UNFPA

UNFPA'S LEADERSHIP OF AND CONTRIBUTION TO

# THE CAMPAIGN TO END FISTULA

THE MATERNAL HEALTH THEMATIC FUND

## ANNUAL REPORT 2010

# THE MISSION OF UNFPA

**UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect.**

***UNFPA - because everyone counts.***

Fatima Adam, the recipient of a successful fistula operation, in Niamey, Niger on 16 December 2009. The fistula program in Niger is supported by the UNFPA.
Photo by Tomas van Houtryve. Niger.

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We thank our development partners for their collaboration and support in championing reproductive health issues, and for their technical contributions. They comprise the International Confederation of Midwives (ICM); the International Federation of Gynecology and Obstetrics; Columbia University's Averting Maternal Death and Disability Program; the University of Aberdeen; Johns Hopkins University Bloomberg School of Public Health; EngenderHealth; Family Care International; national and regional institutions; and the many members of the Partnership for Maternal, Newborn and Child Health and its Secretariat.

Finally, we thank the hardworking team of the UNFPA Sexual and Reproductive Health Branch and the Commodity Security Branch, other colleagues in the Technical Division, colleagues in the Resource Mobilization Branch and the Media and Communication Branch, and members of the Reproductive Health Inter-divisional Working Group for their commitment, solidarity and teamwork in promoting maternal and newborn health, and for providing inputs to this report.

We look forward to our continued productive collaboration in the future.

# LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| **AU** | African Union |
| **DHS** | Demographic and Health Surveys |
| **HIV** | Human Immunodeficiency Virus |
| **ICM** | International Confederation of Midwives |
| **MDG** | Millennium Development Goal |
| **MHTF** | Maternal Health Thematic Fund |
| **MICS** | Multiple Indicator Cluster Survey |
| **NGO** | Non-governmental organization |
| **UN** | United Nations |
| **UNFPA** | United Nations Population Fund |
| **WHO** | World Health Organization |

# FOREWORD

## by Werner Haug – Director, Technical Division, UNFPA

More than 100 countries worldwide have eliminated or nearly eliminated maternal mortality as a public health problem. In spite of this, there are still approximately 350,000 maternal deaths and over 1 million newborn deaths yearly in the world. For every woman who dies in childbirth, at least 20 more suffer injuries, infections or disabilities.

This reality could be averted with highly cost-effective and feasible interventions to prevent maternal and newborn mortality and morbidity. These interventions include general access to reproductive health (including family planning), a skilled birth attendant present at every delivery, access to emergency obstetric and newborn care when needed and HIV prevention. When adopted and scaled up with a rights-based and equity-driven approach, these have led to tremendous gains, proving that rapid progress is indeed possible.

UNFPA supports developing countries that are most in need of assistance —and furthest from achieving MDG 5 and universal access to reproductive health by 2015— through two important initiatives: the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) and the Maternal Health Thematic Fund (MHTF).

Both initiatives, working together, are well-positioned to support the UN Secretary-General's Global Strategy for Women's and Children's Health, an unprecedented global-level commitment to advance the well-being of women and children. Their many achievements, outlined in this report, provide ample evidence that strong political commitment, adequate investments and partnerships are critical to achieving MDG5 and universal access to reproductive health.

UNFPA launched the MHTF in early 2008 as a contribution to the Joint United Nations Accelerated Support to Countries to Improve Maternal and Newborn Health Initiative. This endeavor is led by UNFPA, UNICEF, WHO and the World Bank, with the recent addition of the Joint UN Programme on HIV and AIDS (UNAIDS), a group also known as the Health Four Plus (H4+). Since 2009, the UNFPA-ICM Midwifery Programme and the Campaign to End Fistula have come under the MHTF umbrella.

Momentum is building around achieving MDG 5 and we face an unprecedented opportunity to tackle maternal mortality and morbidities head on. While much progress has been made, in many countries there is still far to go. I would like to take this opportunity to thank countries, donors, the H4+, other partner organizations and all colleagues for the continued collaboration to reach our shared goal.

Werner Haug
Director, Technical Division
UNFPA

*"In an unequal world, the most unequal of unequals are the women and young girls with obstetric fistula."*

R. F. Zacharin

## Introduction

Obstetric fistula is a severe morbidity caused when a woman or girl suffers from prolonged obstructed labour, and is unable to access emergency obstetric care–notably, Caesarean section, in time. Fistula embodies the challenges that persist in reducing maternal mortality and morbidity, especially among the poorest. With timely access to skilled attendance at birth and emergency obstetric care, these injuries can be prevented. Yet, tragically, the condition affects an estimated more than 2 million women and girls in developing countries, with as many as 100,000 new cases occurring each year.

UNFPA and its partners launched the global Campaign to End Fistula in 2003 as an attempt to redress the unacceptable and neglected health, human rights and equity dimensions of obstetric fistula. While fistula is nearly unheard of in industrialized countries, it tragically persists in poorer regions. The ultimate goal of the Campaign is to make fistula as rare in developing countries as it is in the developed world.

Since the start of the Campaign, UNFPA has helped over 20,000 women and girls access fistula treatment and care. Campaign partners have supported many more. Figure 1 (below) shows the MHTF countries where UNFPA is supporting programmes to end fistula.

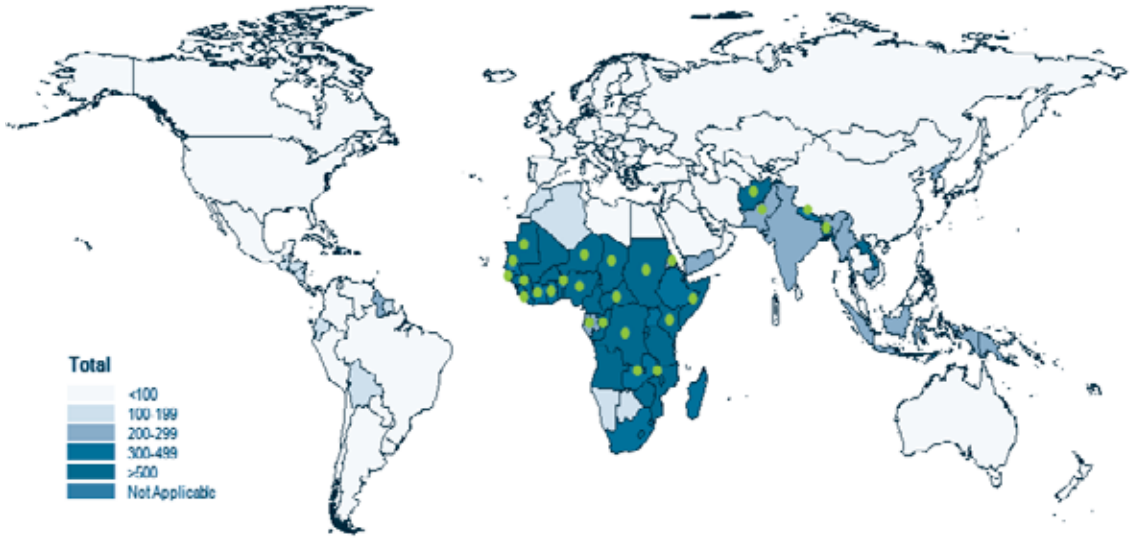


**Figure 1:** Geographic focus of countries where UNFPA is supporting programmes to end fistula

*Note:* Green dots represent countries with fistula programmes and colors represent maternal mortality ratio per 100,000 live births.

