

# dispatch

tracking progress in the campaign to end fistula

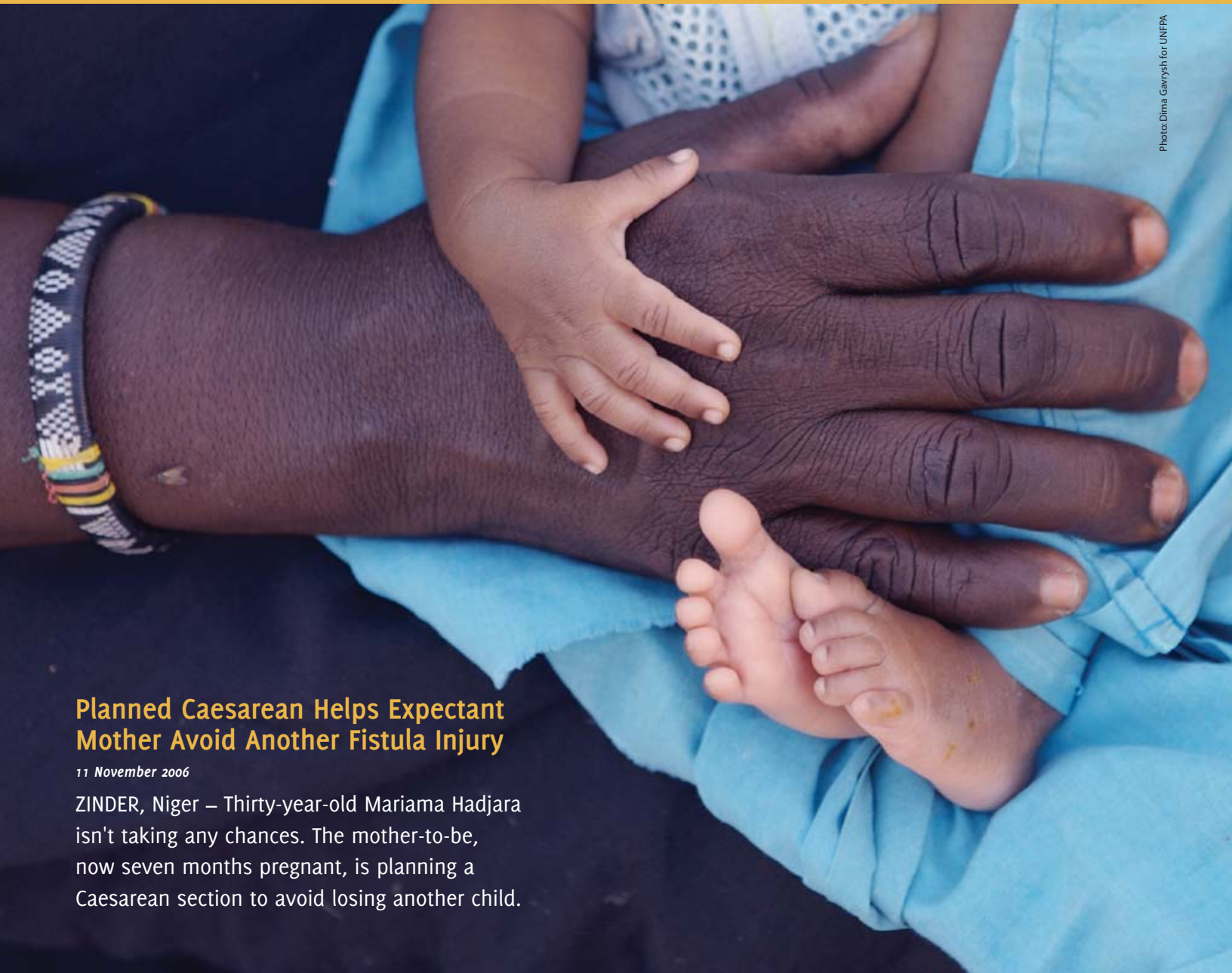


Photo: Dima Gavrysh for UNFPA

## Planned Caesarean Helps Expectant Mother Avoid Another Fistula Injury

11 November 2006

ZINDER, Niger – Thirty-year-old Mariama Hadjara isn't taking any chances. The mother-to-be, now seven months pregnant, is planning a Caesarean section to avoid losing another child.

“I don’t care if it’s a boy or a girl,” said Mariama, who lives in Guidimouni, a village 60 kilometres east of Zinder, where she is seeking antenatal care at Solidarité, a UNFPA-supported NGO providing care and support to fistula patients. “Whatever God gives me—as long as the baby’s healthy.”

Mariama’s first two pregnancies didn’t end happily. During her first delivery, she laboured for four days.

## NEWSFLASH!

A new advocacy film on obstetric fistula developed by CNN correspondent Khalil Gueye in collaboration with UNFPA inspired Senegalese President Abdoulaye Wade to take action. After watching the film, in July 2006, Wade called for free government treatment for women with fistula. Look for the full story in the next issue of **dispatch**.

