

## End Fistula! 3 Days to Set Up an African Network

October 2008

Abidjan, Ivory Coast

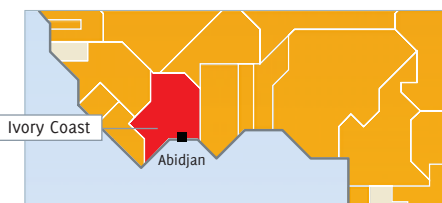


Director of the Cabinet (MOH), Philippe Delanne, UNFPA Representative, and Yahya Kane, Regional Coordinator for Africa, at the start of the conference.

From the 27th to the 29th of October 2008, the Ministry of Health and Public Hygiene, in collaboration with the United Nations Population Fund, held a sub-regional conference on obstetric fistula, making it the fifth regional conference on obstetric fistula to take place. Taking into account the exacerbating factors in the incidence of fistula, Africa is the continent hardest hit, which explains why 37 out of over 45 countries targeted by the Campaign are on the continent.

The Abidjan conference, which followed one held in Mauritania in 2007, had the following key objectives: the creation of a network for better involvement of civil society, the promotion of South-South cooperation for treatment, training and improved care for patients across borders. The meeting consisted of plenary presentations for information-sharing, enabling countries to discuss their varied experiences, strategies and approaches in fistula management. Working groups were organized along thematic areas, namely the Civil Society Organization network and south-south cooperation regarding treatment care. Three thematic sessions were held during the conference, including National, Regional and Global Perspectives, Enlarging the Knowledge Base, and Networking for the Elimination of Obstetric Fistula and the Promotion of Reproductive Health.

The conference culminated in the official launch of the Africa Network for Fistula Elimination. The Network will be headquartered in Mauritania and has adopted its statute, internal regulatory framework and action plan. It is expected to play a critical role in mobilizing political support as well as financial resources to help countries in their fight against fistula and the promotion of maternal health.



## Gul Bano's Story

August 2008

Baluchistan, Pakistan



A smiling fistula survivor, Gul Bano, is relieved to hear she can get pregnant again.

Gul Bano, a young woman from Kohadast Khuzdar in Baluchistan, married when she was twelve. Pregnant quickly after her wedding day, she spent her pregnancy in her husband's native village where there was no antenatal care available. The local traditional birth attendant (TBA) assured the family that she would have a normal vaginal delivery. Instead, she was in labour for two days and two nights, ultimately delivering a stillborn baby. She also developed a fistula and had a fever, for which she was given antibiotics.

Eight days later, she realized she was passing urine and feces. She, her husband and the local TBA did not know what was happening. She stopped venturing out of her mud house due to the foul-smell and began to feel isolated. Despite the support of her husband, she thought seriously about committing suicide.

She had spent a miserable two years with the condition when her younger sister, Qus Bano, got married. Luckily, Qus' husband knew of a center in Karachi where women with obstetric fistula were being treated for free. He convinced the family to travel to Karachi and seek help.

The journey from their village took them two days through the mountains to reach the highway, from where they could take a wagon ride to Khuzdar -- a small town about six hours away on the way to Quetta. From Khuzdar, it was an eight-hour bus ride to reach the hospital in Karachi. It was the first time in her life that she had seen cars and electricity.

Gul arrived weak, anemic and needed special care for three months before she could receive an operation. Finally, a successful operation was performed to close part of the fistula, and after another six weeks, she was fully healed.

Gul Bano was discharged a week before Eid, the traditional festival of Muslims across the world. By then, she had spent seven months at the Koochi Goth Women's Hospital in Karachi. At a party organized for her, the staff gave her new clothes marking her new life. She was especially happy to hear she could become pregnant again, but would need to return to the center, where a Caesarian section could be performed.

Today, Gul Bano is happy to have regained her status in the eyes of her family and community; but above all, to have her life back. As an ambassador of goodwill who spreads the word, she has already brought a couple of women suffering from fistula to the Koochi Goth Hospital in Karachi.

## Advocacy Campaign Launched in Garowe, Somalia

August 2008

Garowe, Somalia



Participants take a break from the workshop in Garowe, Somalia.