## BOX 1 Campaign Partners

Addis Ababa Fistula Hospital / Hamlin Fistula International

African Medical and Research Foundation

American College of Nurse-Midwives

Babbar Ruga Fistula Hospital

Bangladesh Medical Association

Bill and Melinda Gates Institute for Population and Reproductive Health

CARE

Centers for Disease Control and Prevention

Columbia University's Averting Maternal Death and Disability Program

East, Central and Southern Africa Association of Obstetrical and Gynaecological Societies (Uganda)

EngenderHealth

Equilibres & Populations

Family Care International

Fistula Foundation

Fistula Foundation Nigeria

Geneva Foundation for Medical Education and Research

Good Works Group

Healing Hands of Joy

Health and Development International

Human Rights Watch

International Forum of Research Donors

International Confederation of Midwives

International Continence Society

International Federation of Gynecology and Obstetrics

International Urogynaecological Association

International Society of Obstetric Fistula Surgeons

International Women's Health Coalition

Johnson and Johnson

Johns Hopkins Bloomberg School of Public Health

London School of Hygiene and Tropical Medicine

Médecins Sans Frontières

Mercy Ships Sierra Leone - Aberdeen Clinic and Fistula Centre

Obstetrical and Gynecological Society of Bangladesh

'One by One' Project

Operation OF

Pan African Urology Surgeons' Association

Psychology Beyond Borders

Population Media Center and Population Institute

RPMM

Société Africaine de Gynécologie et Obstétrique

Société Internationale d'Urologie

South East Fistula Centre

Uganda Childbirth Injury Fund

United Nations Foundation

UNFPA

United Methodist Church

United States Agency for International Development

University of Aberdeen

Voluntary Service Overseas

White Ribbon Alliance

Women's Dignity Project

Women's Health Coalition

Women's Hope International

Women and Health Alliance International

WHO

Worldwide Fistula Fund

According to an independent evaluation in 2010, the Campaign has achieved strong successes in raising the visibility and knowledge of obstetric fistula worldwide. More measures to prevent fistula are needed to eliminate the problem, however. National and international capacities must grow—treatment has been an important focus of national programmes supported through international cooperation, but capacities to sustain and expand these are not yet sufficient. The evaluation recommended increased assistance by the international community and deeper national political commitment to define appropriate responses, including prevention and social reintegration measures.[1]

As home to the global secretariat of the Campaign to End Fistula, UNFPA recognizes that "it takes a village" to solve the problem. Partnerships are at the heart of the Campaign. While the present report focuses on UNFPA's role, many partners from around the world have contributed enormously to advancing the cause (see Box 1). A number of governments are engaged in national efforts to eradicate fistula. The Campaign's many donors include Canada, Iceland, Luxemburg, Norway and Spain. Additional donors comprise Johnson & Johnson for support of fistula programmes in **Cote d'Ivoire**, **Eritrea** and **Liberia**; the United Nations Human Security Trust Fund for aid to **Nigeria** and **Pakistan**; Virgin Unite for support in **Nigeria**; the Women's Missionary Society, African Methodist Episcopal Church for assistance in **Ghana**; Zonta International for support in **Liberia**; and Americas for UNFPA and the many individual donors who help fund the Campaign globally.

Mbiyavanga Helene, 27, had fistula surgery through a UNFPA supported project at the St. Joseph Hospital, in Kinshasa. Photo by Robin Hammond/Panos, DR Congo.

## The Campaign to End Fistula: key strategies

**Strengthening health systems:** UNFPA and the Campaign aim to integrate fistula within broader sexual and reproductive health policies and programmes, and make fistula an entry point for advocating that policymakers and key stakeholders take steps to improve maternal and newborn health and survival. These efforts are guided by WHO's six building blocks for health systems: service delivery, the health workforce, health information systems, access to essential medicines, financing, and leadership and governance. Table 1 highlights UNFPA's and the Campaign's contributions to these in terms of obstetric fistula.

1 Details of the report may be found at: http://www.unfpa.org/public/cache/offonce/news/pid/5822.

**Table 1:** Contributions to strengthening health systems

| WHO health system building blocks | Campaign to End Fistula/ UNFPA contributions related to obstetric fistula |
|---|---|
| **Service delivery** | • Obstetric Fistula Orientation Note for UNFPA fistula programmes developed and disseminated<br>• Internationally standardized competency-based training manual on fistula treatment and care developed<br>• Timely access to maternity services through community-based maternity waiting homes<br>• Maternal death and "near miss" reviews to improve quality of maternity care<br>• Shifting from fistula camps to ongoing, holistic fistula services integrated into strategically selected hospitals<br>• Fistula prevention (including reoccurrence), treatment and rehabilitation services through health facilities and community-based initiatives |
| **Health workforce** | • Health workforce available to provide quality fistula repair, care and management<br>• Facilitation of skills development and knowledge sharing in collaboration with the International Society of Obstetric Fistula Surgeons, the International Federation of Gynecology and Obstetrics, and the ICM<br>• Prevention of fistula through quality skilled birth attendance and emergency obstetric care in partnership with UNFPA's Midwifery Programme |
| **Health information systems** | • Inclusion of obstetric fistula in DHS, the Multiple Indicator Cluster Survey (MICS) and other household surveys<br>• Inclusion of obstetric fistula in national health information systems<br>• Development of the Obstetric Fistula Compendium of Indicators<br>• Development and dissemination of tools for data collection and analysis at facility level<br>• Operational research to guide obstetric fistula programmes |
| **Access to essential medicines** | • Quality essential medical and surgical equipment and supplies available<br>• Refurbishment of health facilities and fistula treatment centres<br>• Access to essential reproductive health commodities such as family planning methods and key life-saving drugs, equipment and supplies through UNFPA's Global Programme on Reproductive Health Commodity Security |
| **Financing** | • Costing of fistula plans as part of reproductive health plans<br>• Policies to reduce financial barriers for access to fistula prevention, repairs, post-treatment social reintegration, follow-up, and elective Caesarean sections for subsequent pregnancies among fistula survivors<br>• Innovative financing mechanisms for access to quality maternal/newborn health services (including transportation) |
| **Leadership and governance** | • Advocacy, awareness-raising and resource mobilization<br>• National Task Forces for fistula (under and in collaboration with maternal and newborn health task forces)<br>• Collaboration with governments to integrate fistula into national plans<br>• Partnerships with governments, civil society, and international and national NGOs |

