Campaign to End Fistula

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dispatch

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Editorial

We are very pleased to see that the number of women dying in pregnancy and childbirth continues to decline, according to the most recent UN estimates. This shows that efforts on the ground are paying off. But more than a quarter of a million women still die in pregnancy and childbirth each year, and many more suffer debilitating injuries, like obstetric fistula.

Chad and Somalia have the highest maternal death rates in the world. Tragically, in both countries, maternal deaths have actually increased in recent years, rather than the reverse. Adding to these sobering facts, Chad, for instance, has one of the lowest numbers of maternal health professionals globally.

We know what must be done to prevent maternal deaths and disabilities: invest in health workers with midwifery skills, improve access to voluntary family planning and ensure access to emergency obstetric care when complications arise. These interventions have a proven track record in saving lives and accelerating progress towards better maternal health.

However, increased efforts are still required to ensure these crucial components are in place and to promote the education and empowerment of adolescent girls and the well-being of women globally.

More focus is also urgently needed in the countries with high rates of maternal deaths and disabilities. Women and girls with fistula are living proof of high maternal mortality. Our work must continue to make every pregnancy wanted, every childbirth safe and every mother healthy and fistula-free after delivery.

Gillian Slinger
Coordinator, Campaign to End Fistula

What is fistula?

Obstetric fistula is a childbirth injury caused by prolonged, obstructed labour, without timely medical intervention—typically a Caesarean section. During unassisted prolonged labour, the sustained pressure of the baby's head on the mother's pelvic bone damages her soft tissues, creating a hole—or fistula—between the vagina and the bladder and/or rectum. The pressure prevents blood flow to the tissue, leading to necrosis. Eventually, the dead tissue sloughs off, damaging the original structure of the vagina. The result is a constant leaking of urine and/or feces through the vagina. It's estimated that over 2 million women live with the condition in the world, with up to 100,000 new cases every year. Fistula is both preventable and, in most cases, treatable.

COVER PHOTO: With the slogan "Don't close your eyes. We can end fistula," a new public service announcement highlights the importance of ensuring access to emergency obstetric care and skilled health professionals—especially midwives—to all women to prevent and help ensure treatment for obstetric fistula. The PSA was developed by the Brazilian illustrator Rodrigo Mafra, based on the soundtrack created by Grupo UAKTI. "As artists, we need to alert society about fistula, hoping that the necessary investments are made so that this issue becomes history," said Marco Antônio Guimarães, UAKTI's leader.

Bridging the gap

Global

Maternity waiting homes are a promising option to help bridge the gap in accessing obstetric care in developing nations, fistula experts say, noting the high number of maternal deaths and disabilities stemming from poor access to specialized care during pregnancy and childbirth complications.

The principle is relatively simple: the World Health Organization says that maternity waiting homes can be low-cost or free accommodations located near a qualified medical facility, where rural women, including those defined as "high risk," can await delivery and be transferred to a medical facility for delivery or even earlier if complications arise.

According to Dr. Andrew Browning, an Australian surgeon who has been working in Africa for the past 12 years and currently heads the Selian Hospital in Arusha, Tanzania, these facilities are particularly important for women living in remote areas, especially if they are former fistula patients, since these waiting homes can improve access to lifesaving services. "They help ensure access to elective C-sections and prevent fistula recurrence. Moreover, they increase the chances of survival for both mother and baby in subsequent pregnancies."

Citing examples from Ethiopia, Dr. Browning believes that maternity waiting homes have great potential, as long as they are implemented and used correctly. "I think one of the major controversies about maternity waiting homes and failures of the model in the past is due to the fact that

Nanglani, a fistula survivor, with her mother on the right. The hospital and Mt Meru are in the background.
Photo: Andrew Browning, Bahirdar Fistula Center, Ethiopia.

they might not be so welcoming to the mothers, not practical for pregnant women to stay in, or they are not free."

According to Dr. Browning, if these barriers are overcome and the concept is introduced and accepted in communities, there will be many success stories to prove the model is a good solution to bridging the access gap.

