



Main contributor and related people

ANNE, 30 - Midwife

Mahama II Medical Centre, Rwanda

- **Augustin - Anne's husband**
- **Ina, 4 - Anne's daughter**
- **Ikuzo, 2 - Anne's son (NB Ikuzo wasn't present at home during the interview, as he was being treated in hospital)**
- **Beata* - Anne supports her from expectant mother, up until delivery by C section (see Beata's case study)**

CONTENT AVAILABLE: Photos, Film interview, B-Roll



Photos: Yagazie Emezi/Save the Children

Photos for reference only - please see Content Hub for original/downloadable versions

Short written story

" I am very happy working with the mothers here...I have chosen to work with refugees because it's in my nature to work with vulnerable people."

These are the words of midwife Anne who is delivering babies at Save the Children's newly improved Mahama Refugee Camp II Medical Centre. Like all of her Save the Children maternal health colleagues, Anne is truly mission driven.

Anne was still at school when she decided she wanted to be a midwife – after both her aunts died because of complications related to pregnancy and childbirth. "I was very sad and so I thought 'What can I do to save



lives, to stop mothers losing their lives and their babies during childbirth? What can I study in order to save them?’

Some people mocked her ambition, but Anne was undeterred and fought to get her midwifery qualification. She started working at the district hospital, receiving patients who'd been referred from Mahama, often with severe complications that had been exacerbated by the long, awful journey to the hospital.

She still remembers the first time she delivered a baby there. “I understood the theory of how it's done and the whole process. But me actually being able to do it, seemed impossible, like it would be a miracle.” But deliver the baby she did. “I was like ‘Wow! I can actually do it!’”

Later came her move to the clinic in Mahama – reopened after Save the Children’s game-changing improvements, which meant staff there can now perform C-sections and blood transfusions. Anne couldn't wait to be part of the team: “You have to be very intelligent to work here. People know that Save the Children has experts” she says.

Anne is funny and popular with staff and patients. “They love me!” she exclaims. The feeling is mutual. “I can't stop it [being a midwife], because I love mothers – caring for them makes me happy.”

Working at the clinic is tough, and often entails long hours and time away from her family. But she loves how the clinic is serving the local community now and feels so proud to be part of that – especially when she manages a difficult delivery successfully.

“When I come home late I say to my husband: ‘I've saved a life, please cook dinner!’ It makes me feel very happy. I feel I've made a huge contribution. And he'll say ‘Congratulations my wife! Keep it up please!’”

How this story shows lasting change for children (for SCUK purposes)



REBALANCE POWER



MAKE IT SHARED



MAKE IT INNOVATIVE



SHOW OUR SCALE

- This story shows **lasting change** for children by ensuring their health and wellbeing from before they're even born. Ensuring safe pregnancies, birth and post-natal care for mothers and children.
- It's **rebalancing power** by establishing a state-of-the-art medical centre where highly qualified local staff are able to give the best care to the refugee community 24/7. We also train local midwives, and employ/pay midwives who've already achieved their qualification.
- The use of Zipline drones to timely deliver on demand medication and blood to the Medicalised Health Centre shows **innovation**
- The medical centre and our work throughout Mahama Refugee camp involves **shared** working with partner organisations, government, the local community, and families.
- Save the Children have worked in Rwanda since 1994, showing our **scale** - we have experience in all 30 districts of the country - in education, child protection, child rights governance, health and nutrition - in both humanitarian and development contexts.

Story summary

- Anne is a midwife at a newly improved medical centre at Mahama Refugee Camp II in Rwanda
- Her husband, Augustin, is a midwife too, working at the Kirehe District Hospital, where Anne also used to work.