“My mother refused to let me go to the hospital,” Mariama explained. “After four days, my parents decided to get a horse and cart and let me go to the hospital. As soon as they took out the baby, the urine started.”

Mariama developed obstetric fistula, a devastating injury caused by prolonged, obstructed labour. A hole formed between her vagina and bladder causing chronic incontinence. Each year, an estimated 50,000 to 100,000 new fistula cases occur in Africa, Asia and the Arab region.

Mariama underwent three operations before she was finally cured. While delivering her second child, she sought a Caesarean section after labouring for one day. But she had waited too long to seek treatment, and the baby boy was stillborn.

With her third pregnancy, Mariama planned well in advance for a Caesarean section, giving birth to a healthy little girl. Timely access to emergency obstetric care, usually a Caesarean section to relieve obstructed labour, helps prevent a fistula from occurring or reoccurring and ensures a safe delivery for both mother and child.

“For my third child, I came to the centre early,” said Mariama, who was operated on at the UNFPA-supported Maternité Centrale de Zinder, which offers emergency obstetric care to pregnant mothers and is located in the same compound as Solidarité. “After 11 days, the doctor operated. I was so happy, and I hope the same for the baby I’m carrying now.”

— Angela Walker

## Healing Wounds in Sudan

27 July 2006

**WESTERN DARFUR, Sudan** — The region’s first comprehensive Fistula Centre has opened in the town of Zallenge, Western Darfur, with assistance from UNFPA. Attached to the main reference hospital, the Centre offers a 16-bed repair facility complete with a private consultation room, pre- and post-operative wards, and a separate rehabilitation and reintegration unit.

In the past, women awaiting fistula repair slept in one tattered tent or on the ground. Following their surgery, patients recovered in a small, cluttered room or shared rooms in other areas of the hospital. The new space dedicated to fistula repair gives long-ignored, ostracized and often mistreated women a special opportunity to regain their health and dignity within the stark conditions of surrounding Darfur.

“With the opening of this Centre, UNFPA has contributed to the health and welfare of the women of Western Darfur,” said His Excellency Mr. Musa Adam Yusuf, the Commissioner of Zallenge Province, at the inaugural

ceremony held on 27 July 2006. “I will do whatever I can to facilitate these operations.”

The new facility in Zallenge has the capacity to treat as many as 1,270 cases per year. Midwives and nurses have been recruited to work at the Centre, educating women about fistula and helping them recover their dignity once the operation is complete. The Centre will also provide psychosocial counselling for patients, facilitating reintegration into their families and communities.

An estimated 5000 new cases of obstetric fistula occur in Sudan every year. Of the women affected, more than 60 per cent are from West Darfur and neighboring states.

The new Fistula Centre in Zallenge will be able to accommodate patients from Sudan’s Eastern Corridor and North and South Darfur, as well as refugees from Chad and the Central African Republic. This facility will complement two additional fistula centres in Khartoum and Juba.

— Don Hinrichson and Ann Pettigrew Nunes

## Facility in Bangladesh Brings Hope to the Outcast

Photo: GMB Akash/Panos for UNFPA



UNFPA Executive Director hugs Anu, 16, after recovery from a successful fistula operation.

15 May 2006

**DHAKA, Bangladesh** — In May, UNFPA Executive Director Thoraya Ahmed Obaid visited the Fistula Centre at the Dhaka Medical College Hospital and praised its staff for working to restore dignity to the suffering women and girls. She

pledged continued UNFPA support to the Centre as part of the global Campaign to End Fistula.



Photo: GIMB Aksh/Panos for UNFPA

One young fistula patient consoles another at Dhaka Medical College Hospital.

Since 2003, when the Fistula Centre was established in Dhaka, more than 500 women have been treated through corrective surgery, and dozens of doctors and nurses have been trained to treat others. In addition to treatment, the hospital in Dhaka offers rehabilitation and livelihood training in literacy and sewing.

Plans are now under way to build a new wing in the hospital. The aim is to create a centre of excellence in fistula treatment and training—the first of its kind in South Asia—that would benefit neighbouring Afghanistan, India, Nepal and Pakistan, where tens of thousands of women suffer from the condition.

During her visit, Ms. Obaid was moved to tears by the stories of the girls, some as young as 15, who spoke of abandonment, infertility and loneliness. She was also touched by the restoration of hope that some young women experienced through a successful surgery.

Fistula remains a challenge in Bangladesh, where only 13 per cent of births are attended by a skilled medical worker and the average age of marriage for girls is just 15. Some girls are

promised in marriage early in life and expected to fulfill their marital duties at the age of 10 or 11.

The Government has responded with policies and programmes to expand schooling and reproductive health services, including skilled birth attendants. As a result, enrollment rates for girls are rising and maternal death rates have declined.

Nevertheless, enormous resources are still needed to train more doctors and nurses in fistula repair and provide services to the estimated 400,000 women and girls in the country who are living with fistula, said Dr. Sayeba Akhter, head of the department of obstetrics and gynaecology at the Dhaka facility.