His personal experience with maternity waiting homes dates to 2005, when he worked with a fistula unit in Ethiopia, where a number of treated fistula patients returned with yet another fistula following another pregnancy. The women usually arrived in their 34th or 35th week of pregnancy.

"During the three years that we looked into it at the Bahirdar Fistula centre, in northern Ethiopia, we had over 200 women delivering in the unit. During that time we had no maternal deaths among ex-fistula patients. We lost three babies: one due to a congenital problem, the other due to prematurity and the last due to some other complication. But we didn't have any fistula recurrence.

"During the same period, we had over 70 women come back to us after a previous fistula repair but who subsequently tried to have another baby back in their villages. Every single one of them lost their babies (they had stillbirths), and all of them had a recurrence of fistula. We had at least five other former fistula patients who died trying to give birth in their villages. The contrast between the two sets of statistics regarding safe delivery is dramatic."

For Dr. Browning, one of the major challenges in making the maternity waiting home approach work is to detect high-risk patients: "It is very difficult to screen the patients when pregnant; women don't have proper antenatal care."

"The solution for safe delivery would be either to have hospitals absolutely everywhere, so that women can easily have access to emergency obstetric care, or to bring women closer to a hospital or a health centre in advance, so they can deliver there safely without having to walk for days and in labour."

In Eritrea, maternity waiting homes are part of the comprehensive package of essential obstetric services. As a result, an increase in the rate of skilled birth attendance was observed, including a 70 per cent increase in the number of deliveries in some health facilities between 2010 and 2011. They also offer a low-cost approach to bringing pregnant women from remote areas closer to skilled delivery services and obstetric care.

The Ministry of Health of Eritrea has been working with UNFPA as a major partner on fistula repair and prevention since 2004, organizing regular fistula fortnights at one of its regional hospitals.

Although more scientific documentation is needed on maternity waiting homes, when good conditions are in place—free services, meals, skilled health personnel and basic comfort conditions—maternity waiting homes will have a positive impact on the health of rural women and help reduce deaths and disabilities of mothers and babies.

"I am convinced that maternity waiting homes are not used to their full potential for any pregnant woman from a remote area, or in the subsequent pregnancies of recovered fistula patients," says Gillian Slinger, coordinator of the Campaign to End Fistula. "It is critical to reinforce the evidence base on their use and to trigger a reflection in the expert community to move this approach forward." Ms. Slinger said that in some contexts, a combination of creative approaches may be most effective in overcoming obstacles.

News

Training in Yemen

At least 13 women had fistula surgery in May 2012 in Yemen. There is now more hope for fistula patients in the country as Dr. Geert Morren, a fistula expert from Belgium, trained several medical teams in Yemen and assisted in fistula surgical repairs. This is a step forward in the treatment of fistula in the country, where many women live with this debilitating childbirth injury. Read more here.

British executive honored by Royal College of Surgeons

Ann Gloag, Stagecoach Group co-founder, was awarded the "Companion of the College" award by the Royal College of Surgeons for her humanitarian work. Among other initiatives, Ms. Gloag established scholarships for surgeons and boosted the fight against fistula in Africa through her Freedom from Fistula Foundation. She also supports a maternity and fistula treatment unit in Sierra Leone.

Advocacy mapping

The fight to end fistula is increasing as Family Care International collaborates with other organizations to map current policies, advocacy strategies and messages connected to the problem. With an ongoing Web-based survey and complementing mapping efforts by other partners, FCI expects to compile key information on fistula prevention, treatment and social reintegration of fistula survivors. For more information, please contact hlawton@fcimail.org.

Les Survivantes

French photographer Livia Saavedra visited WAHA International's fistula project in northern Ethiopia, following women suffering from obstetric fistula on their difficult journey from isolated villages to the Gondar Teaching Hospital, where they undergo treatment. With UNFPA support, WAHA produced "Survivors – wounded during childbirth," a Web documentary using Livia's poignant photographs to tell the stories of women with fistula and the doctors who provide treatment. Aiming to raise awareness on the problem in France and elsewhere, this online presentation has been published on the French news sites youphil.fr and RFI. An English version is also being disseminated.

