did not marry her properly. She never attended antenatal care even once. When labour started, she was taken to a traditional birth attendant (TBA), where she laboured for five days. She was taken from there to a church where the pastor’s wife attended to her. She expelled a macerated male child on the second day with the pastor’s wife, but then the placenta could not come out. Meanwhile, the father of the baby, while going to the church to see her, had an accident and died. She was accused of being a witch by his relations and that she was the cause of his death. For that, they abandoned her there in the church and went home. Her grandmother went and took her home and gave her some herbs, which helped her to expel the placenta after a few days. A few days after, she realised that she has lost control of urine and faeces. The RVF is better controlled now, though she is still
carrying a colostomy bag, but the urine is still leaking despite the operations because the damage was very severe. She will need more surgery to become near normal. She would like to get married, but no man is ready to take her as a wife due to her condition. She has been repaired twice, and so the hope of becoming completely dry may be closer.

2. Rehabilitation programmes

We have a list of women for different skill acquisition programmes like soap making, hair dressing, sewing and baking. So far we have started with making of soap, bleach, Dettol and sewing. At the moment, two young women are living in the compound learning sewing. Another one comes from home every day while many others participate during the camps. What some of them have learnt so far is very impressive.

Twenty-seven (27) women graduated for soap, bleach and Dettol making during the August camp: 16 of them received certificates and through the help of an NGO (Community Partners in Development) who wrote a project to Young Akwa Ibom living in the USA. Each got ₦20,000.00 for a set up base at home. Some of them are already doing well. They have made connections where to be supplying their products. The poor economic situation in the country has affected the marketing now but we are still hoping for the best for them.

Soap-making classes

Sewing section
With the situation of things in the country now, it will cost about ₦40,000.00 to train and equip a woman in soap making and about ₦250,000.00 in sewing. 1 Euro is equivalent to ₦450.00.

FINANCIAL EXPENSES for the camps

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory items</td>
<td>₦85,245.00</td>
</tr>
<tr>
<td>Feeding/provision</td>
<td>₦862,910.00</td>
</tr>
<tr>
<td>Medical supplies/drugs</td>
<td>₦1,039,530.00</td>
</tr>
<tr>
<td>Stationery</td>
<td>₦60,400.00</td>
</tr>
<tr>
<td>Hardware</td>
<td>₦159,675.00</td>
</tr>
<tr>
<td>Fuel/diesel</td>
<td>₦515,500.00</td>
</tr>
<tr>
<td>Allowances</td>
<td>₦2,368,350.00</td>
</tr>
<tr>
<td>Communication (calls, etc.)</td>
<td>₦15,000.00</td>
</tr>
<tr>
<td>Transport fee to patients</td>
<td>₦17,000.00</td>
</tr>
<tr>
<td>Rehabilitation course</td>
<td>₦55,100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>₦5,178,710.00</td>
</tr>
</tbody>
</table>

3. Seminars and workshops

We had four seminars delivered by Nurses and Doctor on different topics, namely: Management of patients with VVF, the importance of data collection, Lassa fever and the qualities of a good Nurse
Dr. Lengmang from Evangelist Fistula Centre, Jos, giving seminars to all the staff on pre and post management of VVF and the importance of data collection/usage: Data, Information, Knowledge and Wisdom (DIKW)

Nurses discussing Lassa fever and Qualities of Nurses

A one-week workshop was organized by Fistula Care Plus, an NGO from Abuja who work with USAID fund, and who wish to collaborate with us. The workshop was still on VVF and its management. It was very good.

4. Treatment at Outpatient Department (OPD)

OPD is run daily except on weekends. Health problems like malaria, typhoid and many others are taken care of. From our daily statistics, malaria is always higher, but we have seen lots of improvement compared to previous years. Gynaecological problems are attended to daily but Thursdays are marked as Gynae clinic days. Uterine prolapse is the most frequent gynae case.

Total number treated at OPD was 1829 patients.

We also run a mobile clinic which covers: Immunizations, school health, general health talk and treatment of diseases.

395 babies were immunized against different illnesses. Only 3 schools were visited this year but the topics were very well prepared. One of the schools has about 600 students, both boys and girls.
Some of the students at the school program

The topics discussed were (a) Sex education (b) Setting limits for your life (c) Causes and prevention of VVF (d) Prevention of malaria.