**Addressing social determinants:** Socio-cultural and gender norms, in many cases, are among the broader underlying factors that put women and girls at risk for fistula, and contribute to their chances of death and disability during pregnancy and childbirth. Without promoting gender equity and the empowerment of women and girls, nations will struggle to end such tragedies. Strategies such as preventing child marriage and pregnancy, and discouraging female genital mutilation will help alleviate some of the risk factors relating to childbirth.

In **Niger**, the government has made gender equity; access to reproductive health, including maternal health; and zero tolerance of violence against women and girls constitutional rights. Given the influence of societal, cultural and gender norms, UNFPA recognizes that it is crucial to engage community and religious leaders, men and boys in advancing women's and girls' well-being, including through the prevention of fistula. In the **Central African Republic**, advocacy efforts sensitized community and religious leaders about fistula. **Côte d'Ivoire** held sensitization workshops for religious and traditional leaders, as well as journalists and animators. **Eritrea** conducted advocacy meetings with nearly 400 policymakers, health workers and managers, and community leaders on maternal mortality and prevention of obstetric fistula. Sixteen journalists in **Liberia** learned to serve as fistula advocates by disseminating information about causes, prevention and available management services.

## Contributions and results at country level

The Campaign to End Fistula is an integral part of the MHTF's strategic efforts to reduce maternal and newborn mortality and morbidity. It contributes to all seven MHTF outputs, as described below. The following pages detail the Campaign's achievements under each.

### OUTPUT 1.

An enhanced policy, political and social environment for maternal and newborn health and sexual and reproductive health.

**Indicator:** National comprehensive communication and advocacy strategy developed for sexual and reproductive health.

In **Ghana**, advocacy efforts on behalf of fistula survivors paid off, resulting in a commitment from the National Health Insurance Scheme to fast-track registration of fistula clients. In **Mauritania**, UNFPA partnered with the NGO Health South to co-fund a project aimed at the secondary prevention of fistula, including by improving access to emergency obstetric care.

Community partnerships are critical in reaching out to women in need. In **Benin**, UNFPA is collaborating with three NGOs to actively identify women suffering from obstetric fistula, and refer them to services and care. A network of NGOs and organizations active in the fight to end fistula was created. **Niger's** national fistula eradication network partnered with the NGO Solidarité to conduct sensitization Campaigns, and offer care and treatment to fistula-affected women. Strengthened ties with the media and opinion makers increased mobilization around fistula-related issues in **Bangladesh**, **Burkina Faso**, **Democratic Republic of the Congo**, **Ethiopia**, **Kenya**, **Liberia**, **Niger**, **Senegal** and **Tanzania.**

Communication initiatives with fistula survivors and advocates focused on training and enhanced visibility of their work. At Women Deliver II in Washington, D.C., UNFPA convened a panel of reproductive health advocates, two of whom were fistula survivors: Ms. Sarah Omega from **Kenya**, and Ms. Awatif Altayib from **Sudan.** Prior to the panel, all advocates participated in communication training, which helped prepare them to speak in public and effectively respond to media queries. Their testimonies touched participants deeply and led to moving reports by journalists who attended.

Ms. Omega and Ms. Altayib had the opportunity to meet high-level authorities, including Her Royal Highness Crown Princess Mary of Denmark, and briefed members of the U.S. Congress on fistula. Ms. Omega also participated in advocacy to encourage U.S. funding and support for maternal health and MDG 5. Throughout

the year, she responded to interview requests by the media and donors, contributed to specialized blogs and participated in a UNFPA video production.

A number of countries have used film to sensitize their populations about fistula. **Madagascar** produced a film to document good practices related to eradicating fistula. In **Niger**, UNFPA, with the NGO Health and Development International and Cinema Numérique Ambulant, funded sensitization sessions including airing a film on fistula in several local languages. Showings were followed by debates about the causes and consequences of fistula. Opinion leaders and health workers participated in the sessions, which reached several thousand people.

## BOX 2 Ambassadors of Hope

Ms. Sarah Omega, one of the Kenyan "Ambassadors of Hope"—a UNFPA-sponsored initiative aimed at sensitizing communities about the challenges faced by women living with fistula—has always been an example of hope and strength. Her continuous advocacy work has led her to travel around the globe to participate in international conferences, UN high-level meetings and political briefings to fight for better health conditions and the empowerment of women, both key elements to help make fistula a problem of the past.

In 2010, she raised her voice again. During Women Deliver II, Ms. Omega told her story to hundreds of people—a story of suffering and courage that brought tears to the eyes of those who were able to hear her testimony.

Ms. Omega's collaboration was central to a successful effort to document the work against fistula in Kenya. With her support and in partnership with media and technical teams from Africa and New York, a film crew chronicled fistula survivors' community life, prevention initiatives, the work in health care facilities and social reintegration after surgery. The images from Kenya have been used for media outreach and will be edited for larger distribution in 2011.

**Niger** used community radio to spread messages about fistula, as did **Guinea-Bissau**, which also produced and distributed leaflets and flyers. UNFPA in **Mali** conducted detailed training and orientation sessions with the media, which resulted in increased coverage of UNFPA's work, including on fistula. Community dialogues spread commitments to reducing maternal mortality. Through Health Surveillance Assistants, communities learn of the causes of fistula, how to prevent it and where they can access treatment. In **Mauritania**, UNFPA sensitized the Parliamentary Group on Population and Development on reproductive health issues, including obstetric fistula and reproductive health commodity security. **Sierra Leone** also received UNFPA support to develop a national communication strategy to promote reproductive health—including obstetric fistula services. In **Zambia**, the Ministry of Health produced two documentaries on fistula during two treatment camps. These were aired on television and used for advocacy during a parliamentarians' workshop, and orientation trainings for midwives and nurses.

