NEEDS ASSESSMENT REPORT: FINDINGS FROM NINE AFRICAN COUNTRIES

United Nations Population Fund
220 East 42nd Street
New York, NY 10017 U.S.A.
Tel: (212) 297-5000 Fax: (212) 557-6416
www.unfpa.org

EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Tel: (212) 561-8000 Fax: (212) 561-8067
www.engenderhealth.org

UNFPA, the United Nations Population Fund, is the world's largest multilateral source of population assistance. Since it became operational in 1969, the Fund has provided close to $6 billion to developing countries to meet reproductive health needs and support sustainable development issues. UNFPA helps women, men and young people plan their families and avoid accidental pregnancies; undergo pregnancy and childbirth safely; avoid sexually transmitted diseases, including HIV/AIDS; and combat discrimination and violence against women.

EngenderHealth works worldwide to improve the lives of individuals by making reproductive health services safe, available and sustainable. We provide technical assistance, training, and information, with a focus on practical solutions that improve services where resources are scarce. We believe that individuals have the right to make informed decisions about their reproductive health and to receive care that meets their needs. We work in partnership with governments, institutions and health care professionals to make this right a reality.

Obstetric Fistula Needs Assessment Report: Findings from Nine African Countries

ISBN: 0-89714-661-1

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Tel: (212) 561-8000
Fax: (212) 561-8067
e-mail: info@engenderhealth.org
www.engenderhealth.org

Editor: Charlotte Bacon
Cover and book design: Mary Zehngut
Printer: Kay Printing

Printed in the United States of America on recycled paper.

Acknowledgments

The needs assessments were carried out with financial contributions from UNFPA and EngenderHealth. UNFPA and EngenderHealth are indebted to the many individuals who contributed to the creation of this report.

This is a facilities-based needs assessment, and the administrators and health providers at each of the facilities visited provided invaluable insights that shaped our understanding of the situation of fistula in the places where they work and the countries where they live: Benin, Chad, Malawi, Mali, Mozambique, Niger, Nigeria, Uganda and Zambia. These individuals (who are noted at the end of each country section in the report) gave freely of their time, shared their insights, often served as translators, and hosted us in the midst of many other responsibilities.

In addition, we are deeply grateful to the staff at UNFPA's and EngenderHealth's regional and country offices (also noted at the end of each country section in the report), all of whom devoted much time and effort to the project. Their help in arranging logistics and in facilitating communication enabled the work to be completed.

Without the support and guidance of critical individuals working in obstetric fistula—Maggie Bangser, Brian Hancock, Festus Ilako, John Kelly, Julius Kiiru, Maura Lynch and Tom Raassen—this assessment could not have gone forward. They provided important encouragement and critical details every step of the way.

We acknowledge the invaluable contribution of the UNFPA staff who helped to prepare this report, notably France Donnay, Micol Zarb and Anuradha Naidu. In addition, EngenderHealth staff Joseph Ruminjo, Erika Sinclair, Josephine Ventunelli and Mary Nell Wegner, as well as consultant Charlotte Bacon, were key contributors.

Finally and most importantly, we offer our deepest gratitude to the many women who have experienced obstetric fistula and were willing to share their stories with us. From them we have learned far more than could be included in this report.

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
AZT	Azidothymidine
C-section	Caesarean Section
CBH	Central Board of Health
CFA	Franc des Colonies Françaises d'Afrique (Franc of the denomination of the Central African States)
CHC	Community Health Committees
CIDA	Canadian International Development Agency
CNHU	National Hospital and University Centre
CONGAFEN	Coordination of NGOs and Feminine Associations of Niger
CONIPRAT	Nigerien Committee on Traditional Practices
CPR	Contraceptive Prevalence Rate
DfID	Department for International Development
DHS	Demographic and Health Survey
DIMOL	Reproductive Health for Low Risk Maternity
ECWA	Evangelical Church of West Africa
FIGO	International Federation of Gynaecology and Obstetrics
FGM	Female Genital Mutilation
FORWARD	Foundation for Women's Health Research and Development
GHON	Grass Roots Health Organization of Nigeria
HIV	Human Immunodeficiency Virus
Project HOPE	Project Health Opportunity for Everyone
IVP	Intravenous Pyelogram
JHPIEGO	Johns Hopkins Program for International Education on Gynecology and Obstetrics
KNARDA	Kano Agricultural and Rural Development Agency
MCH	Maternal and Child Health
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MTCT	Mother To Child Transmission
NAPEP	National Programme on Eradication of Poverty
NGO	Non-Governmental Organization
OB/GYN	Obstetrician/Gynaecologist
RVF	Recto-Vaginal Fistula
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar
UTH	University Teaching Hospital
VCT	Voluntary Counselling and Testing
VVF	Vesico-Vaginal Fistula
WHO	World Health Organization