The Safe Motherhood group visited sixteen (16) villages in four local Government areas. One of the villages visited always recorded the highest number of VVF patients.

The mobile team staff also participated in workshops organised by Uyo Local Government on the measles campaign, new form of OPV vaccines, introduction of pneumococcal conjugate vaccine and two others.

The general treatment at mobile clinics is free. The drugs were from the Local Government and are specifically for the under-fives (5) and above seventy (70) years of age.

5. Visitors/Donations

We usually welcome many visitors during camps, but the poor economic situation in the country this year drastically reduced the number of visitors and donations, usually food stuffs or clothes, we received.

We are very grateful to Son of Hope, an NGO from Abuja who visited us in August and gave generously to all the patients.
Their gifts included a bag containing a wrapper (cloth), soap and a few other things for each patient. They also supported the camp with some consumables like drugs, drips, sutures, worth up to ₦ 500,000.00. That was a very big help to us.

**Presentation of gifts**

Another group called Sanctified Mount Zion Church visited with food items, namely: 6 bags of rice (a bag then cost ₦ 15,000.00), 8 tubers of yams (a tuber is about ₦ 1,000.00), 4 rolls of toilet tissues (each roll is ₦ 2,000.00) and some used clothes worth ₦ 20,000.00. The total was about ₦ 126,000.00.

We were also blessed by the visit of another group called Peaceful Ladies Association, who came with 4 cartoons of indomie noodles (each cost ₦ 4,500.00), 2 packets of sanitary pads (each cost ₦ 3,600.00), 5 rolls of toilet tissue (each ₦ 2,000.00), 2 cartons of cabin biscuits (each cost ₦ 1,500.00), toilet soap, toothpaste and detergent worth about ₦ 5,000.00. The total was worth about ₦ 43,200.00.

Best Christian Academy Nursery/Primary School also visited us, bringing toilet tissue, 10 packets of cabin biscuits, bread, and toilet soaps. Approximately ₦ 5,000.00 would be the total cost.

The hospital staff never fail to use any opportunity to create awareness about VVF prevention and treatment.

**Peaceful Ladies Association and the school children**

We are very grateful to all who contributed towards the success of the work in the 2016 camps, especially:

1. ExxonMobil, through an NGO called Community Partner for Development (CPD) donated Five Hundred Thousand naira (₦ 500,000) for empowerment of women with VVF. Exxon Mobile has continued to support our project monthly. We are very grateful.

2. Our surgeons who made the work possible. We also had the privilege of working with Dr. Paul Hilton from England during the May camp. We are very grateful.
3. To the different groups who offered assistance through prayers, moral support, and material support.
   - Udom Ambassadors’ group, who represented the First Lady of Akwa Ibom State, came with some food items.
   - We are sincerely grateful to D. Lee Mike and his wife for their great donations. May you be rewarded.
   - The Gay and Keith Talbot Trust for their generous donations, which helped in so many ways to bring about healing and restoration of human dignity to many of our clients.
   - Dr. Peter Kelehan for your thoughtfulness and generosity.

6. Celebrations

(a) We celebrated the funeral of our beloved sister, Ann Ward. Although it was a painful celebration, the joy of hearing all the praises in the hearts of many due to the work MMMs have done through Sister Ann Ward and many others made us happy.
(b) We had a beautiful, simple and joyful celebration with the staff for Christmas. The best staff and the best unit for the year were recognised and appreciated. The staff were very happy and that was the joy of the celebration.

7. Challenges

We had the following challenges as we carried out the activities last year:
(a) The poor economic situation in the country affected lots of things. Some of our patients could not come for free operations due to the high cost of transportation.
We spent more this year buying food for the patients. We usually share food twice a week during camps.

(b) Our surgeons, especially Dr. Lengmang from Jos, had challenges with transportation during each camp. During the January and May camps, the flights were delayed twice. During the last camp in August, the flight was delayed and when it finally took off, landing in Uyo was such a big problem that they flew back to land at Abuja. He spent the night at the airport and we were lucky to have him the next day. Things like this are worrisome for us because we know the sacrifices these surgeons are making to be with us and the risks involved.

(c) Our qualified staff Nurses and Midwives from Government are retiring fast and there are no replacements.

Thank you.
Sr. Sylvia Ndubuaku, MMM
Matron in charge
0903 708 1652