**Sudan** achieved a high level of media coverage of fistula, with journalists intensively reporting about the Campaign, and interviews with health officials airing on radio and TV, and appearing in newspapers. In **Timor-Leste**, high-level advocacy meetings were held with key policy and decision-makers at Dili National Hospital. A community awareness programme was launched in selected districts, and information, education and communication materials were distributed to community members and service providers. In **Yemen**, as part of a national safe motherhood Campaign, television and radio spots on fistula prevention were produced and information materials disseminated. Sensitization workshops took place for different hospitals in four governorates.

## BOX 3 Transforming survivors into champions

Fistula survivors can play a valuable role in reaching out to their communities to help prevent and treat fistula, thereby saving other women and girls from suffering the same fate. There is no more powerful voice to speak about fistula than that of a recovered fistula survivor.

Campaign countries are implementing innovative approaches to involve fistula survivors as community educators, mobilizers, advocates or champions. In **Ghana**, women and girls treated for fistula were trained in advocacy, communication and counselling skills, and subsequently sent out to sensitize and educate their peers about the causes, prevention and treatment of fistula. Nineteen survivors galvanized support for reducing fistula in their communities and spread words of hope. UNFPA worked with the advocates on joint work plans establishing clear lines for referrals for fistula patients, and clinic days for fistula at each of the repair centres.

In **Guinea**, women treated for fistula were trained in behavior change communication techniques and function as peer educators. They help break myths and taboos surrounding fistula, and teach their communities about possibilities for treatment.

## OUTPUT 2.

Up-to-date needs assessments for the sexual and reproductive health package, with a particular focus on family planning, human resources for maternal and newborn health (midwifery), emergency obstetric and newborn care, and obstetric fistula.

**Indicator:** Up-to-date needs assessments for maternal and newborn health as part of the national health plan, which includes emergency obstetric and newborn care, family planning, midwifery and obstetric fistula services.

Since the beginning of the Campaign, twenty-nine countries have conducted needs assessments related to obstetric fistula. UNFPA and other Campaign partners, such as EngenderHealth, have supported these assessments. EngenderHealth has developed a standardized fistula needs assessment tool to aid in carrying out assessments, and to permit standardized data collection and comparable indicators across countries.

## OUTPUT 3.

National health plans focusing on sexual and reproductive health, especially family planning and emergency obstetric and newborn care, with strong linkages between reproductive health and HIV to achieve the health MDGs.

**Indicator:** Existence of national development plan for sexual and reproductive health package (including family planning, midwifery, obstetric fistula care, and emergency obstetric and newborn care).

National leadership and ownership drive the fight to end fistula, including through the integration of actions to prevent and treat obstetric fistula into national policies and plans. Many Campaign countries have made progress in this area, with over half having included fistula in national sexual and reproductive health policies or plans. Additional countries are revising their existing sexual and reproductive health policies to ensure full integration.

## Highlights

In **Sierra Leone**, the Ministry of Health and Sanitation, with support from UNFPA, developed a five-year strategic plan for obstetric fistula prevention, treatment and social reintegration. In **Guinea**, to better

coordinate and implement interventions for fistula-affected women, stakeholders adopted a national framework, and advocacy efforts are underway to develop a national strategic plan.

In **Sudan**, UNFPA assisted the Abbo Fistula Management Center in Khartoum to develop a national protocol for fistula management. **Mozambique** created a draft Strategy and National Plan for Screening and Treatment of Obstetric Fistula that went to a technical group for review. In **Uganda**, UNFPA supported the Ministry of Health to develop an obstetric fistula strategy to guide prevention, treatment and rehabilitation of fistula patients. Key partners came together in **Chad** to validate guidelines for the clinical management of women living with fistula, and to harmonize therapeutic norms and procedures for care. In **Timor-Leste**, the basic emergency obstetric care training for midwives was modified slightly to emphasize obstetric fistula as a result of obstructed labour, linking this to existing teachings on using the partograph for prolonged labour.

Several countries have created National Task Forces for fistula prevention, treatment and reintegration that facilitate coordinated planning and interaction between partners working on fistula. National Task Forces for fistula should ideally comprise the Ministry of Health, international and national NGOs, civil society organizations, social support NGOs, Ministries of Women's Affairs and Family Health, medical providers and UN agencies. **Malawi** has a national taskforce that meets regularly to assess progress in addressing fistula management, and support to repair centres to identify challenges and mentor people on the ground. A programme officer within the Ministry of Health focuses specifically on fistula. In **Kenya**, UNFPA is helping the newly established National Task Force for fistula to implement the national strategy for obstetric fistula advocacy, prevention, treatment and rehabilitation. In **Mozambique**, UNFPA has successfully worked with the government to raise obstetric fistula to a priority level within the Ministry of Health.

In the **Republic of Congo**, the Government officially launched a national campaign to eradicate fistula. **Malawi's** First Lady was named the National Coordinator for Safe Motherhood activities, and launched her Safe Motherhood foundation to mobilize resources from the private sector. She pledged to sustain the Campaign to End Fistula when she closed the UNFPA fistula repair camp in the country in November 2010.

The Campaign on Accelerated Reduction of Maternal Mortality in Africa, launched in 2010 in the Republic of the Congo, attests to the commitment to improve maternal health in the country, including the extension of the fistula programme and other measures. Photo by UNFPA, Republic of the Congo.

## OUTPUT 4.

National responses to the human resource crisis in maternal and neonatal health, with a focus on planning, and increasing the number of midwifery and other mid-level services.

**Indicator:** Number of doctors trained on surgical obstetric fistula repair, and number of health personnel trained on the management of fistula.

The Campaign assisted countries to develop personnel and facilities for quality services. In 2010, UNFPA provided equipment, supplies and renovation services to health facilities, and facilitated the training of health-care personnel in fistula prevention and management in a number of countries (see Table 2).

Some countries, such as the **United Republic of Tanzania**, have established a national association of fistula surgeons. The Association of Obstetric Fistula Surgeons in Tanzania was registered in 2010. Its executive committee members include the Ministry of Health and Social Welfare-Safe Motherhood Initiative, the African Medical and Research Foundation, Women's Dignity, Comprehensive Community Based Rehabilitation in Tanzania, Muhimbili (National Referral Hospital), representatives from district hospitals and UNFPA.

One year into the recovery efforts in Haiti, UNFPA has remained committed to raising awareness about obstetric fistula and improving national capacities through South-South collaboration. Photo by UNFPA, Haiti.

