



MALAWI

PHASE II



Country Situation at Baseline

- **Profile of fistula survivors:** A 2001 rapid assessment of health facilities noted that the average age of women seeking fistula treatment was 18 years old. The majority had developed fistula during their first childbirth, with some women having lived with fistula for as long as 15 years. Most were poor and had received little or no education. Health care providers emphasised that many fistula survivors living in rural areas do not seek treatment.
- **Caseloads:** During site visits to six hospitals, it was reported that almost 200 repairs were performed in 2003. Dr. Ter Haar and Dr. Rijken are known fistula surgeons in Malawi. Though there are fistula treatment and outreach services in the southern region, there are few services available in the northern and central regions. Malawi also receives fistula patients from its neighbouring country, Mozambique.
- **Barriers:** As a result of a shortage of trained health care providers, particularly of fistula repair specialists and nurses, far more women request services than can be treated. Though fistula services are free in most government and Christian Health Association of Malawi (CHAM) institutions, it is not widely known that fistula is treatable, and transportation to hospitals is often difficult to secure. Health care supplies and equipment are also not readily available.
- **Cultural Context:** In some areas, it is traditionally believed that if a woman has prolonged labour, she has had other sexual partners and must confess in order for childbirth to proceed. Women giving birth for the first time are expected to deliver at home in the presence of relatives. In addition, women often lack decision-making power and must obtain permission from relatives before seeking health care.

Source: *Findings from Nine African Countries*, EngenderHealth and UNFPA, 2003

SELECTED INDICATORS

Total population (millions)	12.3
Total fertility rate (2000-2005)	6.10
MMR (per 100,000 live births)	1,800
% births with skilled birth attendant	56
births among women 15-19 (per 1,000 live births)	163
IMR (per 1,000 live births)	115

Source: *UNFPA State of World Population, 2004*

Facilities Available to Treat Fistula

1. Queen Elizabeth Central Hospital, Blantyre
 - Three gynaecologists, but only one (Dr. Rijken) performs fistula repairs
 - At least 52 fistula repairs per year
2. Mulanje Mission Hospital, Mulanje
 - 160 beds
 - One American gynaecologist and two physicians from the Netherlands, none of whom provide fistula repair services; surgery is performed by Dr. Rijken during quarterly visits
3. Zomba Central Hospital, Zomba
 - 400 beds, though some patients have to share beds; two major operating theatres; one smaller theatre

- No obstetrician; simple fistula cases are repaired by a clinical officer
- 4. Nkhoma Mission Hospital, Lilongwe
 - 220 beds; two operating theatres, one of which is used for fistula repairs
 - Two doctors; three clinical officers
- 5. Mzuzu Central Hospital, Mzuzu
 - New hospital: 300 beds; two operating theatres
 - Two obstetricians who do not conduct fistula surgery; two physicians interested in fistula surgery
 - Four clinical officers perform simple repairs; 50 fistula repairs performed in 2003
- 6. Ekwendeni Mission Hospital, Mzimba
 - 150 beds
 - One expatriate physician; Chief Clinical Officer trained at Addis Ababa Fistula Hospital

Campaign Achievements

Policy

- Key stakeholders from the Ministry of Health, public and private sector hospitals, university teaching departments, donors, and technical assistance partners met in February 2004 to continue the development of a national strategy for fistula advocacy, prevention, treatment, and rehabilitation. The meeting focused on reviewing the findings of the rapid needs assessment, integrating fistula-related issues into the national reproductive health and safe motherhood agendas, and setting priorities for further action.
- An Obstetric Fistula Task Force has been formed, with members from the Ministry of Health, Christian Health Association, the Medical College, Nurses and Midwives Council, and UNFPA.

Research

- A rapid needs assessment was conducted in August 2001 by EngenderHealth in partnership with UNFPA and included as part of the 2003 *Findings from Nine African Countries* report.
- A Service Delivery Needs Assessment, initiated by the Obstetric Fistula Task Force and conducted in September 2004, found that standardised guidelines for fistula care are needed, equipment is scarce, and clinical training programmes must be expanded and improved.

Advocacy & Community Mobilisation

- Advocacy activities have focused on gaining the commitment and support of government officials, health workers, training institutions, regulatory bodies, and members of the Christian Health Association of Malawi.

Prevention & Treatment

- A network for fistula prevention and treatment has been established and includes the Department for International Development's safe motherhood project, the Ministry of Health, the Christian Health Association of Malawi, and medical facilities and organizations in regions where the needs assessment was conducted.
- The Nurses and Midwives Council of Malawi is incorporating content on obstetric fistula into national nursing and midwifery curricula.
- Fistula treatment supplies have been distributed to six hospitals.

Partners

1. Ministry of Health
2. Department for International Development (DFID): has helped to fund a safe motherhood project
3. Christian Health Association of Malawi
4. Nurses and Midwives Council of Malawi
5. Medical College of Malawi