- Anne decided she wanted to be a midwife when she was just 15 – after both her aunts died because of complications related to pregnancy and childbirth
- Since April 2023 our staff at the Mahama II Health Centre have been able to perform C-sections (and blood transfusions) on site – a game-changer for the community.
- Blood and medical supplies are delivered by a drone company called Zipline, who can be there in 30 minutes if there are serious complications.
- Even so, Anne says she and her colleagues struggle with the number of patients using the health centre, and feels there are too few staff to give each mum the attention she would like
- Anne loves helping other women as a midwife, and feels called to help refugees. In her interview she gives the examples of three women – Claire*, Beata* and Shukuru* – the clinic has helped (see their separate stories)
- Previously, expectant women had to travel to the nearest hospital in Kirehe District Hospital if they needed a C-section – a long, bumpy and dangerous journey away.
- Since the Mehama health centre revamp, the number of births there have doubled, and the referrals to Kirehe hospital have halved.

Stats and context

The below table shows that since the newly improved centre opened in April 2023, deliveries at Mahama II have doubled and referrals to Kirehe District Hospital have halved.

	Deliveries at Mahama II	Referrals to Hospital
April 2022-March 2023	672	457
April 2023-March 2024	1256	230

The below table shows that the number of maternal and newborn deaths at Kirehe District Hospital. These are significantly lower than the national figures:

Maternal deaths rate per 100,000 live births April 2022-March 2023	23.8
Maternal deaths rate per 100,000 live births April 2023-March 2024	22.3
Newborn deaths rate per 1000 live births April 2022-March 2023	9.1
Newborn deaths rate per 1000 live births April 2023-March 2024	9.4

In Rwanda as a whole the **maternal death rate is 210 out of every 100,000.**

In Rwanda as a whole the **newborn death rate is 20 out of every 1,000.**

Since the remodeling of the Health Centre in April 2023, there have been no maternal nor newborn deaths, as a result of improved services. Prior to that in the year 2022 to 2023, there was one maternal death.



Furthermore, for secondary and C-section services, Mahama II also serves Mahama I refugee camp, which is about one mile away. Between 6 and 10 percent of the population the Health Centre serves, for primary, secondary health services and for C-section, are members of host communities.

Strong quotes

“Two of my family members lost their lives during childbirth. One was pregnant and the other died during childbirth. They were both my aunts.”

“I am very happy working with the mothers here, and they love me when I work with them. They really appreciate me. So even when my work is hard, I have good morale.”

“You have to be very intelligent to work here. People know that Save the Children has experts.”

“I have chosen to work with refugees because it's in my nature to work with vulnerable people.”

“Not everyone has that gift to talk and connect with people and make a difference.”

“The first delivery that I conducted, I didn't think I could help someone give birth. I understood the theory of how it's done and the whole process. But me actually being able to do it, seemed impossible, like it would be a miracle.”

“When I set a goal that's it. I pursue it with effort, my full effort, without looking to the side, without worrying that no one will support me.”

“When I come home later I say to my husband: ‘I've saved a life, please cook dinner!’ It makes me feel very happy. I feel I've made a huge contribution. And he'll say ‘Congratulations my wife! Keep it up please!’”

“I can't stop it [being a midwife], because I love mothers – caring for them makes me happy.”

“Since April last year, 2023, when we started doing C-sections [at the newly opened medical facility] no mothers have died, no babies have died.”

“Beata is doing well. She had no complications, she's stable. She said ‘I don't know how you did it.’ The baby is breastfeeding well.”

“Because of the care Shukuru's received while pregnant, she has high expectations for her delivery. She's so ready you can't imagine!”

“He declared his love to me on our way back from church, the first mass, when he said that he loves me. I also felt a warm feeling inside me. It made me happy.”

“We do everything together at home on our resting days. We eat together, sometimes we cook together. We take care of the kids together, we play with the children... We are a happy family. Our secret is working together.”



Anne's story in her own words (*edited and in places re-ordered for clarity. For exact wording, please see video interview transcript*)

Introduction

I am Anne Uwamahoro. I am 30 years old. I come from the Kirehe district.

I live with my husband, two children and a housekeeper. She takes care of the children. My daughter is four and my son is two.

I'm a registered midwife with an A1 diploma. I have been working as a midwife for six years. My husband is also a midwife, he works far away from here [at Kirehe District Hospital]. It's challenging for us to see each other, but because of our commitment we make it work.