Numerous initiatives helped countries exchange ideas, share experiences and learn from each other through South-South cooperation. **Ghana** and **Nigeria** hosted a team from the Ministry of Health of **Eritrea** and the National Union of Eritrean Women, which learned about rehabilitation. A surgical team from **Zambia** conducted a field visit to Hamlin Fistula Hospital in **Ethiopia** to hear about their fistula model, including the integration of services and coordination of satellite sites. Surgeons from **Ethiopia** trained obstetricians and midwives from Juba and Wau teaching hospitals in southern **Sudan** on fistula repair and management. The Ministry of Health in southern **Sudan** began discussions with Addis Ababa Fistula Hospital in Ethiopia for support and training in fistula repair. UNFPA's **Sudan** country office hosted a **Yemeni** team of health professionals, led by the Ministry of Health. It facilitated field visits to the Abbo Fistula Center in Khartoum and to social rehabilitation/reintegration centres, as well as meetings with key national partners. Two fistula experts from **Bangladesh** visited **Timor-Leste** to treat women suffering from fistula. And **Niger** welcomed a team of doctors and surgeons from **Haiti**, who were trained by Dr. Sanda Ganda in treating complex cases. Thirty-nine patients were operated on during the course of the training.

**Table 2:** Number of trained doctors and health providers by country (2010)

| Country | Number of doctors trained in fistula repair | Number of health professionals trained in fistula management |
|---|---|---|
| **Afghanistan** | 13 | 30 |
| **Bangladesh** | 39 | 25 |
| **Benin** | 15 | 10 |
| **Burkina Faso** | 0 | 0 |
| **Burundi** | 3 | 10 |
| **Cameroon** | 12 | 22 |
| **Central African Republic** | 8 | 17 |
| **Chad** | — | — |
| **Côte d'Ivoire** | 17 | 130 |
| **Democratic Republic of the Congo** | 51 | 26 |
| **Djibouti** | 1 | 1 |
| **Eritrea** | 3 | 18 |
| **Ethiopia** | 15 | 30 |
| **Ghana** | — | 8 |
| **Guinea** | 10 | 52 |
| **Guinea Bissau** | 8 | 35 |
| **Haiti** | 2 | 2 |
| **Kenya** | 96 | 264 |
| **Lao People's Democratic Republic** | — | — |
| **Liberia** | 6 | 174 |
| **Madagascar** | — | 5 |
| **Malawi** | 2 | 32 |
| **Mali** | 3 | 13 |
| **Mauritania** | 12 | 130 |
| **Mozambique** | — | 44 |
| **Nepal** | 5 | 12 |
| **Niger** | 16 | 21 |
| **Nigeria** | 40 | 40 |
| **Pakistan** | 3 | 15 |
| **Republic of Congo** | 3 | 3 |
| **Rwanda** | — | — |
| **Senegal** | 6 | 30 |
| **Sierra Leone** | 1 | 20 |
| **Somalia** | 2 | 20 |
| **Sudan (southern)** | 2 | 2 teams |
| **Sudan (northern)** | 2 | 40 |
| **Timor-Leste** | — | — |
| **Uganda** | 7 | 26 |
| **Yemen** | 2 | 64 |
| **Zambia** | 2 | 78 |

Fistula patients receive personal hygiene kits, blankets, plastic mats and mosquito nets at the Elfasher Fistula Center. Photo by UNFPA, Sudan.

## OUTPUT 5.

National equity-driven scale up of family planning and emergency obstetric and newborn care services, maternal and newborn health commodity security, and obstetric fistula services.

**Indicators:**

- Number and proportion of functioning referral centres for fistula treatment;
- Number and proportion of treatment facilities that offer social reintegration services;
- Number of women surgically treated for obstetric fistula per year; and
- Number and proportion of women treated for obstetric fistula who have been offered social reintegration.

In 2010, UNFPA helped more than 5,000 women and girls in 36 countries receive treatment for fistula. It supported improved services, and surgeon and health worker training, and provided medical supplies and equipment. A number of countries have successfully increased their overall capacity to treat fistula. Table 3 highlights results in 2010 in all countries, while Figure 2 illustrates progress over time in selected countries with established fistula treatment programmes. While increases in services are encouraging, the number of yet-to-be-treated women and girls remains enormous, underscoring the urgent need to further scale up effective prevention, care and treatment services.

Many countries are expanding the availability of services by increasing and decentralizing treatment and referral facilities. In **Malawi**, obstetric fistula repair services are now being offered at 13 hospitals throughout the country. The **Central African Republic** expanded access to treatment by creating three new fistula repair centres, and **Sudan** inaugurated two new fistula management satellite sites. **Côte d'Ivoire** identified and evaluated places to rehabilitate, with a view to extending fistula prevention and care services in the future.

In **Yemen**, a fistula unit was established at a hospital in Sana'a, and medical equipment procured for its functioning. Two medical teams were trained at Abbo Fistula Center in Khartoum, and 60 midwives from three governorates learned to manage and prevent fistula. A national expert was also recruited to ensure that fistula management and prevention are well reflected in updated emergency obstetric care management protocols for doctors and midwives. In an effort to ensure services are accessible to those in need, a letter of understanding was signed with the Ministry of Public Health and Population, Al-Thawra Hospital and UNFPA to ensure free services for fistula patients.

**Table 3:** Numbers of fistula treatment centres and women and girls treated for fistula by country, 2010

| Country | Number of functioning treatment centres | Number of women treated |
|---|---|---|
| **Afghanistan** | 1 | 49 |
| **Bangladesh** | 10 | 369 |
| **Benin** | 4 | 120 |
| **Burkina Faso** | 7 | 238 |
| **Burundi** | 2 | 2,550* |
| **Cameroon** | 4 | 150 |
| **Central African Republic** | 1 | 104 |
| **Chad** | 6 | 38 |
| **Côte d'Ivoire** | 5 | 242 |
| **Democratic Republic of the Congo** | 28 | 567* |
| **Djibouti** | 1 | — |
| **Eritrea** | 2 | 127 |
| **Ethiopia** | 4 | 1,400* |
| **Ghana** | 9 | 79 |
| **Guinea** | 5 | 62 |
| **Guinea Bissau** | 2 | 73 |
| **Haiti** | 1 | 20 |
| **Kenya** | 13 | 190 |
| **Lao People's Democratic Republic** | — | 1 |
| **Liberia** | 13 | 191 |
| **Madagascar** | 6 | 100 |
| **Malawi** | 3 | 300 |
| **Mali** | 4 | 1,833* |
| **Mauritania** | 3 | 50 |
| **Mozambique** | 4 | 179 |
| **Nepal** | 3 | 25 |
| **Niger** | 6 | 301 |
| **Nigeria** | 14 | 120 |
| **Pakistan** | 14 | 462 |
| **Republic of Congo** | 2 | 38 |
| **Rwanda** | 7 | — |
| **Senegal** | 7 | 73 |
| **Sierra Leone** | 2 | 270 |
| **Somalia** | 2 | 120 |
| **Sudan (southern)** | 1 | 66 |
| **Sudan (northern)** | 2 | 400 |
| **Timor-Leste** | 1 | 6 |
| **Uganda** | 12 | 1,479* |
| **Yemen** | 1 | 2 |
| **Zambia** | 5 | 378 |

** Conducted through partners in the country.*


**Figure 2:** Increase in number of women and girls treated for fistula in selected countries from 2009 to 2010

**Social reintegration:** Surgical repair and medical care and treatment are not the end of the road on the journey to healing for a fistula survivor. Psychosocial and socioeconomic support are equally crucial. While more evidence and consensus are required regarding what constitutes successful rehabilitation and reintegration, many countries are beginning to attempt such interventions.