Video showcases fistula project in Liberia

A new video recently produced in Liberia showcases a fistula project carried out in the country with the support of Zonta International. The president-elect of Zonta International—a worldwide organization of businesswomen and professionals working to advance the status of women—visited Liberia in 2011 to learn more about the efforts to end obstetric fistula and reduce maternal mortality in the country. Watch the video here.

Read more: **www.endfistula.org**

A public health issue

Nouakchott, Mauritania

"The 'disease' had destroyed my family by keeping my husband away from me."
—Emahaina, fistula survivor.
Photo: UNFPA, Mauritania.

"Obstetric fistula, one of the most serious injuries resulting from childbirth complications, continues to be a condition of the poor, mostly affecting women who lack access to quality medical care," said Dr. Claude Dumurgier, a fistula surgeon from France in charge of obstetric fistula activities at *Equilibres et Populations*, a non-governmental organization dedicated to fistula treatment in Africa. Almost all cases occur in sub-equatorial countries, in sub-Saharan Africa, Asia and the Arab States. In Africa, 200,000 young women fall victim to fistula annually. In Mauritania, where 44 per cent of the population is below eighteen, 8,000 to 12,000 women live with fistula, with at least 1,500 new cases every year.

This reflects the vulnerabilities associated with pregnancy in a country with high fertility rates and considerable problems with education and information," added Dr. Dumurgier, noting that the illiteracy rate among women in the country is close to 60 per cent.

Except for a few sporadic interventions, until 2005 Mauritania still didn't have a specialized center for the surgical treatment of fistula, which started only when *Equilibres et Populations* began to offer expert services in the country with the support of fistula surgeons from Europe. Eleven fistula missions were carried out between 2005 and 2011 by Dr. Dumurgier and Dr. Ludovic Falandry in Mauritania.

According to Dr. Dumurgier, the nonprofit group aimed to sensitize the population and authorities about the seriousness of the situation in Mauritania and to alert them to the public health issues in the country.

"Fistula was transforming women into pariahs in their own communities. It was like being a 'leper'," explained Dr. Dumurgier, who helped treat more than 150 cases since the institution started operations in the country and trained a team of local surgeons to specialize in fistula. Policies recently established in Mauritania to promote maternal and child health have led UNFPA in Mauritania—in consultation with *Equilibres et Populations* and the Ministry of Health—to propose a more ambitious project to treat fistula and train experts: the creation of an Applied Obstetric Fistula Research Institute (IRAFOM).

The idea is to build the center around a totally integrated team within an existing hospital in Mauritania. Taking the local context into consideration, the institute will provide a practical and global response to the public health issues associated with fistula. The institute will also function as a national center of excellence to provide care for an array of post-partum disabilities, helping to train paramedical and medical professionals to manage fistula from various perspectives, including social and surgical approaches.

The institute will be located in the Mother and Child Hospital, in the capital Nouakchott, and will serve as a pilot for future replication in the region, offering epidemiological and clinical services as well as prevention, education and social-reintegration activities. This will continue the work started by the nonprofit group seven years ago in Mauritania.

Ending fistula in Angola

Damba, Angola

"I was desperate... I thought of killing myself... For 12 years I leaked continuously… I was operated three times without success before I came to Damba… If I went to a party, I couldn't even drink a soda… Young men would run away from me… Now, I am well, my life has changed. I'll go back to work and, maybe, will have other children."

As Celeste Jose, from Kwanza Norte—a province in Angola, 500 km from Luanda—gives her testimony, it's hard not to think about the many other women who suffer with the same condition in the country, but still don't have access to treatment.

In Angola, where many women have little or no access to specialized care during pregnancy and childbirth, the number of fistula cases is high. "Every year, thousands of adolescents and young women develop fistula, changing their lives into an ordeal and condemning them to social isolation and stigma," said Dr. Maria Leonor Sampaio, a researcher/author on fistula in the country.

To deal with the problem, UNFPA and partners joined forces to increase access to treatment and helped create the first fistula treatment and training reference center in Angola.