Why she wanted to become a midwife

I was 15 years old and in secondary school when I decided that I wanted to become a midwife. Two of my family members lost their lives during childbirth. One was pregnant and the other died during childbirth. They were both my aunts. One was pregnant. She was on her way to the hospital and started having convulsions. She died on the way to hospital. I suspect she might have died of pre-eclampsia. My other aunt gave birth at the health centre. She was losing a lot of blood and while she was being transferred to the hospital she died.

I was very sad and so I thought "What can I do to save lives, to stop mothers losing their lives and their babies during childbirth? What can I study in order to save them?"

Working at Kirehe hospital and the problems with larger district hospitals

Before I came here to Mahama I worked at Kirehe District Hospital in the maternity department. We received many women who'd come from health centres or from their home. We'd take them into the operating room, help them through a C-section and help them after the C-section. We would also help those who had a natural birth. We treated women who were experiencing problems with their pregnancy too.

Women face many risks because of the long walks from small local hospitals to a larger district hospital. They can lose their own life or that of their unborn child. They can experience other problems and complications that can lead to pre-natal depression. These problems increase morbidity, and the mortality rate for both mothers and babies.

Home deliveries increase because of the long distance [pregnant women have to travel to the hospital]. Mothers may have precipitous labour – labour that comes on fast and the delivery is fast. They may deliver at home or on the way to the hospital, and in that process may lose their life or that of the baby.

So when I meet them [for subsequent births], mentally they are often not stable. They are vulnerable people, who've suffered many traumas in their home countries. Then they arrive in Rwanda and they experience different problems. And when it's time to deliver [their baby], it is a stressful event and it's very difficult for them. When you add in the transport from Mahama to Kirehe, it is an additional stress for them.

One example is a woman who had to travel that route with contractions, and a breached baby – and journeying on that road led to her rupturing her uterus. She lost the baby. And then she had to have a hysterectomy.



So after receiving those mothers at Kirehe District Hospital, I asked myself: "What can I do to save these vulnerable people I'm working with? How can my support help them to have a bright future?"

Here when you work with them, you motivate them, you show them the future is bright, be calm.

The Mahama II medical centre: Doing so much with so few staff

Fortunately I got the job here [at Mahama II medical centre]. The journey from where I live to work is about ten minutes' walk to the bus, and then one and a half hours by bus [a Save the Children bus] to Mahama.

I am very happy working with the mothers here, and they love me when I work with them. They really appreciate me. So even when my work is hard, I have good morale.

It's hard to receive a patient who is suffering, who is sad, who has a complicated situation. The thing that helps both of us is that we connect and I show them that they will make it. I give them morale, they accept it, and they'll say "you are the one I needed".

When I'm testing them [during an ante-natal consultation] they say they hope to see me when they come to give birth. When they ask me to treat them, I'll tell them that I will if I'm on shift, but that I have colleagues who are equally competent. I say "You might fall sick on the night shift when I'm not in or on my day off, but my colleagues will help you. We're equally qualified. We complement each other, we work together as a team. I can help you the same way my colleague can, to sustain your life and your baby's life."

It means that in general we have a nice workplace and my fellow staff are very strong. They are strong physically, and they are very intelligent. You have to be very intelligent to work here. People know that Save the Children has experts.

We [as midwives] try to use all our strength, do our best to be committed, for the sake of helping mothers and other patients who come to us, even if there are just a few of us.

We have various services. There is maternity, the operating room. There's the newborn registration. There's family planning services. There's a service for testing pregnant women. We also have a youth services. All of this is done by just a few of us, but we do it.

We receive large numbers of women, because there are also Rwandans who come from outside Mahama camp to give birth here. Many of them come from Mahama I camp to give birth here. With our limited number [of staff], we receive a lot of mothers.

Working with refugees

I have chosen to work with refugees because it's in my nature to work with vulnerable people. I like to work with under-served people who are vulnerable and have lost hope, as I get the opportunity to give them hope that things will get better tomorrow. Not everyone gets that opportunity.

But also, not everyone has that gift to talk and connect with people and make a difference. You help them come from one place to another. That's why I wanted [to do] it. Luckily I got it and it helps me in life.