In **Burkina Faso**, 53 surgically repaired women were assisted to start income-generating activities. In the **Central African Republic**, women received support in managing micro-projects and were aided in integrating into women's community cooperatives and associations. In **Chad**, 38 fistula survivors benefited from similar interventions, and in the **Republic of Congo**, 28 women received support for socioeconomic reinsertion, representing an intensification of the Campaign in 2010.

In **Eritrea**, a needs assessment for fistula survivors was carried out as the basis of future rehabilitation and reintegration services. In **Ghana**, health and social workers were trained to incorporate reintegration into national programmes, with community involvement. Nineteen surgically repaired women learned skills of their choice to regain dignity and economic empowerment. **Ghana** included fistula survivors in the Livelihood Empowerment Against Poverty Programme.

In **Guinea**, 29 women learned soap-making through a partnership with a local NGO supported by UNFPA. The **Liberia** fistula project provides life skills training for income generation, adult literacy and business management, with specific training in tailoring, soap-making, tie-and-dye, cosmetology and pastry-making. It also provides post-training starter kits. Regular monitoring visits are conducted to follow up on the welfare of rehabilitated and reintegrated survivors. **Madagascar** has an integrated package for fistula repairs and social reintegration for all 100 fistula survivors during 2010. In **Niger**, UNFPA assisted 185 women in reintegrating into their communities by offering health education, training in income-generating activities and small loans. In **Sierra Leone**, UNFPA worked with community-based organizations and Aberdeen Women's Center to sensitize, identify, treat and help reintegrate women. In **Zambia**, 10 former fistula patients identified as fistula ambassadors counseled clients waiting for repair surgery and educate them about family planning.

As shown in Table 4, some countries are beginning to collect data on the number of facilities that offer social reintegration services, and the number of women and girls who receive these. More countries are recognizing the importance of partnering with NGOs and civil society organizations to ensure that women and girls treated for fistula are linked with much-needed social support services.

However there is a long way to go in ensuring that all fistula survivors access essential services to rebuild their lives and escape the cycle of poverty and marginalization that likely contributed to their fistula in the first place. A number of countries have not yet begun such reintegration initiatives, and many woman and girls are "lost to follow up" after their treatment. Countries need to strengthen monitoring and evaluation to track women and girls following treatment, so that they do not fall back into poverty and sickness.

Women at the UNFPA Fistula Rehabilitation Centre in Liberia learn skills to enable them to be financially independent when they return home from the hospital. [2] Photo by Marcus Bleasdale/VII Photo. Liberia.

**Table 4:** Social reintegration services by country, 2010

| Country | Number of women who received social reintegration services | Number of facilities offering social reintegration services |
|---|---|---|
| **Afghanistan** | 0 | 0 |
| **Bangladesh** | 85 | 1 |
| **Benin** | 27 | 0 |
| **Burkina Faso** | 53 | 1 |
| **Burundi** | 0 | 0 |
| **Cameroon** | 89 | 0 |
| **Central African Republic** | 104 | 0 |
| **Chad** | 38 | 1 |
| **Côte d'Ivoire** | 47 | 3 |
| **Democratic Republic of the Congo** | 56 | 2 |
| **Djibouti** | 0 | 0 |
| **Eritrea** | 0 | 0 |

*(continued)*

2 To read feature stories about the social reintegration of fistula survivors in Liberia and the Democratic Republic of the Congo, go to www.endfistula.org. To see a slide show from Liberia, see www.unfpa.org/public/home/news/pid/7251.

*(continued)*

**Table 4:** Social reintegration services by country, 2010

| Country | Number of women who received social reintegration services | Number of facilities offering social reintegration services |
|---|---|---|
| **Ethiopia** | 140 | 2 |
| **Ghana** | 19 | 0 |
| **Guinea** | 29 | — |
| **Guinea Bissau** | 47 | — |
| **Haiti** | 0 | 1 |
| **Kenya** | 150 | 3 |
| **Lao People's Democratic Republic** | — | — |
| **Liberia** | 44 | 1 |
| **Madagascar** | 100 | 6 |
| **Malawi** | 97 | 1 |
| **Mali** | 677 | 3 |
| **Mauritania** | 20 | 2 |
| **Mozambique** | 0 | 0 |
| **Nepal** | 0 | 0 |
| **Niger** | 185 | 5 |
| **Nigeria** | — | 10 |
| **Pakistan** | — | 1 |
| **Republic of Congo** | 21 | 2 |
| **Rwanda** | — | 7 |
| **Senegal** | 11 | 2 |
| **Sierra Leone** | 270 | 2 |
| **Somalia** | 120 | 2 |
| **Sudan (southern)** | 0 | 0 |
| **Sudan (northern)** | — | 1 |
| **Timor-Leste** | 5 | — |
| **Uganda** | 813 | 3 |
| **Yemen** | — | — |
| **Zambia** | 0 | 0 |

## OUTPUT 6.

Monitoring and results-based management of national maternal and newborn health efforts.

**Indicator:** Monitoring, evaluations and results-based management.

**Knowledge generation:** To help fill the severe gap in data on the recovery of fistula survivors, Johns Hopkins University, in collaboration with WHO and UNFPA, is conducting a three-year multi-country study to examine post-operative prognosis, improvements in quality of life, social reintegration and rehabilitation of fistula patients after surgical treatment. The study is addressing existing research gaps in linking surgical prognosis and treatment to obstetric fistula patients' long-term health and psychosocial outcomes following surgery. A secondary objective is to use data for developing a prognostic-based classification system for obstetric fistula. In 2010, the study was launched in **Bangladesh**.

