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CAMPAIGN TO END FISTULA

THE YEAR IN REVIEW

Campaign to End Fistula

G.M.B. Akash, Panos Pictures /UNFPA

16-year-old Banu waiting for her pre-operation medical evaluation in the operating theatre of a Dhaka Hospital in Bangladesh.

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Contributors: Zeynep Basarankut, Luc de Bernis, Christian Delsol, Mary Finalborgo, Katie Gifford, Katja Iversen, Yahya Kane, Anne Pettigrew-Nunes, Kate Ramsey, Magali Romedenne, and Christina Vrachnos. Additional thanks to Yves Bergevin, Triana D'Orazio and Fistula Working Group Colleagues.

Editor & designer: Patricia Leidl

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Cover: Fistula patient Zana Abubakar, age 22, waits for surgery at Babban Ruga VVF Hospital in Nigeria. She suffered with fistula for eight years.

Svenn Torfinn, Panos Pictures / UNFPA
Machakos Hospital, Kenya: Patients await treatment for obstetric fistula.

OBSTETRIC FISTULA: A YEAR IN REVIEW

Obstetric fistula is a debilitating condition that has left—and continues to leave—hundreds of thousands of women suffering in solitude and shame. Fistula is the result of prolonged and obstructed labour. It renders survivors incontinent and frequently isolated from family and community. All but eliminated from the industrialized world, fistula continues to destroy the lives of some of the most marginalized women and girls living in some of the poorest regions in the world.

Obstetric fistula is a visible reminder of maternal health inequity. The highest rates of maternal death and disability are concentrated in the least developed countries—with obstetric fistula as perhaps one of the most tragic examples of unequal access to quality obstetric care.

Fistula survivors are women and girls who have lived to tell their story. Old and young, they offer a unique perspective and can be powerful advocates for maternal health. Their living testimony can raise awareness and attract resources. Their courage can inspire other survivors while their willingness to share their suffering can contribute to a more just and equitable world.

In 2003, the Campaign to End Fistula began work in 12 countries, with the aim of eliminating fistula by 2015 in line with the Millennium Development Goals (MDGs). Within five years, the Campaign has quadrupled in size and is now operating in more than 45 countries in Africa, Asia and the Arab States. With the support of UNFPA, governments and partners, increasing numbers of women and girls are accessing the care necessary to prevent and treat fistula—and to return to full and productive lives.

Since the Campaign's inception in 2003, UNFPA has secured almost US$30 million in contributions to support countries. To date:

Figure 1

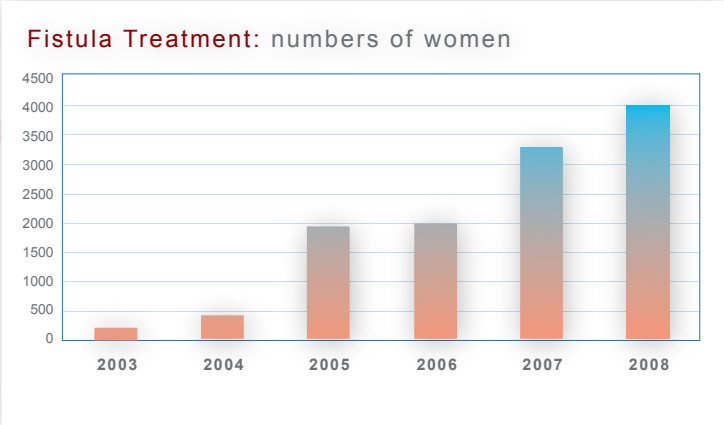
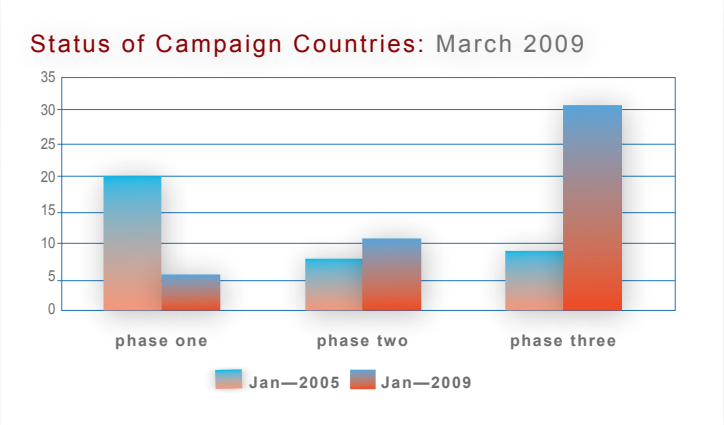


Figure 2



- At least 38 countries have completed a situation analysis concerning fistula prevention and treatment
- More than 25 countries have integrated fistula into relevant national policies and plans
- More than 12,000 women have received fistula treatment and care with support from UNFPA. [1]

At the very beginning of the Campaign, many countries conducted needs assessments and then began the national planning process. As the Campaign has matured, the majority (approximately 66 per cent) are implementing

[1] Treatment services supported by UNFPA may have also received support from governments and other partners.

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Katsina State, Nigeria: The instrument table at the fistula operating theatre at Babban Ruga VVF Hospital.

programmes and actively working to prevent and treat obstetric fistula. These countries are also assisting women to reintegrate into their communities following treatment. This shift not only illustrates the momentum and demand gathering at country level, but also highlights the fact that more resources will be required to support countries to achieve full programme implementation.