A day-long workshop, organized and hosted by the Puntland Ministry of Health (MoH), took place in August at the Ministry of Women Development & Family Affairs compound in Garowe, Somalia, with funding and technical assistance provided by UNFPA. The opening session was attended by the Vice Minister of Planning and International Cooperation, along with the Ministers of Health of Women's Development & Family Affairs, Members of the Parliament, sheikhs, local elders, doctors, activists and many people from the Nugul, Mudug and Bari regions.

In his opening remarks at the workshop, the Minister of Health highlighted the complications related to childbearing in Somalia and the need to address them. The "Ending Fistula Advocacy Campaign", he announced, would enable those in the community to understand fistula and help affected women return to their normal lives. Dr Said Sakhipov (UNFPA) helped audiences understand UNFPA's role and commitment in ending fistula by discussing both its medical and psycho-social impact. Dr Abdulcadir Giama of Galkaio Medical Center (GMC) spoke about the harsh realities faced by women suffering from fistula. Audiences heard from fistula survivors, learning about the consequences of childbearing complications -- a woman's potential loss of life, death of a newborn, isolation, and abandonment from one's husband, stigma and discrimination.

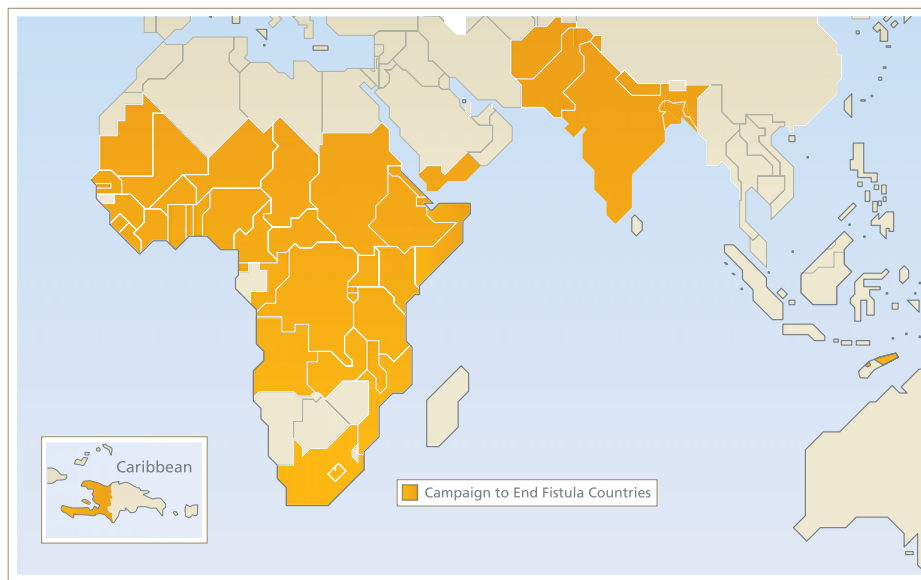
The event was closed by the Minister of Women Development & Family Affairs. She encouraged women, in particular, to spread the word by letting people know that fistula is a curable condition and stressed the need for proper training of staff and having the necessary medical equipment to treat fistula effectively. Workshop participants, who found the event "timely, eye opening and informative," commended UNFPA for its role and commitment in ending fistula among Somali women. Speakers from the audience showed their eagerness to disseminate the information as widely as possible.

**FistulaNetwork.org**

A new Internet portal has been launched to exchange and share information about obstetric fistula. FistulaNetwork.org includes resources on prevention, treatment and reintegration as well as the latest news and updates on events and activities. Country pages over time will map out the sites providing treatment care, the partners engaged in supporting fistula, and current activities. The new site, developed by UNFPA on behalf of the international Obstetric Fistula Working Group, is intended to serve as a tool to improve coordination and collaboration in the Campaign to End Fistula. Partners are invited to register and submit information on events, activities, publications and more.

### The Global Campaign to End Fistula

- Obstetric fistula is a preventable and treatable childbearing injury that leaves women incontinent, ashamed and often isolated from their communities
- In 2003, UNFPA and partners launched a global Campaign to End Fistula
- The Campaign is now active in more than 45 countries across Africa, Asia and the Arab region
- The Campaign focuses on three key areas: preventing fistula, treating affected women, and supporting women after surgery
- For more information, or to make a donation, visit [www.EndFistula.org](http://www.EndFistula.org)



Campaign to End Fistula



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Campaign to End Fistula

December 2008

# dispatch

tracking progress in the campaign to end fistula



## Campaign to End Fistula Recognized for Transcending Borders

One young patient consoles another in the Fistula Repair Centre at Dhaka Medical College Hospital. The Fistula Repair Centre was established with support from UNFPA in Bangladesh, where some 70,000 women suffer from fistula.