**Data and research:** A number of countries are conducting research to better understand the burden and needs of women and girls suffering from fistula. In **Benin**, a medical student is carrying out a study to assess the psychological aspects of obstetric fistula. Benin also completed data collection for its emergency obstetric and neonatal care assessment and began analysis. To evaluate the quality of obstetric care, draw lessons learned and identify opportunities for improvement, "near miss" audits were conducted on a small sample of women experiencing obstetric fistula. The **Central African Republic** carried out a needs assessment of women who had undergone fistula repair. It is developing tools to follow up with survivors benefiting from reintegration support and to collect lessons learned, as well as to estimate the level of reintegration, identify those still in need of further support, and promote family planning.

In **Eritrea**, a needs assessment of obstetric fistula patients will form the basis for developing rehabilitation and reintegration interventions. An obstetrician/gynecologist resident is researching the health conditions of women who have undergone fistula repair, including the management of complications using an appropriate and locally available diet. In **Guinea-Bissau**, a database for fistula was created and an obstetric fistula module integrated into the MICS. Findings of a fistula study in **Rwanda** were disseminated, causing medical directors of hospitals to commit to raising awareness for prevention and implementing activities from the national fistula plan. In **Nepal**, data on 350 women who had undergone surgery at Patan Hospital is being analysed.

In **Niger**, UNFPA supported a scientific meeting of technical experts working on medical and surgical treatment and care of fistula-affected women and girls. Niger's national network to eradicate obstetric fistula organized the meeting; it collaborates with UNFPA and partners to carry out all fistula-related activities in the country. In **Benin**, the UNFPA country office provided assistance to an international workshop on prevention and early treatment of obstetric fistula in West and Central Africa.

## OUTPUT 7.

### Leveraging of additional resources for MDG 5 from governments and donors.

**Indicator:** Leveraging of additional resources for fistula from governments and donors

Using fistula as an entry point to advocate for support and action on broader sexual and reproductive health issues can be an effective way to leverage resources. Such a strategy was implemented in some countries, including **Ghana**, through the Livelihood Empowerment Against Poverty Programme, and **Sierra Leone**, through the launch of the Campaign to Accelerate Maternal Mortality Reduction in Africa.

Countries are increasingly developing and implementing innovative approaches to caring for fistula survivors. Selected examples are highlighted in Table 5.

**Table 5:** Country examples of innovative approaches to fistula programming

| Country | Project | Description |
|---|---|---|
| **Ghana** | The Livelihood Empowerment Against Poverty Programme reaches out to help obstetric fistula survivors reintegrate into their communities and escape the cycle of poverty | This social cash transfer programme provides cash and health insurance to extremely poor households to alleviate short-term poverty and encourage long-term human capital development. It began in 2008, and ensures that beneficiaries have free health insurance through the National Health Insurance Scheme. They are also given regular monetary incentives. Fistula survivors were included following advocacy meetings with the Department of Social Welfare initiated by UNFPA and its partners. They have access to free treatment and care at designated fistula repair centres. This has largely released UNFPA resources, which were initially used to pay for treatment and later health insurance for fistula patients. |
| **United Republic of Tanzania** | Harnessing the power of technology to ensure that no woman or girl suffering from obstetric fistula is left behind in Tanzania | UNFPA provides technical support to national stakeholders on fistula. It established a partnership with Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) Hospital in 2009 for referring fistula patients via Vodacom's M-PESA mobile-to-mobile banking technology. In 2010, CCBRT began using M-PESA to send money for transport to women suffering with fistula, increasing the number of women accessing fistula surgery by 60 percent. Between September and December 2010, when UNFPA funds were provided to support surgical repairs, 92 women living with fistula were transported to CCBRT for treatment, and 108 women with fistula received life-changing surgery. |

## Contributions and results at regional and global level

### *Advocacy*

In October 2010, the U.N. Secretary-General's Report "Supporting Efforts to End Obstetric Fistula" was released. It called for increased support for cost-effective interventions to address fistula. It stated that considerable progress has been achieved, and highlighted the links between fistula and poverty, income inequalities, gender disparities, discrimination and poor education. The report called for intensified action to put an end to this health and human rights tragedy. Subsequently, the UN General Assembly adopted the resolution "Supporting Efforts to End Obstetric Fistula." With 172 countries backing it, the resolution called for renewed focus on obstetric fistula through specific programmes and additional resources.

The Campaign to End Fistula was one of the few initiatives featured in MDG Good Practices, a 2010 publication by the United Nations Development Group. The publication emphasized the innovative and comprehensive approach of the Campaign, which combines programmatic, technical, and advocacy and communication interventions.

The work in partnership with Virgin Unite and Campaign ambassador and spokesperson Ms. Natalie Imbruglia continued in 2010, when she had the opportunity to raise awareness and funds for maternal health and obstetric fistula by running the Virgin London Marathon in April. She also continued raising funds to fight fistula in developing countries.

Throughout 2010, the Campaign assisted leading officials to highlight obstetric fistula in speeches and presentations, including the U.S. Secretary of State, Ms. Hillary Clinton; the U.S. Permanent Representative to the United Nations, Ambassador Susan E. Rice; UN Secretary-General Ban Ki-moon and UN Deputy Secretary-General Dr. Asha-Rose Migiro. Ms. Clinton mentioned fistula survivors and advocates such as Caroline Ditina, from the Democratic Republic of the Congo, in her speech marking the 15th anniversary of the International Conference on Population and Development.

UNFPA Goodwill Ambassadors Yuko Arimori, Catarina Furtado and Goedele Liekens, and UNFPA Patron Her Royal Highness Crown Princess Mary of Denmark (photo by Christine Ong, UNFPA) raised their voices in 2010 to end fistula. Photos by UN and Campaign to End Fistula archives.

2010 was a particularly rich year in terms of content made available to a larger audience through institutional platforms and the media. In conjunction with increased media attention to reproductive health issues in general, there was greater coverage of fistula. Special inputs were also provided for media outreach during key events—including the MDG Summit, the UN Commission for Population and Development meeting and the AU Summit—and for donor-related communication.

### *Technical assistance and knowledge sharing*

High-quality treatment and care for women and girls affected by fistula is one of the highest priorities for the Campaign. An integral component is to support and expand the numbers of well-trained, competent and highly qualified medical personnel available to deliver such care. The International Society of Obstetric Fistula Surgeons, founded in 2007, promotes knowledge sharing, professional development and quality assurance among fistula surgeons and other health care providers. It has a defining role in producing the International Federation of Gynecology and Obstetrics-led Competency-Based Training Manual for fistula surgeons.

UNFPA supported over 60 people, including fistula surgeons, from more than 20 countries to participate in the society's third conference in 2010 in Senegal. It brought together a large number of fistula surgeons as well as other fistula health care professionals and organizations to share their experiences in fistula prevention, management, training and research, and to develop partnerships to stop fistula.