Opened in 2011, the National Obstetric Fistula Treatment Center is located in Damba, Uíge Province, in the northwestern part of the country. The Center, part of the public health system, is temporarily operating in the Damba Hospital, one of five new facilities built in the province to ensure quality health care closer to the communities that most need it. The center will eventually be transferred to the local Maternity Hospital, now under renovation.

"Before, patients had to be referred to the provincial hospital. Now, they can be treated locally," explained Paulo Pombolo, the provincial governor. He was among those present at the opening of the center, which also included the Angolan Vice Minister for Public Health, Dr. Evelize Frestas, who reaffirmed the Government's strong commitment to fighting fistula.

Kourtoum Nacro, UNFPA Representative, donates surgical equipment to the fistula center in Damba.
Photo: UNFPA, Angola.

New study on key surgical practice

Global

A milestone study focused on a key element of fistula treatment launched early this year—duration of post-operative catheterization—holds the potential to transform clinical practices related to fistula repair and enable more women to receive this life-altering surgery.

Catheterization—inserting a tube via the urethra to drain urine from the bladder—gives time for fistula repairs to heal after surgery. Yet the ideal length of time for a catheter to remain in place is unknown. The focus of this study is to determine whether short-term catheterization (seven days) leads to as successful an outcome as longer-term catheterization (14 days) after repair of simple fistula.

With support from the U.S. Agency for International Development, EngenderHealth's Fistula Care project and the World Health Organization began recruitment in January 2012. The study will analyze outcomes from more than 500 women who have fistula surgery and are randomly assigned to 7- or 14-day post-op catheterization in eight African facilities in the Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Niger, Nigeria, Sierra Leone and Uganda. The study protocol was published in *BMC Women's Health* in March 2012.

Evelyn Landry, Fistula Care Deputy Director, believes that the findings could be important in informing the optimal ways to treat women with less complex fistulas. "The longer a woman is catheterized, the greater the potential for infections or other complications," Ms. Landry explained.

Reducing the time a woman is catheterized after surgery for a simple fistula would in theory shorten the duration of her clinical treatment and could potentially improve surgical outcomes. Furthermore, if the study shows that outcomes are as good if not better with a 7-day catheterization period, a recommendation could be made to standardize this practice for less complex cases, which would reduce costs and enable hospitals to treat more women.

The idea for the study came from a survey carried out in 2009 among fistula surgeons across Africa and Asia, asking them to share their surgical practices. "From their responses, we determined that studying the duration of catheter use after fistula surgery would have the greatest potential impact on improving results for women," Ms. Landry said.

In the words of regional study coordinator Dr. Alexandre Delamou: "We are committed to doing the best we can to support women with fistula and eliminate this social injustice. The results of this landmark trial could help us to do even better."

Dr. Alexandre Delamou.
Photo: EngenderHealth.

The EngenderHealth-led Fistula Care project represents the largest investment by the U.S. government in fistula prevention and treatment to date. In addition to building capacity for fistula repair and prevention, the project also conducts research to identify best practices for treating and caring for women living with fistula.

For more complex fistula cases, while practices do vary and more evidence is still required, a longer period of catheterization is generally the norm, as well as a longer stay in hospital, to allow full recovery from the surgery and other pathologies associated with a more severe form of fistula. In addition, where possible, all women recovering from fistula treatment (whether simple or complex) should be offered services to help them reintegrate into their home environment and continue their lives.

National strategy against fistula

N'Djamena, Chad

Fistula was front and center in Chad last May, when the First Lady, Hinda Déby Itno, and UNFPA Representative, Mamadou Dicko, announced that as part of the Fund's initiatives in response to the serious fistula situation in the country, the National Reproductive Health and Fistula Treatment Center in N'Djamena will be fully equipped to treat the condition.

Fistula expert from Senegal, Professor Serigne Magueye Gueye, coordinated the treatment campaign in Chad.
Photo: Lucía Antebi.

They also announced an international treatment campaign coordinated by a fistula expert from Senegal, Professor Serigne Magueye Gueye, and training of health professionals in fistula surgery, as well as social reintegration of survivors in Chad.

