

Prior to sharing or reading case studies, please refer to the notes included in the lesson plan. They provide important and necessary context for understanding these stories.

Meet Dr Michael



Dr Michael Chanekire - 39yrs
Surgeon at FOMULAC Katana Hospital, Kitana

“I have been working here for 12 years. I was trained in 2010 in repairing fistula and gynaecological surgery. After this training, funded by SCIAF, I continued training with the senior doctor here at the time and also spent two years studying in Belgium. Now I also trained others.

“Since 1996 in South Kivu we have been the victims of several wars. There are uncontrolled armed groups in this area and in other areas too. It is because we have many armed groups that so many women have been raped.

“The people are isolated. The armed groups are raping women, some (women) are pregnant, some deliver in the forest, and they can have infections and fistula.

“Fistula exists when the urine comes through the vagina because the wall between the bladder and/or rectum and vagina has been torn. This can happen in childbirth when no support is there as well as in the initial sexual assault.

“There are some cases when the women have contracted HIV and other sexually transmitted diseases. There are many cases of STDs.

“In terms of fistula, the primary cause for cases is unassisted delivery in rural areas. The second most common cause is being raped by men.

“There was one woman who came here and said that non-identified soldiers or rebels, in green uniforms, got in the house, took the husband, killed him, and took the woman. She was raped by all the soldiers there – whoever wanted to have sex. When she was pregnant she was told to go back to her village. This woman had traumatic fistula as a result of rape and STDs. She was screened, examined and then I delivered the child by caesarean. At first sight of this case I felt desolate but I couldn’t show it to the person. She was so sad. She couldn’t raise her face and look at people. While she was speaking she was weeping. This is why I had to refer her to the trauma counsellor.

“At the hospital we have the equipment for fistula surgery that was provided by SCIAF in 2010.

“After fistula we provide psychological support. The women are organised in self-help groups in their villages.

“For HIV patients they have to come here for their drugs which are free. We also do further examinations.

“For STDs there is an examination which determines which anti-biotic is needed. After 7-10 days the patient will come again for a further examination. If the infection persists we take a further sample for analysis and we try different antibiotics.

“For fistula we will do an examination, and analyse the results of tests to see if there are infections, STDs, diabetes, hepatitis or high blood pressure to be dealt with before surgery. They stay in the ward to recover from surgery. We visit them every day and provide antibiotics and painkillers. When the person goes home, they return for checks every two weeks. If there’s other health problems, especially HIV, they will keep returning.

“The challenges we have here relate to replacing materials we use, for example, surgical garments, saline drips, stitches, medication – especially painkillers. We struggle to do refresher training for health workers. Also, the equipment is now getting old so we need to replace it.

“The community, especially the women and girls, are grateful for the work that we do here at the hospital. Some women, they want to give me a gift but I can’t accept it, I am just doing my job.

“With our country it is like a plane that is not flying, it is like it is just stuck in the airport. For me, the politic doesn’t change and give people confidence. Up to now, after elections, we still fear killings in some areas and insecurity continues.

Women continue to be raped. There seems no change at all – we don't go forward – it's as if we're going back again.

"I encourage SCIAF to continue their work to help people in difficulty.