The challenges we face vary, because they're vulnerable people, they're sad. They have left everything behind. Some have been raped, others have faced different problems. Their family has been killed, or they've lost touch with their family. It's challenging. But we help them, we counsel them. We show them that they should not be scared, things will go well.



The challenge we face is finding enough time for them. As I said, we are very few and we have many services. Someone wants to spend a lot of time with you, but you have so many patients to treat. That's the challenge we face. Few staff for many tasks. For example if it's mothers who are coming to give birth, they may be three or four and you're just one staff member, which is a big problem. You use all the energy you have. You may ask for help sometimes. Our limited numbers don't allow us to attend to mothers 100% as we'd like to.

Working in a humanitarian setting requires making sacrifices: we start early in the morning, we have fixed times for going home, but because of our workload it changes. For example, a woman comes to give birth, and she arrives at the end of the shift, that's when the contractions are coming. Or she may be delayed at home, maybe she had a C-section previously, and she has a risk that her uterus might rupture – in that situation we stay and help her without looking at the time, without thinking about when we'll leave. We try to help them so we can save lives. You have to forget about yourself.

Her qualities

My personal quality that I know of is that I'm very courageous. I don't work slowly, I'm fast. Especially in emergency cases. I have open communication. I'm humble. I have empathy and compassion.

During her own births

[During her own births] I tried to stay strong because I knew that it would give me a good outcome. I don't fear contractions. Labour is very painful but I tried to be strong because I knew that things will go well. I became a patient, no longer a medical professional. I followed all the orders and all went well. Fortunately I didn't have long labours, they were short.

Her first delivery

The first delivery that I conducted, I didn't think I could help someone give birth. I understood the theory of how it's done and the whole process. But me actually being able to do it, seemed impossible, like it would be a miracle. Then I received my first patient, she was about to give birth, they showed me how it's done, I helped her and all went well. I was like "Wow! I can actually do it!"

Pursuing her goal of becoming a midwife

When I lost both my aunts, while I was at high school, I asked my teacher about becoming a midwife and which major I should take. I asked everyone, I asked family members who'd gone to school about what it takes to become a midwife, about what I should study so I can select the right major and stay on the right path, and pursue it at university. That was the only thing on my mind.

People asked "What's up with you?". I said "Leave me alone, that's what I want to do." You asked about my personal qualities. That's one of them. When I want to do something, I make a final decision regardless of others. I don't consider the others. They have their goals and I have my goals. "If you laugh at me it's up to you." When I set a goal that's it. I pursue it with effort, my full effort, without looking to the side, without worrying that no one will support me. I give it my full effort and I achieve it successfully.

What's great about being a midwife

The good side about being a midwife is that you care and help someone to get the best things possible. They're happy and you're also happy, especially when I [help] a very sick woman or when the baby is born



with some complications. When we do resuscitation continually and then finally the baby is stable I'm very happy! Or when I receive a mother who's in critical condition, I work hard, I try to do everything possible for her and finally we succeed.

When I come home later I say to my husband: "Please give me something, it's your turn to make dinner. I've saved a life, please cook dinner!" It makes me feel very happy. I feel I've made a huge contribution and he'll say "Congratulations my wife! Keep it up please!"

I can't stop it [being a midwife], because I love mothers – caring for them makes me happy, personally. It makes me happy, and it also makes them happy. Sometimes we meet and they greet you, when I don't even remember them, and they'll say "Hey doctor, this is the kid you delivered". It makes me so happy and keeps me encouraged.

C-sections at the new medical facility

Since April last year, 2023, when we started doing C-sections [at the newly opened medical facility] no mothers have died, no babies have died.

All the staff had worked at different hospitals. We'd all been waiting to start work here, asking "When will we start work? Is it next month?"

Some things are still not in place. But when the first C-section was done, we were all very happy, even the patients. They had been concerned, saying "These people have never done a C-section. Do they know how to perform it? Will their patients survive?" We were all happy, the community was happy.

In a month, we can have around 120 normal deliveries and around 30 or 40 caesareans depending on the month. Every human being counts, every human being needs care, especially those vulnerable people – they need extra care, extra time, extra work – everything at a high level, so that they feel human again.