— Ann Erb Leoncavallo

## ***Building Awareness in the UK***

27 June 2006

**LONDON, United Kingdom** — Singer and actress Natalie Imbruglia, House of Lords Leader Baroness Amos, public health experts and medical doctors gathered at a press briefing in London to build awareness and support for obstetric fistula and the global Campaign to End Fistula among the



Photo: Richard Stanley for UNFPA

Baroness Valerie Amos, Leader of the House of Lords.

British public and policymakers.

“Obstetric fistula was eliminated here in the United Kingdom more than 100 years ago,” said Imbruglia, spokesperson for the global Campaign. “It’s unacceptable that women and girls in developing countries are still suffering from this entirely preventable and treatable condition.”

Pregnancy and childbirth kill a woman every minute in the developing world, and one in four women live with pregnancy-related disabilities like obstetric fistula, said Baroness Amos, the Lords’ spokesperson for international development. “It is an outrage,” she said.

The gathering launched the Renew advertising drive, a pro bono effort designed to raise visibility of this neglected issue. All ad materials, including press ads, London transit ads and a public service announcement (PSA), were developed for UNFPA free of charge by RKCR/Y&R, the London affiliate of the Young & Rubicam network.

The press ads were published in popular women’s interest magazines and influential newspapers throughout July, including *Glamour*, *ELLE*, *Marie Claire* and *The Guardian*. The London transit ads appeared on thousands of panels in the city’s underground and bus network. And the PSA aired hundreds of times on *CNN* and *BBC World*, reaching a global audience in Europe, Asia, Africa and North America. UNFPA relied heavily on in-kind support for the placement of all advertisements.

The Renew ad drive generated unprecedented media coverage for this issue in a wide range of news outlets in the United Kingdom, including *Reuters*, *British Medical Journal*, *the Independent*, *BBC World Service* and *ITV News*. In response to the ad drive, hundreds of UK residents contacted UNFPA offering donations and support for the global Campaign.

For millions of women in the developing world, childbirth can be a harrowing experience.

Some of these women are as young as twelve and their bodies are not sufficiently developed to cope with the rigours of pregnancy.

With no access to a caesarean section, an obstructed labour can result in days of agonizing pushing and a stillborn baby.

The pressure of the baby inside the mother for so long can create a hole called a fistula between her bladder and birth canal.

This means she has to couple the grief of losing a child with the indignity of chronic incontinence.

The resulting smell may cause her husband and family to ostracise her for the rest of her life.

Obstetric Fistula is hard to read about, but easy to cure. A simple operation can repair a woman's body and restore her dignity.

The Campaign to End Fistula  
0870 225 6767  
www.endfistula.org

**Renew**

You really don't want to read this

Agonizing pain. A stillborn baby. Chronic incontinence. A lot for a twelve year old to deal with.

**Renew**

The ad campaign will be replicated on a smaller scale in Belgium in March 2007. In preparation for the launch, Belgian television personality Goedele Liekens and a reporter from *ELLE Belgique* travelled to a UNFPA-supported fistula facility in Niger, in October 2006.

— Saira Stewart

## Meetings & Workshops

June 2006

**DAKAR, Senegal** — UNFPA focal points from around the globe gathered in Dakar from 7 to 9 June 2006 to share knowledge and lessons learned in the fight against fistula. Participants identified a variety of challenges, including integrating fistula into broader national policies and programs; implementing reintegration programs; and estimating national fistula prevalence. Good practices were documented in the UNFPA “knowledge asset,” a virtual tool accessible by all Campaign countries, and a plan to address the challenges identified is now in development.



A second meeting of focal points was held from 10 to 12 June to review and finalize the Africa Regional Strategy for Fistula Elimination. The strategy, centered on the main

areas of the Campaign to End Fistula—prevention, treatment and reintegration—was approved at an October 2005 meeting in Johannesburg. The group focused on finalizing the document and identified steps to disseminate and implement the plan of action.

— Kate Ramsey and Yahya Kane

19-21 April 2006

**ISLAMABAD, Pakistan** — In a three-day workshop hosted by UNFPA, reproductive health experts from across Asia met to review Campaign progress in the region and identify strategies for the way forward. Meeting participants shared experiences, explored methods for data collection and drafted a concrete plan of action to integrate fistula prevention, treatment and rehabilitation activities within national efforts to reduce maternal mortality.

The Asia Plan of Action (2006-2008) is shaped around several key recommendations, including:

- Networks involving centres of excellence and health professionals working in fistula management should be created with a view to greater regional collaboration.

- Enhanced collection of data, including region-appropriate community surveillance surveys, are critical in determining the magnitude and impact of the problem.



- Region-specific advocacy and communications strategies are essential for generating government commitment and donor support to treat a range of maternal morbidities, including fistula, and reduce maternal mortality.

— Geeta Lal

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For more information on the global Campaign to End Fistula, please visit [www.endfistula.org](http://www.endfistula.org)

dispatch is a biannual newsletter highlighting developments in the Campaign to End Fistula

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