



# UGANDA



## PHASE III

### Country Situation at Baseline

- Profile of fistula survivors:** Among the 30 women awaiting fistula repairs interviewed for a 2003 needs assessment, the average age was 21 years old. Most were poor and had little education, and only a third of the interviewees were in stable marriages. Seventy percent reported having experienced their first pregnancy by the age of 19, with the majority having developed fistula during their first pregnancy. More than half of the women had already suffered from fistula for over a year, with over a third having experienced the effects of fistula for more than six years, and a few for as many as 20 years.
- Caseloads:** Site visits to 23 National and Regional Referral hospitals yielded a total of 283 fistula cases treated in the year 2003, though the prevalence of fistula in Uganda is not well documented. Fistula surgeries occur most frequently during periodic “Vesico-Vaginal Fistula Camps” held at eight hospitals throughout the country, during which as many as 40 patients may receive treatment from visiting surgeons. With the exception of one missionary hospital, there are few hospitals with resident physicians that perform fistula surgery. Only 8% of doctors interviewed were formally trained in fistula surgery.
- Barriers:** All of the regional hospitals assessed were in need of supplies, drugs, and equipment for fistula treatment. Lack of transportation, lack of awareness, and discriminatory hospital practices lead to underuse of the limited fistula treatment services available. The cost of health care is unaffordable for many, especially for women with fistula, who have little or no income. Due to limited dissemination and implementation of the 2001 National Policy Guidelines and Service Standards for Reproductive Health Service, most health care providers interviewed were unaware of the existing national fistula prevention, treatment, and rehabilitation objectives.
- Cultural context:** In many areas of Uganda, giving birth in a hospital is considered improper regardless of the severity of childbirth complications, with delivery by Caesarean section particularly stigmatised and feared. Women are encouraged to labour without expressing pain or alarm.

SELECTED INDICATORS	
Total population (millions)	26.7
Total fertility rate (2000-2005)	7.10
MMR (per 100,000 live births)	880
% births with skilled birth attendant	39
births among women 15-19 (per 1,000 live births)	211
IMR (per 1,000 live births)	86
<i>Source: UNFPA State of World Population, 2004</i>	

Sources: 1) *Baseline Assessment of Obstetric Fistula in Uganda*, UNFPA and the Ministry of Health of Uganda, 2003;  
 2) *Findings from Nine African Countries*, EngenderHealth and UNFPA, 2003

### Facilities Available to Treat Fistula

- Kitovu Mission Hospital, Masaka
  - 200 beds; hosts periodic “Vesico-Vaginal Fistula Camps,” in collaboration with visiting U.K. surgeon Dr. Brian Hancock, to offer free treatment to fistula patients and training to hospital personnel
  - Nine doctors and 150 nurses



2. Kamuli Hospital, Busoga
  - 170 beds; hosts periodic “VVF Camps,” in collaboration with Dr. Brian Hancock and Dr. Tom Raassen (of African Medical & Research Foundation, Kenya)
  - Four medical officers, 45 nurses, and 13 nursing assistants
3. Lira District Hospital
  - 282 beds; Dr. Brian Hancock and Dr. Tom Raassen visit to perform fistula surgeries
  - 10 physicians, six medical officers, 26 midwives, nurses
4. Nsambya Catholic Missionary Hospital, Kampala
  - 360 beds; hosts a periodic “VVF Week,” in collaboration with Dr. Brian Hancock
  - Three consultant gynaecologists and the medical superintendent conduct fistula repairs
5. Mulago National Referral and Teaching Hospital
  - Four operating theatres
  - 25 OB/GYNs; 20 Surgeons
6. St. Francis Mutolere Hospital
  - One resident OB/GYN
7. Kagando Hospital
  - Hosted a “VVF Week” in 2003; surgeons Dr. Andrew Hodges and Dr. Ralph Settatre have visited
  - Surgeon-in-training Dr. Timothy Makumbi and Resident Medical Officer Dr. Robinson Sebuwufu perform fistula surgery
8. Mbarara Teaching Hospital
  - One resident OB/GYN performs fistula surgery
9. Lacor Catholic Hospital
  - Consultant OB/GYN Dr. Odongo and visiting surgeon Dr. Tom Raassen perform fistula surgery
  - No fees charged to patients; visiting surgeons provide their own fistula equipment
10. Arua Hospital
  - Patients come from as far as Sudan and the Democratic Republic of Congo for “VVF Camps”
11. Nebbi Hospital
  - Visiting surgeon Dr. Tom Raassen performs fistula surgeries during biannual “VVF Camps”
  - Resident Medical Officer Dr. Drott performs fistula surgery

## **Campaign Achievements**

### ***Policy***

- In February 2004, the official launch of the National Fistula Campaign was attended by the First Lady, Mrs. Janet Museveni. Government officials, medical providers, and other leading decision-makers were also present.

### ***Research***

- Two needs assessments have been conducted: a 2002 rapid needs assessment published as part of the *Findings from Nine African Countries* report, and an in-depth needs assessment in 2003.

### ***Prevention & Treatment***

- Equipment and supplies for emergency obstetric care and fistula repair were provided for seven regional hospitals.
- Four OB/GYNs and two nurses were identified and trained as trainers in fistula treatment. During their training, they performed 80 fistula surgeries.

## **Partners**

1. A technical working group on obstetric fistula comprised of Ministries of Health, Finance, and Planning; WHO; UNICEF; academic institutions and hospitals
2. British Executive Services Overseas (BESO): fistula rehabilitation
3. African medical and Research Foundation (AMREF): fistula repairs and rehabilitation

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