Some of the mothers Anne helped during our visit in March 2024:

Claire*

We treated Claire* yesterday. Before we took her into the operating room, she had some complications, which led to her having a C-section. But afterwards she was very happy, she thanked us a lot, because she had lost all hope. But when she saw her baby, she was very happy. She was doing very well yesterday evening before the end of my shift. She didn't have any complications overnight. I was with her just a while ago, she's doing well, she's stable except that she's taking some painkillers. She's not fully recovered but she's doing well. The baby is breastfeeding properly without any problems.

Beata*

Beata* who we treated today, she'd had a C-section before. She was familiar with it, but she was wondering if it would be like last time. She was worried about pain, but we promised that that won't happen, which she understood. She gave birth with a C-section. She's doing well. She had no complications, she's stable. She said "I don't know how you did it." The baby is breastfeeding well. She was awake a while ago, she's doing well with no problems.

Shukuru*



Shukuru* has been pregnant many times, this is her sixth pregnancy. She's delivered five children naturally. Based on the tests we ran with her, the baby is comfortable in the womb, everything is stable. She could give birth any time now. She's ready to deliver normally. No other problems should occur, unless it changes during labour. But for now, we hope she will deliver naturally. She's happy to give birth here in Rwanda – this will be her first baby to be born in Rwanda. Because of the care she's received while pregnant, she has high expectations for her delivery. She's so ready you can't imagine!

Additional interviews

Anne & Augustin at home

Anne: My name is Anne. My husband is called Augustin. I have a family. Two children, a girl and a boy. Our daughter's name is Ina. Our son's name is Ikuzo. We first met when I was a university student intern and he was an employee at Kirehe Hospital.

The first time I met my husband, he was very affectionate towards me. But he didn't say much. I didn't know his plans so I just left. But I kept thinking about it. I kept thinking about the caring man.

Augustin: For me too, the first day we met, I looked at her and I saw a special woman. I wanted to tell her that I liked her, but I couldn't do it on the first day. We discussed other topics not related to love. We had similar conversations on the second date, we did not talk about love. But I kept noticing how special she is. I declared my love to her on our third date.

Anne: He declared his love to me on our way back from church, the first mass, when he said that he loves me. I also felt a warm feeling inside me. I received it positively. It made me happy.

Augustin: It just felt right in a way I can't explain. Like she said, she did her internship at Kirehe hospital and I worked there. Interns work alongside experienced employees. Assigned employees guide and assess their performance. From there I noticed how she was very responsible. It was at that point that I started to love her.

Anne: I leave early in the morning, as he returns from the night shift. And he is back on his shift when I come in the evening. We might have three days with conflicting shifts. We do everything together at home on our resting days. We eat together, sometimes we cook together. We take care of the kids together, we play with the children... We are a happy family. Our secret is working together. We talk about everything, and we are empathetic towards each other.

Augustin: Like she said, it's about working together and talking about everything. Each one tries to take care of the other. Also, dedicating enough time to our children.

Before they started to do C-sections, we received many cases to at Kirehe from Mahama. The majority of them required a C-section. But now there is a big difference. We only receive a few cases and they come during the night shift. They come around that time because in Mahama C-sections are done during the day shift. They have no C-section doctor for the night shift.

Notes from the interviewer:



Anne is funny, popular with staff and patients – "they love me!" she exclaims, and her enthusiasm is infectious. She's got an easy laugh and she treats everyone equally, which I think is why people like her, they can take her at face value and vice versa. She's got a winning smile, she's generous with it, and makes jokes a lot. She's non judgmental, has faith in individual people and it shows. She speaks several languages

We got a better sense of Anne at home with her husband, where she was naturally more relaxed. She dressed up in a beautiful traditional outfit.

Theirs is a beautiful love story. Anne and Augustin met while training at medical school. Augustin talks about what attracted him to Anne: she was caring, dedicated – the kind of qualities you want in a healthcare professional. Augustin works at the district hospital that Anne used to work at. At times she'll treat a patient at Mahama and that patient will end up with him at the district hospital.