The announcement followed a workshop in N'Djamena, from 2-3 May, when more than 60 health officials and practitioners gathered for training and development in the capital to discuss the challenges in overcoming fistula in the country.

With a population of more than 11 million, Chad has the highest maternal death rate in the world. Adding to the sobering statistics, the number of maternal health professionals is also the lowest globally: 16 obstetricians and fewer than 300 midwives, 60 per cent of whom work in the capital. As a result, about 16 per cent of deliveries are assisted by qualified health professionals, leading to major childbirth problems.

During the workshop opening ceremony in N'Djamena, Mohamed Lemine, UNFPA Deputy Representative in Chad, explained that fistula occurs when a woman does not have access to emergency obstetric care—usually a C-section—when she needs it. "Sometimes, the decision to seek care is taken too late, the health facilities are too far from the patient or the services provided lack quality," he explained.

According to the Ministry of Health Deputy Secretary-General, Dr. Matchoké Gong-Zoua, some progress has already been achieved through the fistula project supported by UNFPA in the country.

"The fact that 75 per cent of our leaders are now aware of the problem and committed to the programme shows that our efforts have been crucial. Also, more than 1,200 patients have undergone surgery since 2002, with a success rate of 85 per cent," said Dr. Gong-Zoua, adding that this is considered a major achievement by the government.

Dr. Gong-Zoua stressed that the Government is deeply committed to addressing maternal health issues in Chad. "President Idriss Deby Itno himself chairs a monthly meeting on the theme and has allocated specific funds to improve maternal health indicators in the country," Dr. Gong-Zoua pointed out.

Gillian Slinger, coordinator of the Campaign to End Fistula, with a patient in Abéché.
Photo: UNFPA, Chad.

Women Deliver 50

Global

The Hamlin College of Midwives—linked to the Addis Ababa Fistula Hospital, which was co-founded by Dr. Catherine Hamlin in Ethiopia—was a winner of Women Deliver 50, the top 50 inspiring ideas and solutions that deliver for girls and women. Entries that made it to the finals in five different categories were narrowed down through popular vote on Facebook from 125 finalists selected among nominations from 103 countries. More than 6,000 individuals voted online to select the winners.

The Hamlin College of Midwives has trained and graduated two classes of midwives to work in rural villages in Ethiopia. Designed to address the lack of skilled birth attendants in the country, it was the first college in Ethiopia to approach midwifery as a full profession.

Founded in 2007 by the Addis Ababa Fistula Hospital, the college aims to provide every rural community with a midwife to offer vital maternal care. Watch a video about Dr. Hamlin's work and the College of Midwives at www.endfistula.org.

Other fistula projects included

Fistula Care Project – EngenderHealth
The Fistula Care Project, an initiative in 11 countries across sub-Saharan Africa and Asia, increases access to life-altering fistula repair and removes barriers to emergency obstetric care. The project works with communities to generate awareness about fistula; strengthen access to family planning and quality obstetric care to prevent fistula; improve local surgical facilities; and train surgical teams on fistula repair, care, and management. The project works with professional associations and national authorities to establish and monitor quality services, standardize care, and incorporate fistula prevention and treatment into other maternal health programs.

M-PESA – Comprehensive Community Based Rehabilitation in Tanzania
In 2009, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) started using Vodaphone's mobile banking system, M-PESA, to help fistula patients pay for transportation to hospitals. CCBRT sends money through SMS to fistula volunteer ambassadors who retrieve the money from a local Vodafone M-PESA agent and buy bus fares for the patients who need treatment. Between January and December 2010, 54 ambassadors referred 129 women for fistula repair via M-PESA, with almost half of the cases treated at CCBRT. Following the launch of this initiative, the number of patients seeking fistula treatment at CCBRT increased by 65 per cent.

Fistula Hotline – Gloag Foundation, USAID, UNFPA and Airtel. *Read story on this page.*

Sustainable Obstetric Fistula Awareness Network – TERREWODE. *Read story on page 7.*

Bane of child marriage

Karachi, Pakistan

To try to reduce the number of fistula cases in the country, Gul Bano, ambassador for the UNFPA-led Campaign to End Fistula in Pakistan, and her cleric husband, Ahmed Khan, are also using their personal story to fight child marriage. Poverty, illiteracy and few legal constraints against early marriages increase the vulnerability of Pakistani girls to maternal health problems, including obstetric fistula.