Executive Summary

"The sun should not rise or set twice on a labouring woman" *—African proverb*

When people first learn about obstetric fistula, their reaction is often to reject hearing more. The subject is just too unpleasant. Yet, rejection is often what happens to women living with fistula.

Obstetric fistula is a devastating pregnancy-related disability and affects an estimated 50,000–100,000 women each year.[1] While fistula is a global problem, it appears to be particularly common in Africa. Fistula is a condition that often develops during obstructed labour, when a woman cannot get a Caesarean section (C-Section). Obstruction can occur due to malnutrition and pregnancy at a young age (which both lead to small pelvis width, and thus pronounced cephalo-pelvic disproportion). The woman can be in labour for five days or more without medical help, although obstructed labour for even a single day can yield damaging outcomes. If the obstruction is not interrupted in a timely manner, the prolonged pressure of the baby's head against the mother's pelvis cuts off the blood supply to the soft tissues surrounding her bladder, rectum and vagina, leading to tissue necrosis. The baby usually dies, and fistula is the result.

If the fistula is between the woman's vagina and bladder (vesico-vaginal), she has continuous leakage of urine; and if it is between her vagina and rectum (recto-vaginal), she loses control of her bowel movement. In most cases, permanent incontinence ensues until the fistula can be surgically repaired. In addition, most women are either unaware that treatment is available, or cannot access or afford it.

Unable to stay dry, many women live with the constant and humiliating smell of urine and/or feces. Nerve damage to the legs can also make it difficult to walk. Affected women are often rejected by their husband or partner, shunned by their community and blamed for their condition. Women who remain untreated may not only face a life of shame and isolation, but may also face a slow, premature death from infection and kidney failure. Because of their poverty and their lack of political status, not to mention the stigma that their condition causes, these women have remained largely invisible to policy makers both in and out of their countries.

Preventing the Tragedy

Obstetric fistula is a preventable and treatable condition, one that no woman should have to endure. Direct causes of fistula include childbearing at too early an age, malnutrition and limited access to emergency obstetric care. Some of the indirect causes, such as poverty and lack of education, prevent women from accessing services that could preclude the onset of such conditions. Prevalence is highest in impoverished communities in Africa and Asia.

The World Health Organization estimates that over two million women are currently living with obstetric fistulas. Estimates are based on the number of people who seek treatment in hospitals and clinics and are, therefore, likely to be much too low as many women never seek care.[2]

Fortunately, most fistulas can be repaired surgically, even if they are several years old. The cost ranges from $100–$400 USD, but this amount is far beyond what most patients can afford. If done properly, the success rate for surgical repair is as high as 90 per cent and women can usually continue to bear children. Attentive post-operative care, for a minimum of 10-14 days, is critical to prevent infection, catheter blockage and breakdown of the repair site while the surgery heals. Education and counselling are also needed to help restore the woman's self-esteem and allow her to reintegrate into her community once she is healed.

Fistula was once common throughout the world, but has been eradicated in areas such as Europe and North America through improved obstetric care. Obstetric fistulas are virtually unknown in places where early marriage is discouraged, women are educated about their bodies have access to family planning and skilled medical care is provided at childbirth.

Strategies to address fistula include preventative methods (postponing marriage and pregnancy for young girls and increasing access to education and family planning services for women and men, and providing access to quality medical care for all pregnant women to avoid complications); curative methods (repairing physical damage through surgical intervention); and rehabilitative methods (repairing emotional damage through counselling, social rehabilitation and vocational training).