In 2008 UNFPA:

- Supported 4,000 women to receive fistula treatment;
- Supported 109 health facilities in 21 countries to strengthen capacity to manage and treat fistula;
- Trained more than 2,000 healthcare personnel in fistula prevention and management—including over 220 doctors, 530 nurses and midwives, more than 400 social workers and paramedical staff, and more than 850 community health workers.

That same year:

- United Nations Secretary-General, Ban Ki-Moon presented the first-ever report to Member States that examined the causes, consequences and key recommendations required in order to end fistula and to achieve MDG5.[2] Issued in response to a General Assembly request, the Secretary-General's report was presented in October.
- The United Nations Development Programme (UNDP) granted an award of excellence to the Campaign to End Fistula for its work championing South-South cooperation. The award committee also commended the Campaign for its innovative approach.
- Thirteen Campaign countries supported fistula survivors to advocate for improved maternal health at both the community and national levels, sensitize communities and provide peer support.
- The Campaign focused on fistula in conflict and post-conflict situations by highlighting the unique vulnerabilities of women in these complex contexts. Expanded programmes in countries such as **Afghanistan**, the **Democratic Republic of Congo (DRC)**, **Liberia**, **Somalia** and **Sudan** are shedding light on the occurrence of fistula and how best to assist survivors living in conflict and post-conflict situations.

[2] Millennium Development Goal 5 (MDG5) addresses maternal health and includes two targets: 1) Reduce by three quarters the maternal mortality ratio; 2) Achieve universal access to reproductive health.

From Trauma to Triumph: One woman's story

Like most of the young girls who grew up in her mountainous, rural village in Baluchistan, Gul Bano was married at the age of 12. Much to the delight of her family, she became pregnant almost immediately. Because she appeared so healthy and strong, her in-laws anticipated no difficulties when the 13-year-old finally went into labour. After three days of agony Gul gave birth. The baby, however, was dead.

Eight days later, Gul realized she was passing urine and faeces uncontrollably from her vagina. Neither she nor her family nor the traditional birth attendant understood that the pressure from the baby's head had damaged so much tissue that the girl had developed multiple fistulae—from her rectum and bladder into her vagina.

The leakage left her constantly wet and smelling bad. The young girl stopped venturing out of her mud house because no one in the village would approach her or, worse, fled at the sight of her.

Despite the support of her husband, she saw no future and contemplated suicide. Still barely an adolescent, Gul felt her life was over.

Worldwide, at least two million women live as Gul once did—sequestered by the shame and stigma of obstetric fistula. An estimated 50,000 to 100,000 new cases occur each year,[2, 3] testimony to the failure of health systems to respond to the most basic reproductive needs of the world's poorest women. Most survivors are unaware that surgery can usually treat the damage.

Long consigned to the medical history books in most industrialized countries, fistula continues to rob millions of women and girls of their families, communities, livelihoods and dignity. It is perhaps one of the most telling examples of inequitable access to health care and, until recently, one of the most hidden.

What is Obstetric Fistula?

Obstetric fistula is a severe morbidity caused by prolonged obstructed labour unrelieved by timely medical intervention. It exposes the challenges that persist in reducing maternal mortality and morbidity. With timely access to skilled assisted delivery and emergency obstetric care, these injuries could have been avoided. Unfortunately, the condition affects more than 2 million women and girls in developing countries, with as many as 100,000 new cases each year.

A year of consolidation and progress

2008 was a year when the hard work of laying programme foundations—formulating, developing, establishing strategic plans, strengthening and developing capacity and programmes—began to pay off. It was also the fifth anniversary of the Campaign. As of this printing, the majority of Campaign countries are now treating and rehabilitating fistula survivors, while, at the same time, working to ensure that fistula will become a thing of the past.

The Campaign has garnered awards and won accolades as an example of innovative programming. The courage of girls such as Gul continues to inspire policymakers, celebrities, politicians and health-care personnel.

Despite this unprecedented show of support and good will, the Campaign is facing challenges. The financial crisis is taking its toll. Development aid has become ever scarcer even as need continues to outstrip the capacity of countries to counter the effect of the economic downturn and serve the millions of women whose lives still remain on hold.

No longer an infant, the Campaign is on the threshold of childhood. Like most children, it is confronting its fair share of growing pains. Chief among these is the need

[2] Wall, L. 2006. "Obstetric Vesicovaginal fistula as an international public-health problem." *The Lancet* 368 (9542): 1201-1209.
[3] Abou Zahr, C (2003). "Global Burden of Maternal Death and Disability," *British Medical Bulletin* 67 (1).

to maintain a steady funding flow in order to support sustainable prevention and treatment programmes.

While challenges are many, so too are the women who have benefited. For Gul, the Campaign has not helped restore her health, but has also brought a renewed sense of purpose. Two long years following the birth of her stillborn child, Gul arrived at the Regional Treatment Centre at the Koohi Goth Women's Hospital in Karachi. Seven months later she released with fistulae treated and dignity intact.

Since then, her community has welcomed her back into the fold. Today, Gul is a good-will ambassador and works with other women suffering under the terrible burden of obstetric fistula. She has personally escorted several to the Karachi hospital where she herself was treated and has offered hundreds more the courage and determination to heal.

Her life, she says, has meaning once more.

Pakistan: Fistula survivor Gul Bano smiles for the camera following treatment for obstetric fistula. Ms. Bano is now working as an advocate for other women and has personally escorted them to the same clinic where she was treated.