Gul's passion stems from her own personal ordeal as a fistula patient, a condition she developed during childbirth in her first pregnancy. She was married off as soon as she reached adolescence, a custom in the mountain village of Kohadast, in the Khuzdar district of Balochistan Province, and became pregnant before she turned 16.

With limited prenatal care in her village, a traditional birth attendant assured her and her family of normal delivery. However, after days of obstructed labor, Gul gave birth to a stillborn baby.

After a while, Gul realized she was leaking urine. Her family attributed her condition to fate, and even her father refused to visit her due to her bad smell. Facing discrimination from her family and community, Gul considered committing suicide. Her husband, however, stood by her side.

It was only after a year or so that a family member told Gul's husband that a regional fistula center, supported by UNFPA, at the Koohi Goth Women's Hospital offered free treatment. The center, started by Dr. Shershah Syed, one of the first Pakistani surgeons specializing in fistula repair, is part of a programme to improve maternal health in the country.

Now 20, Gul works to ensure the end of child marriage in Pakistan and that more fistula patients get access to specialized care. Her story is attracting media attention around the world and helping to raise visibility about the social determinants of obstetric fistula in developing countries.

New fistula hotline

Freetown, Sierra Leone

Fistula patients and other women in Sierra Leone now have access to toll-free numbers that link them to specialized practitioners. Since October 2011, women living in remote areas can call these numbers to access fistula treatment.

The new fistula hotline is one achievement of the partnership between the Gloag Foundation, the US Agency for International Development, UNFPA and Airtel Telecommunications Company.

Since the creation of the hotlines, a significant number of media messages have been broadcast describing obstetric fistula symptoms and relaying the fistula call number: 555.

About one in eight pregnant women develop fistula in Sierra Leone. While fistula can affect any woman who does not have access to an emergency Caesarean section during obstructed labour, girls and adolescents face an increased risk.

In the first month of the service, more than 8,000 calls were made to the Aberdeen Women's Centre, managed by the Gloag Foundation. About 165 patients were referred to the center through the hotline and almost 119 fistula patients received treatment.

Read the original story published on the global UNFPA website.

On board

Lome, Togo

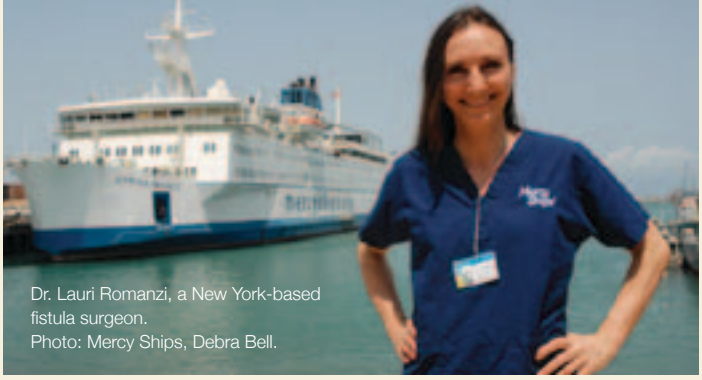
In May 2011, the Togo government announced that all Caesarean sections would be free, a big step towards reducing maternal mortality and eradicating obstetric fistula in this tropical sub-Saharan nation of 57,000 square kilometres (22,000 sq mi) and 6.7 million people.

This inspiring policy change is part of a concerted effort to reduce maternal deaths and morbidity and improve maternal health. UNFPA and other development agencies and international organizations are joining the effort. This includes Mercy Ships, whose floating hospital, the *Africa Mercy*, provides surgical health services to the poor in ports along the west coast of Africa.

It was in Lomé, the capital of Togo, in the Gulf of Guinea, that Mercy Ships most recently set anchor to receive and treat patients suffering from cleft lip, maxillofacial tumors, thyroid disease, hernias, cataracts and obstetric fistula from the most remote corners of the country. In April 2012, Dr. Lauri Romanzi, a New York-based fistula surgeon, traveled to Togo for a one-month surgical mission. She shared her experience with Dispatch.

