



ERITREA



PHASE III

Country Situation at Baseline

- **Profile of typical fistula survivor:** The average age of 82 women interviewed for a 2003 needs assessment was 29 years, with the average ages at marriage and first delivery reported as 16.5 and 19 years respectively. Married women with obstetric fistula accounted for 14.6% of cases, while 34.2% were divorced, though it is not known whether they were divorced before or after the fistula developed. Almost half of the women interviewed were illiterate. Of the women who had developed the fistula during their first pregnancy, almost 90% had stillborn infants.
- **Caseloads:** In 2002, surgeons from Stanford University and Johns Hopkins School of Medicine performed fistula repair surgeries on 37 women. At the time of the national needs assessment, there were three doctors in the country who repaired minor obstetric fistula cases: an obstetrician in Mekane Hiwet, a surgeon in Massawa, and a gynaecologist in Keren Hospital.
- **Barriers:** Health care providers lack the technical skills and equipment needed for fistula repair surgery and post-operative care. No hospital has trained nurses/midwives that can provide pre- and post-operative care to fistula repair patients. In addition, there is very little awareness of the causes and consequences of fistula.
- **Cultural context:** Almost 90% of women are married before the age of 20, and approximately 78% of women are between the ages of 16 and 20 during their first pregnancy. Women have limited decision-making power, which may delay or hinder their ability to seek health care services.

SELECTED INDICATORS

Total population (millions)	4.3
Total fertility rate (2000-2005)	5.43
birth among women 15-19 (per 1,000 live births)	115
MMR (per 100,000 live births)	630
% births with skilled birth attendant	28
IMR (per 1,000 live births)	73

Source: UNFPA State of World Population, 2004

Source: National Fistula Needs Assessment, UNFPA and Ministry of Health of Eritrea, 2003

Assessment Sites

1. Jeko MCH Centre (Anseba)
2. Barentu Hospital (Gas Barka)
3. Mendefera Hospital (Debub)
4. Adi Keih Hospital (Debub)
5. Amatere MCH (Semenawi Keih Bahri)
6. Tio Hospital (Debubawi Keih Bahri)

Campaign Achievements

Policy

- Eritrea has developed and is currently implementing a National Strategy to integrate fistula advocacy, prevention, treatment, and rehabilitation into its reproductive health programmes.

Research

- In 2002, a series of case studies documented the experiences of women seeking treatment for fistula.
- A 2003 needs assessment surveyed health facilities and included focus groups and interviews with 82 fistula survivors.
- Completed in February 2005, a second in-depth needs assessment explored the experiences of women seeking care for fistula. The assessment included interviews with new fistula repair clients and their family members, and questionnaires administered to past fistula repair clients returning for follow-up visits.
- Since there is a lack of national survey data about fistula, Eritrea is developing a database on fistula for research, tracking, and program planning purposes.

Prevention

- In partnership with the Ministry of Health, the Pilot Community Mobilisation/Education Project for Promotion of Safe Motherhood and Prevention of Obstetric Fistula will be conducted in the Northern Red Sea Zone. Baseline and follow-up assessments in intervention and control communities will determine if the intervention 1) increases knowledge of the causes and ways to prevent obstetric fistula, signs of fistula, and resources for repair of obstetric fistula and reintegration of survivors; 2) increases knowledge of the signs of birth delay; 3) increases the frequency of delivery with a skilled attendant and prompt referral of women with birth delay; and 4) increases the creation of household and community solutions to problems of transportation and referral (such as community emergency plans and funds). If successful, this pioneering community mobilisation and behaviour change communication (BCC) project could be scaled-up nationwide and adapted for use in other countries.
- The above pilot project is based on an effective Safe Motherhood community mobilisation programme already being implemented by the Eritrean MOH, which consists of training local health centre staff and community maternal health volunteers to work with communities on utilisation of antenatal care, malaria prevention, recognition of danger signs, prompt referral when complications occur, and skilled birth attendance. As an integral part of these initiatives, fistula prevention efforts also incorporate activities to make traditional birth attendants aware of the risks, challenges, and complications associated with pregnancy.
- Efforts are underway to provide training to health care providers nationwide, with an emphasis on in-service training to all nurses and associate nurses, who typically staff the health post and health centre levels. UNFPA has supported adding life saving skills (LSS) to nurse associates' training, and has advocated for the inclusion of a short module on obstetric fistula prevention and treatment.

Treatment

- Eritrea is in the process of establishing a fistula centre in Mendefera (Debub Zoba Region), which would serve as the national reference centre for fistula treatment.
- As part of an ongoing partnership aimed at strengthening national capacity to treat fistula, UNFPA supported a team of doctors from Stanford University to conduct three surgical treatment workshops in 2002, November 2004 and February 2005. The workshops resulted in the training of two national surgeons and two midwives, and free treatment for a total of 128 women.
- The Ministry of Health is working with UNFPA to plan the construction of a hostel for fistula patients inside the Mendefera Hospital compound, with the goal of promoting ease of service provision and the integration of fistula patients with other patients.

Partners

1. Ministry of Health
2. Stanford University

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