

## PHASE III

### Country Situation at Baseline

- **Profile of fistula survivors:** Eighty per cent of fistula survivors surveyed in one hospital during a 2002 needs assessment had been married by age 16 and became pregnant by age 18. The majority had developed the fistula during their first pregnancy. Older women have also been noted to develop fistula in conjunction with a ruptured uterus during labour, often resulting from high parity. Most fistula survivors have been abandoned by their husbands and are illiterate, in poor health, and without resources.
- **Caseload:** Since 2003, there have been approximately 200 fistula cases recorded each year. A survey of 110 villages in the Niamey and Zinder regions found 25 fistula survivors. Six of them were living as pariahs and had not sought treatment, and it is suspected that there were more experiencing isolated and "hidden" lives. There is a large backlog of fistula survivors seeking care in Niamey, where many are referred for treatment. Some of the women have been waiting more than 10 years for repair surgery.
- **Barriers:** The quality of reproductive health and obstetric care is poor, and many women lack access to care. Niger lacks full-time, trained fistula repair doctors and has a shortage of funding for treatment and for health staff to work in villages. There are only 10 OB/GYNs in the country, and very few midwives are willing to work in rural areas. Additionally, there is a need for post-operative social reintegration programs for treated women and those whose fistulae cannot be repaired.
- **Cultural context:** Traditional practices such as confinement and forced drinking during labour may increase the risk of fistula. Traditional beliefs dictate that a woman should give birth to her first child in her parents' home, and she is often encouraged to do so alone or without skilled attendance. Women's limited decision-making power may prevent them from seeking antenatal or obstetric care.

### SELECTED INDICATORS

Total population (millions)	12.5
Total fertility rate (2000-2005)	7.2
MMR (per 100,000 live births)	1,600
% births with skilled birth attendant	16
births among women 15-19 (per 1,000 live births)	233
IMR (per 1,000 live births)	108.2

Source: UNFPA State of World Population, 2005

Sources: 1) *Prévalence et vécu des femmes fistuleuses cachées dans deux zones de Niger*, Family Care International and UNFPA, 2004;  
2) *Findings from Nine African Countries*, EngenderHealth and UNFPA, 2003

### Facilities Available to Treat Fistula

1. Hôpital National de Niamey (Niamey National Hospital)
  - 244 surgery ward beds, 20 beds reserved for fistula clients; six operating theatres, one occasionally used for fistula surgery
  - 15 surgeons, several medical assistants and nurses; Dr. Amadou Seibou is head surgeon of the hospital
  - Once housed approximately 80 women awaiting treatment; now less than 20 living there, but new women arrive regularly
2. Lamordé University Hospital of Niamey
  - 72 beds, six reserved for fistula clients; two operating theatres and one recovery room
  - Dr. Oumarou Sanda Ganda, head urologist, leads a team of five surgeons and six surgery nurses
  - There is no longer an OB/GYN in Loga, and thus no fistula repair available
  - 14 paramedics have been trained in pre- and post-operative care
3. Central Maternity of Zinder and Solidarity Fistula repair centre
  - 24 beds for fistula patients; two operating theatres, one designated for fistula repair
  - One OB/GYN, six midwives, two anaesthetists, 60 technicians
  - Dr. Lucien Djangnikpo (chief OB/GYN) trained in fistula repair at the Katsina Centre, Nigeria; fistula specialist Dr. Kees Waaldijk visits
  - Between 1998 and 2001, 259 surgeries were performed
4. Regional Hospital of Maradi
  - 330 beds, 14 of which are reserved for post-operative care; two operating theatres
  - Currently no local fistula surgeons able to treat fistula; providers from the Katsina centre in Nigeria are planning to make periodic visits to help with repairs.

## **Campaign Achievements**

### **Policy**

- Niger is in the process of implementing its National Strategy to Eradicate Fistula, developed in 2003. The Network for Fistula Eradication in Niger (REF), a diverse partnership of 41 members representing the government, NGOs, medical associations, health professionals, donors and media, will spearhead advocacy and oversee activities for fistula prevention, treatment and rehabilitation.

### **Research**

- A rapid needs assessment was conducted in October 2002 by EngenderHealth in partnership with UNFPA and included as part of the 2003 *Findings from Nine African Countries* report.
- Niger has conducted three in-depth studies to investigate the medical and socio-cultural dimensions of fistula, including medical management, the reintegration experiences of treated women, and an estimation of the number of “hidden” women living with fistula.

### **Advocacy & Community Mobilisation**

- A documentary film about fistula in Niger will be used for advocacy, awareness-raising, and community mobilisation.

### **Prevention**

- 600 Community Health Agents received basic training focused on prevention of fistula and rehabilitation for treated fistula survivors. Training sessions were organised by REF members, in collaboration with the Special Programme of the President, the National Schools of Public Health (Niamey and Zinder), and the Youth Training Centre of N'Dounga.
- The first counselling sessions on contraception and HIV/AIDS prevention have been provided for women living in the fistula compound at Niamey National Hospital.
- The national maternity hospital has been equipped with surgical materials so that free emergency obstetric care can be offered.

### **Treatment**

- In April 2005, UNFPA hosted a meeting of the Obstetric Fistula Working Group on Training for Fistula Management in Niamey, Niger. The working meeting sought to arrive at consensus around basic training standards for fistula treatment providers, outline a plan of action, map training needs and capacities, and review existing guidelines. The meeting was attended by representatives from 11 UNFPA country offices; partner organizations including WHO, EngenderHealth, AMDD, UNICEF, and AMREF; and medical experts from fistula treatment facilities in Niger, Nigeria, Mali and Tanzania.
- Basic training of an entire medical team (one new doctor, two nurses, two anaesthetists) in treatment for simple fistula cases was provided, in collaboration with Dr. Kees Waaldijk. Dr. Waaldijk also trained one doctor in treatment for complex fistula cases.
- UNFPA is supporting treatment centres (Hôpital National de Niamey, Hôpital National de Lamordé, and Centre des fistules de la Maternité de Zinder) and funding fistula repair surgery at the rate of 50,000 FCFA per woman. To date, 94 women have had surgery.

### **Rehabilitation**

- In Niamey region, UNFPA has supported the NGO Dimol to ensure medical rehabilitation and social reintegration of 24 treated fistula survivors. In response to study findings, Dimol has initiated a new programme component: a team comprised of an attending practitioner, a social worker, and a DIMOL representative accompany treated women to their villages and conduct meetings with local and medical authorities. Public meetings are also held to discuss early marriage, the importance of antenatal care and skilled attendance at childbirth, girls' education, post-operative care, STIs and HIV/AIDS, and obstetric fistula. Finally, the team holds discussions with families, including husbands and in-laws, particularly about instructions for post-operative care.
- UNFPA is supporting the NGO Solidarité to promote social reintegration and provide grants for treated women in the Zinder region.
- A division of the Ministry of Health funds Caesarean sections needed by women who have previously had fistula repair.

## **Partners**

1. Ministries of Health, Public Health, and Social Development
2. The First Lady of Niger, Hajia Laraba Tandja
3. EngenderHealth
4. Women's Dignity Project
5. NGO Solidarité
6. NGO Dimol
7. American Embassy in Niger
8. World Bank
9. UNICEF
12. WHO
13. Fistula Hospital in Katsina, Nigeria (Dr. Kees Waaldijk)
14. Members of the Network for Fistula Eradication in Niger