"I arrived at night and was taken directly to the ship, docked in Lomé's Port Autonome, with the Togolese Navy on one side and a constant turnover of international container ships on the other. The entertainment value of the deck at night cannot be overstated; 24 hours a day, all manner of cranes and crew load and unload in a marathon of international trade."

"Living on the ship was like a working cruise without the cruise part. The camaraderie of doctors and nurses from all over Europe, America, Australia, Africa and Asia working in a modern operating room allowed for a true home-away-from-home experience. As a surgeon, it was as if a magic carpet had transported my New York City operating room and staff to the coast of West Africa."



Dr. Lauri Romanzi, a New York-based fistula surgeon.
Photo: Mercy Ships, Debra Bell.

"Mercy Ships coordinates cooperative work between Mercy Ships surgeons, most from developed nations, and local surgeons in the various specialties. I had the good fortune to work with Dr. Edoe Sewa, a general surgeon from the Dapaong region, located at the northern end of Togo. Many of the patients were from his area. We did more than 40 fistula-related procedures, about three surgeries on average per day."

"The myth of the 'quick, straight forward surgical repair for a simple fistula' was played out – only a handful of them were 'simple' fistula; Dr. Sewa completed one of these in 43 minutes. But most were recurrences or multiple fistula or large or complex obstetric fistula. These cases take longer, about 2-3 hours each. One patient was on the table for 6 hours. Our 20 bed ward was functioning at capacity."

Making fistula a thing of the past

by Alice Emasu Seruyange

Ms. Martha Ibeno leads an information sharing session aimed at reintegrating fistula survivors and members of their families.
Photo: TERREWODE.

Thirteen years ago, Uganda lacked knowledge about prevalence rates of obstetric fistula. There were few qualified medical staff, repair equipment or medical supplies because obstetric fistula was considered socially and traditionally embarrassing.

Perhaps the most disturbing aspect was the lack of a national strategy and policy to guide interventions relating to prevention, treatment and management of fistula. Women living with fistula were ignorant about the condition being preventable and medically treatable. They also did not know that it was their right to demand maternal health services.

This is slowly changing. Access to treatment is gradually improving; 12 local surgeons offer fistula repairs in eight hospitals, according to the Uganda Fistula Map, launched in 2010.

Several treatment camps are conducted in the country. A national fistula strategy is in place, and there are plans to create a policy on fistula, thanks to the Ministry of Health, the Technical Task Force for Fistula in Uganda and development partners like UNFPA, AMREF, EngenderHealth, the Fistula Foundation and The Association for Re-orientation and Rehabilitation of Women for Development (TERREWODE).

TERREWODE started small, operating in 32 out of 64 subcounties across the eight districts of the Tesosub region. It focused on demystifying traditional beliefs that fistula was caused by witchcraft, while it also identified victims and helped support their access to treatment. Today, TERREWODE is recognized as one of Uganda's leading NGOs with a holistic obstetric fistula program that supports prevention, as well as treatment and reintegration of survivors.

Since 2001, TERREWODE has dedicated its efforts to the creation of a vibrant grassroots women's movement that regularly engages with partners at various levels to prioritize obstetric fistula, maternal and child health issues.

An important component of the agency's grassroots women's movement is a sustainable Obstetric Fistula Awareness and Advocacy Network (OFAAN) and the Obstetric Fistula Alliance (OFA), which have helped 700 women living with fistula in Teso to access treatment and social reintegration services.

The TERREWODE fistula model involves training six distinct groups of volunteers: home-based maternal care volunteers, the Dignity Watch Society Forum members, law enforcement officers, technocrats, policy makers, fistula survivors and school/student communities. TERREWODE also conducts training workshops designed to disseminate information on safe motherhood preparation, obstetric fistula and economic, human and legal rights.

According to the 2011 fistula strategy, there are approximately 200,000 women living with fistula in Uganda, with some 1,900 new cases recorded and about 4,000 cases repaired annually.