We talked to Augustin after the interview, he was completely on board. He said: "It's really important that others know we're people with lives and worries of our own and we know how it feels." Their daughter was there for the interview, but their son was being treated in hospital so wasn't there. Despite that happening for them, they were so generous with their time and hospitable.

Anne works Monday to Friday. She walks 10 mins to the bus, and then the bus is 50 mins on a dreadful road. She gets to work around 8am. If her husband is on different shifts they don't see each other all week. Their house is in a rural area. It's a humble brick house with a bright blue door, tucked away down a side street, with lots of greenery around. There were wedding photos on their walls.

Anne has always had a strong motivation to get to the source – to work at Mahama to help women, to stop women dying in childbirth, as her aunts sadly did.

Prior to the clinic offering C-sections, the level of healthcare was still great, it was just the distance on the terrible road. The combination of Dr Yassin, the ability to operate/perform C sections and the drones has been a game changer.

It's extraordinary when you consider the circumstances that these women have come from and that isn't to take away from the fact that it's right that they have this health care, but still it's quite a contrast. They've gone from having access to very little health care to now having access to the very best, as they should.

Really good trust between the communities and the clinic. The reputation is so good, and the treatment is so good, that the trust is there. And they're so delighted.

(Emma Price)

Background / Project information

Mahama is the biggest of six refugee camps in Rwanda, hosting more than 63,000 refugees and asylum seekers. The camp's maternity wards see an average of 140 births per month, along with 80 consultations per week for expecting mothers.

The Mahama Refugee Camp II Medicalised Health Centre run by Save the Children offers comprehensive obstetrical and newborn care (CEmONC) services, such as caesarean sections, blood transfusions, maternal child health services, outpatient and inpatient consultations, laboratory services, and nutrition outreach. It was remodelled and reopened in April 2023.

Previously, mothers experiencing complications in birth had to be driven to the district hospital in Kirehe, a town about 35 kms (22 miles) away along extremely bumpy, dirt roads, with the journey taking about 1.5



hours. Many women would arrive at the hospital in advanced stages of labour or have given birth during the journey, putting their own and their baby's life at risk.

Now, as Save the Children provides caesarean sections and blood transfusions on site at the Mahama Refugee Camp II Medicalised Health Centre, this has been a game changer for babies and mothers' lives and well-being, reducing infant and mother mortality as well as post-partum complications.

Save the Children is responsible for delivering health and nutrition services to refugees living in Mahama Refugee Camp since 2016. Because of the partnership with the Government of Rwanda, and the support of UNHCR, BPRM, UNFPA, Japan Embassy, and other partners, Save the Children reached 86,096 beneficiaries through health and nutrition services; including 715 children who were delivered at Mahama Refugee Camp II Medicalised Health Centre.

The midwives working in at Mahama II medical centre are employees of Save the Children and are highly qualified. They all have a license from the national university but receive additional training when they join Save the Children. Save the Children provides a bus service to and from Kirehe, for the staff working at Mahama Medical Centre.

Save the Children has been working in Rwanda since 1994 in partnership with the Government of Rwanda (GoR) and local stakeholders to promote a bright future for children, with experience working in all 30 districts of the country. The main areas of focus are education, child protection, child rights governance and health and nutrition in humanitarian and development contexts.

(2017) The health sector was supported by DFID (UK Aid), including money for some staff salaries, buying some equipment used at the clinic, rent for the ambulance (prior to one being purchased by another NGO) and supported referrals to the District Hospital, along with funding some parts of construction, like the semi-permanent structure used for outpatient services.

Previous films made about the programme

[Providing C-section operations](#)

[Real Engineering – How Rwanda Built a Drone Delivery System](#)

Other reference files

[First emergency C-section](#)

[Nearly 100 babies saved in Mahama Camp](#)

Interview conducted by: Emma Price, SCUK Freelancer

Interpreter: Prudence Uwabakurikiza

Date of interview: March 2024

Story edited by: Ingrid O'Reilly (SCUK) & Andy Jacques (SCUK freelancer)



Save the Children

STORY/ CASE STUDY

Story Approved by: Prudence Uwabakurikiza

Country/region of interview: Rwanda

Interview language/s: Kinyarwanda, French, English