The Global Campaign to End Fistula has shared innovations and experiences between the countries in which it works since it was launched by UNFPA and partners in 2003. Recognizing the Campaign as a model for cooperation and human development across borders, the United Nations Development Programme (UNDP) Special Unit for South-South Cooperation has presented it with an award of excellence.

Awards were given to six organizations as part of The Global South-South Development Expo, a landmark initiative organized in commemoration of United Nations Day for South-South Cooperation on 19 December. Since 2004, the event has served as an energizing platform to highlight the importance of exchanging resources, technology, and knowledge between (southern) countries towards their mutual advancement.

In announcing the award Yiping Zhou, Director, Special Unit for South-South Cooperation, acknowledged the Campaign as a “champion in the field of public health.” Additionally, UNFPA staff was invited to take part in the Expo from 16-19 December to share successful solutions, and explore new avenues for collaboration towards the achievement of the Millennium Development Goals.

Recipients chosen for this year’s award were nominated based on the achievements, impact, sustainability, and replicability of their activities. To this end, the Campaign began in 12 countries and now spans 45 countries in Africa, Asia, and the Arab region. It has taken a cross-cutting approach to eliminating fistula by comprehensively addressing health, education, economics, transportation, communications and social and cultural norms.

It has also built connections between countries, allowing for the exchange of knowledge and expertise. With the help of the Campaign, medical professionals have travelled from Nigeria to Sudan, from Ethiopia to Niger, from Mali to Cameroon, to train their counterparts in fistula treatment. Health Ministries from different countries have been united to work towards common solutions. And fistula survivors have been empowered as influential advocates, travelling internationally to raise awareness for the debilitating disease.

### ➔ Regional efforts

2008 has also witnessed the emergence of networks and associations across the South to fight obstetric fistula and promote maternal health. Ethiopia hosted the first annual meeting of the International Society of Fistula Surgeons (ISOFs) to discuss issues such as training, clinical care and data collection. The meeting was attended by more than 50 participants from Sudan, Burkina Faso, Mali, Bangladesh, Uganda, Tanzania, Nigeria, Ethiopia as well as participants from the USA, UK and Belgium. At the Africa Regional Conference on Fistula and Maternal Health held in October 2008 in Cote d’Ivoire, NGO participants launched an Africa regional network of civil society organizations with the overall aim of promoting South-South cooperation to bring an end to fistula and maternal death and disability. The Network is expected to serve as a solid platform for leveraging technical and financial resources to effectively address fistula and promote maternal health.

### ➔ Somaliland

In November 2007, the staff of Hargeisa Group Hospital in Somalia, with the strong support from the Ministry of Health of Somaliland and technical and financial support from UNFPA, launched the first fistula treatment campaign in Somaliland. Key components of the treatment campaign included advocacy and awareness raising in rural communities about fistula treatment availability, capacity development of Somali providers and patient counseling. During the treatment campaign, a Sudanese fistula surgeon from Khartoum Teaching Hospital Abbo Center trained Somali physicians, nurses and anesthetists in fistula treatment theory and practice. By mid-December, 43 surgeries had been performed. Despite the lack of training and provision of psychosocial care in the country, UNFPA was able to identify a clinical psychologist to provide each patient and their accompanying spouses with counseling prior to surgery, during recovery and on discharge from the hospital.



Doctors performing reconstructive surgery in a facility set up by the UNFPA in Bangladesh

### ➔ Bangladesh

In 2008, a regional capacity building workshop on fistula treatment and management was organized in Sylhet, Bangladesh with support from the Government of Bangladesh, Dhaka Medical College Hospital and UNFPA. Teams of surgeons, anesthesiologists and nurses from 3 countries (Timor Leste, Nepal and Pakistan) traveled to Bangladesh to participate in the workshop. 29 complex fistula surgeries were performed during the 3-day workshop with the doctors from Bangladesh, Pakistan, Nepal and Timor Leste working together to exchange techniques and experiences. A film was made of the workshop which will be used as part of future training programmes. The National Fistula Centre at Dhaka Medical College in Bangladesh is being established as a regional Centre of Excellence and it is hoped that the centre will continue to organize similar south-south capacity building exercises, including with professionals in the Africa Region.