Launch of first-ever global fistula map

Global

The largest and most comprehensive map of available services for women living with obstetric fistula was launched in February 2012 by Direct Relief International, the Fistula Foundation and UNFPA. The release of the Global Fistula Map, a major step in understanding the landscape of worldwide treatment capacity for obstetric fistula, will help streamline the allocation of resources and raise awareness of the condition.

The Global Fistula Map is an evolving collaborative effort, resulting in this innovative resource being developed by Direct Relief International. The map can be found at www.GlobalFistulaMap.org. It highlights over 150 health facilities providing fistula repair in 40 countries across Africa, Southeast Asia and the Middle East. While availability of surgical treatment for obstetric fistula is growing, the current capacity of most facilities is low. Over half of reporting facilities treated fewer than 50 patients each in 2010, while only 5 facilities worldwide each reported treating more than 500 women. It is anticipated that the map will improve coordination and enhance fistula prevention and treatment efforts worldwide.

"Helping women with fistula receive life-restoring surgical care requires knowing where the women are and where care is available," said Lindsey Pollaczek, the Senior Program Manager who led the effort for Direct Relief International. "Direct Relief uses mapping technology and tools to target medical resources more effectively, and we are so pleased to do this work to support the larger effort to help women with fistula get the care they need."

According to Gillian Slinger, coordinator of the Campaign to End Fistula, "The map will be expanded and continuously updated with information provided by experts and practitioners around the globe on facilities providing fistula repair and rehabilitation services."

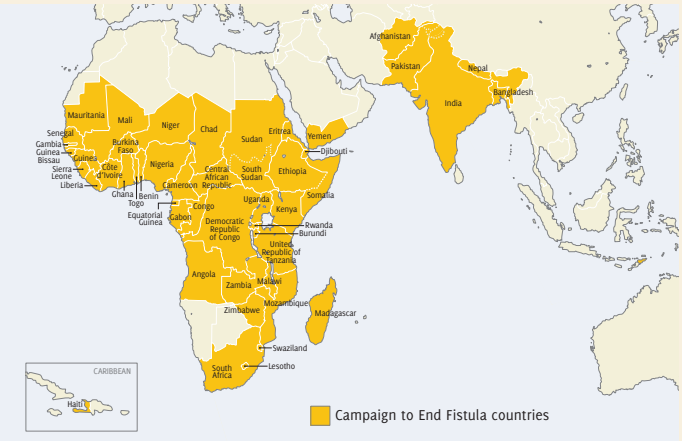
"The Global Fistula Map is a crucial step forward in the field of fistula treatment. It is a dynamic and powerful tool that can help target scarce resources where they are most needed to treat women with obstetric fistula," said Kate Grant, chief executive of the Fistula Foundation.

The Global Fistula Map is a joint project with Direct Relief International, the Fistula Foundation and UNFPA; data is also contributed by EngenderHealth, WAHA International and the International Society of Obstetric Fistula Surgeons.

Why the Campaign?

- Every year, 7 to 10 million women suffer severe or long-lasting illnesses or disabilities caused by complications during pregnancy or childbirth, including obstetric fistula.
- Obstetric fistula is a preventable and, in most cases, treatable childbirth injury that leaves women incontinent, ashamed and often isolated from their communities.
- At least 2 million women live with obstetric fistula in the developing world, and up to 100,000 new cases occur each year.
- In 2003, UNFPA and its global partners launched the Campaign to End Fistula, now present in more than 50 countries.
- Since 2009, UNFPA's contribution to the Campaign has been programmatically integrated into the Maternal Health Thematic Fund, launched in early 2008 by UNFPA to support priority countries in their efforts to improve maternal and newborn health.
- With the Midwifery Programme, this integrated approach is contributing to further strengthen efforts to prevent obstetric fistula through improved access to quality maternal health services.
- The Campaign, with its many partners around the world, focuses on three key areas: preventing fistula, treating affected women and supporting women as they recover from surgery and rebuild their lives.

For more information, please visit: endfistula.org.



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Campaign to End Fistula | UNFPA

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