Recognizing the Problem: A New Study

Reliable data on obstetric fistula are scarce. The full extent of the problem has never been mapped. To address this need for information, UNFPA, the United Nations Population Fund, partnered with EngenderHealth to conduct a ground-breaking study on the incidence of fistula in sub-Saharan Africa and the capacity of hospitals to treat patients. A team of researchers travelled to nine countries over a period of six months to visit public and private sector hospitals that provide fistula surgery and to interview doctors, nurses, midwives and patients. Over 35 facilities in Benin, Chad, Malawi, Mali, Mozambique, Niger, Nigeria, Uganda and Zambia were visited during this rapid assessment process. The team also met with government officials and U.N. representatives. Results from this nine-country study will lay the groundwork for future action to prevent and treat fistula in the region.

In the countries in which facility-based assessments were conducted, it was learned that many of those who suffer from fistula are under 20 (some as young as 13); they are also often illiterate and poor. Many have been abandoned by their husbands or partners, forced out of their homes, ostracized by family and friends and even disdained by health workers. Rarely do they have the skills to earn a living and some may turn to commercial sex work to procure an income for themselves, further heightening their social and physical vulnerability. Despite these hardships, the women interviewed showed another common trait: tremendous courage and resilience.

Understanding the Context

INDICATORS / COUNTRY	Total Fertility Rate (2000-2005)	Maternal Mortality Ratio (Deaths per 100,000 Live Births)	Infant Mortality (Per 1000 Live Births)	% of Births with Skilled Attendants	Contraceptive Prevalence (%) (Any Method)	HIV Prevalence Rate for Women (%) (age 15-24)
Benin	5.68	880	81	60	16	3.72
Chad	6.65	1,500	116	16	8	4.28
Malawi	6.34	580	130	56	31	14.89
Mali	7.0	630	120	24	8	2.08
Mozambique	5.86	980	128	44	6	14.67
Niger	8.0	920	126	16	14	NA
Nigeria	5.42	1,100	79	42	15	5.83
Uganda	7.10	1,100	94	38	23	4.63
Zambia	5.66	870	80	47	25	20.98

Source: UNFPA *State of World Population 2002*

Sub-Saharan Africa is a region devastated by AIDS, malaria, famine, endemic poverty and years of political instability. This backdrop presents numerous challenges to the quality of health care. Because health care infrastructures are fragile and becoming more so in most of the countries visited, it is increasingly difficult for providers to maintain their level of skill and successfully repair fistulas once they have occurred. Many public hospitals face chronic shortages of funding, staff, equipment and surgical supplies. This lack of essential and emergency obstetric options means that services at facilities capable of performing emergency C-sections are still out of reach for women who want and are able to access treatment.

Critical Needs

Because of poverty and the stigma associated with their condition, most women living with fistulas remain invisible to policy makers both in their own countries and abroad. The assessment outlines the following critical areas that need to be addressed in order to lower the incidence of fistula in the region:

- INFORMATION AND AWARENESS

In many rural areas, girls are married just after they experience their first menstrual flow—between 10 and 15 years of age. In some cases, early marriage for girls occurs before the onset of their menstrual cycle, as a way to ensure virginity. Postponing the age of marriage and delaying childbirth can significantly reduce their risk of

from local and national policy makers is needed for all educational efforts.

- EMPOWERMENT OF WOMEN

Women have the right to education and health care. Yet girls are frequently denied schooling, which tends to delay marriage and give them skills to earn an income. Social and cultural barriers also limit a woman's ability to seek medical care when needed. In many countries, pregnant women require permission from their husbands or male relatives to see a doctor. Cultural beliefs around the causes of obstructed labour—such as infidelity or being cursed—further limit a woman's ability to seek treatment. Legal and social change is needed to improve the status of women and provide girls with access to proper nutrition, health care and education. Men's involvement is crucial to achieve this change and to give young women other options in life besides childbearing.

- TRAINING

Reconstructive surgery is a delicate procedure that requires a specially trained surgeon and skilled nurses. Carefully monitored post-operative care is also crucial to a patient's recovery. In each of the nine countries visited, there is an urgent need for more doctors and support staff to handle the demand for treatment. Many hospitals rely heavily on the assistance of expatriate doctors. Local surgeons and nurses should be trained in fistula repair and their skills should be updated regularly. Midwives should immediately refer patients