### ➔ Ivory Coast

The fistula project in the region of Man, Cote d’Ivoire invited two Nigerian surgeons from Dr. Kees Waaldijk’s staff at the Babbar Ruggar Fistula Centre to promote knowledge sharing between medical teams and strengthen capacity among Ivorian surgeons and gynecologists.

The regional obstetrical fistula prevention and management centre in Man can likewise help neighbor, Guinea, implement its own fistula project.



A fistula training session in Mali stressed the role of the instrumentist during surgery and the sterilization of instrument

### ➔ Mali

A recent fistula training session in Mali also served as an excellent example of a team-based training approach and effective South-South cooperation. It highlighted country level efforts to develop the capacity of fistula service providers, including nurse team members. A discussion between Dr. John Mulbah, Liberia Fistula Programme Manager and fistula surgeon, and Dr. Kalilou Ouattara, fistula surgeon, Point G Hospital/Mali, revealed the Liberian approach of using a nurse instrumentist during fistula surgery. Mali does not currently use nurse instrumentists and it was determined that a training for skill transfer would be useful. The Liberian instrumentist trained three Malian nurses in: organization of instruments in the operating theatre, names of surgical instruments, creation of surgical instrument kits (per surgery type), cleaning and sterilization of instruments and the role of the instrumentist during surgery.



### Fistula Advocate Awatif Altayib Mohammed Hussein

June 2008

**KAMPALA, Uganda** — As part of efforts to increasingly address issues of fistula in emergencies, UNFPA organized a panel entitled *Fistula: A Symptom of Women’s Vulnerability in Conflict and Post-Conflict Settings* for the RH in Emergencies Conference 2008 in June in Uganda.

The panel examined how conflicts destroy communities, health infrastructure and social systems, leaving women and girls especially vulnerable. It also examined the implications of fractured social and health systems on women’s lives with fistula as a symptom of conflict’s affect on societies. Promising practices from the DRC, Liberia, Somalia and Sudan shed light on potential approaches to comprehensive fistula care provision in these contexts. The panel featured Dr. Pascal Manga, fistula surgeon, DRC; Dr. John Mulbah, fistula surgeon, Liberia; Dr. Rogaia Abdelrahim Abuelgasim, Programme Advisor, UNFPA Somalia; and Ms. Awatif Altayib Mohammed Hussein, midwife and fistula advocate, West Darfur, Sudan.

Ms. Hussein presented her experience living with fistula and becoming an advocate for other women. She addressed how her role as advocate and health care provider has developed and what is needed to address fistula in contexts like Darfur. Ms. Hussein has advocated for improved reproductive health care in Darfur to help other women avoid fistula and other devastating maternal health injuries. By speaking publicly about her personal experience at community, national and global levels, Ms. Hussein brings her message about the need for reproductive health care and ultimately the necessity for peace and security to ensure women’s access to maternal health services to broader audiences. Ms. Hussein also put out a call to NGOs and governments to support reproductive health and women’s education. Specifically, there is a great need for emergency transport and comprehensive care to prevent fistula and save the lives of women and children.

The RH in Emergencies 2008 Conference was the second global advocacy event in which Ms. Hussein participated. As one of six fistula advocates at the Women Deliver

Conference, October 2007, she delivered the opening at the plenary “Working on Common Ground”. Ms. Hussein described Women Deliver as her “kindergarten” and the RH in Emergencies 2008 Conference as her “first year” in school for her global advocacy efforts. Women Deliver was eye opening and the RH in emergencies conference was a good next step – she felt much more prepared following the experience. In her own words, “I learned so much at this conference and now have so much new knowledge. I will take this new knowledge home and not sleep – I will adapt it to my context and use it to make change.”

Ms. Hussein is making the commitment to continue her work a reality. With support from the UNFPA office in West Darfur, she has enrolled in English classes.

She believes learning English will help her bring her message to many more people. Also, Ms. Hussein is employed as a midwife by Save the Children. It is envisioned that she will continue to advise UNFPA in maternal health and fistula programme design, implementation, and review.