### *Partnership*

Now comprising almost 100 members from more than 50 global and regional partner agencies, the International Obstetric Fistula Working Group, with UNFPA serving as the secretariat, is a key body promoting effective, collaborative partnerships to address all aspects of fistula. This global coordination mechanism facilitates partner dialogue and joint projects, with five sub-working groups on prevention and conservative management; advocacy and partnerships; treatment and training; data, indicators and research; and social reintegration.

In December 2010, before the International Society of Obstetric Fistula Surgeons conference, the working group held its annual meeting in Senegal to foster participation from French-speaking countries, and to facilitate working relationships with the international society. Nine new partner organizations

joined the meeting: the Bangladesh Medical Association, Fistula Foundation Nigeria, Health and Development International, Human Rights Watch, Médecins Sans Frontières (Belgium), Obstetrical and Gynecological Society of Bangladesh, the Uganda Childbirth Injury Fund, Women and Health Alliance International, and Women's Hope International. While there was a strong presence of medical and surgical organizations, participants recognized the urgent need for engaging with more advocacy and social reintegration partners in the future. This includes human rights groups, as it was the recognition of fistula as a neglected medical and human rights issue that initially gave rise to the global Campaign.

Findings of the mid-term evaluation and the new three-year vision for the Campaign were shared with working group members. Updates on fistula activities included a session led by EngenderHealth on current fistula research, and the formulation of a list of research recommendations to overcome research gaps and strengthen the evidence base on fistula. The meeting agreed that future actions should include a comprehensive mapping exercise of all fistula centres, experts and actors on a global scale, with much greater emphasis on data, quality and results. The role of the five sub-working groups will be pivotal in this process.

More than 20 journalists from national, regional and international media attended a press conference with fistula experts at the meeting, and followed the stories of fistula survivors as they underwent treatment and returned to their communities. Their reporting helped raise awareness about the importance of expanding treatment.

## Lessons learned

- Strong government commitment and involvement are key to success, promoting ownership and sustainability.
- Integrating fistula care into routine hospital care with trained personnel increases the number of patients treated and is a potentially more holistic approach.
- Harmonization and standardization of techniques and procedures for fistula treatment promotes effective care.
- Information sharing at health facilities accredited to repair fistula leads to increased opportunities and access for repairing complex cases.
- Training health care workers, including in primary care, in fistula management can improve the quality of services at all levels.
- A continuum of care model is important in developing fistula programming and services.
- Community involvement in fistula programming fosters increased ownership at the local level.
- Community involvement through NGOs helps reduce stigma and increase demand for and access to sexual and reproductive health services, including fistula treatment.
- Use of obstetric fistula advocates, such as recovered fistula patients, can galvanize support for preventing and reducing fistula, and serves as a strong entry point for advocacy on maternal and newborn health issues.
- It is important to involve NGOs in prevention, treatment and reintegration.
- Partnerships among research, training and government institutions can improve the effectiveness of project implementation.
- Media coverage can increase the use of fistula services, sensitize the public and reduce stigma.
- Training journalists, traditional birth attendants and community leaders can increase service utilization and reduce maternal deaths, complications and morbidity, including fistula.
- Sufficient funding is critical.

- Mobile phone technologies have strong potential to reach, follow up and help support women and girls living with fistula.
- Maternity waiting homes can help bridge the gap in accessing obstetric care.
- More research is necessary to support quality fistula prevention, treatment and social reintegration.

A young fistula survivor who benefited from a project that uses mobile phone technology to transfer funds and enable patients to travel to health facilities. "The fistula ambassador received the money and then he got us the bus tickets to go to the hospital." Photo by Lisa Russell, Tanzania.

## Challenges

The mid-term evaluation of the Campaign to End Fistula noted its positive impacts. Significant progress has been achieved since its inception. It faces a number of important challenges, however, which it must address to move forward.

### *Strengthening national leadership and commitment*

- Ensuring government commitment, ownership and leadership, and coordination among all partners, including by advocating with governments to establish National Task Forces on fistula;
- Supporting countries in integrating a holistic approach to obstetric fistula in their national health strategies, and developing dedicated budgets; and
- Effectively implementing national strategies and programmes to end fistula.

### *Expanding access to care and improving its quality*

- Improving primary prevention of fistula;
- Securing substantially more human and financial resources to make quality emergency obstetric and neonatal care services available to all who need them, and to address all aspects of prevention, management and follow-up for fistula survivors;
- Managing recent fistula cases with bladder catheterization in a timely manner to promote spontaneous healing of simple fistulas;

- Preventing the recurrence of fistula during subsequent pregnancies and preserving the life of previously repaired women during their childbearing years;
- Scaling up accessible, high-quality, sustainable treatment services that are integrated into routine health services;
- Ensuring sufficient supply, distribution and retention of well-trained, skilled and competent fistula surgeons;
- Providing sufficient human resources at global, regional, national and sub-national levels;
- Standardizing fistula training and treatment;
- Ensuring continuous availability of high-quality medical and surgical supplies;
- Sensitizing communities and increasing demand for fistula services;
- Coordinating and linking institutions providing fistula care and treatment and those providing social reintegration services;
- Attending to the number of countries seeking the Campaign's assistance;
- Developing and implementing effective communication strategies;
- Preventing iatrogenic fistula caused by an inadvertent medical or obstetric practice; and
- Addressing traumatic fistula resulting from rape or sexual violence.

Team of local surgeons during a fistula repair. Photo by UNFPA, Zambia.

### *Tackling issues of equity and social determinants of health*

- Reducing poverty that hinders women affected by fistula from paying for transport and food, and bars or delays some of them from accessing treatment;
- Improving identification and follow-up of women and girls affected by fistula;
- Helping all fistula survivors to reintegrate socioeconomically into their communities;

- Addressing the broader, underlying social determinants of maternal mortality and morbidity, including obstetric fistula;
- Integrating fistula prevention into gender, human rights and broader development policies; and
- Reaching out to and caring for women and girls living with fistula declared "inoperable."

### *Improving data and evidence*

- Obtaining reliable, comprehensive and high-quality data on fistula; and
- Securing evidence on the impact of various components of fistula care, including those related to the social reintegration of fistula survivors, long-term survival following repair (including in subsequent pregnancies), clinical practice, fistula advocates and maternity waiting homes.

Fistula survivors Rita Soares and Orlanda Babo with Dr. Amita Pradhan Thapaa. The work of midwives is crucial to assist in the prevention and treatment of obstetric fistula.
Photo by Marcus Bleasdale, VII Photo/UNFPA, Timor Leste.

## Moving forward

The mid-term evaluation was a valuable, enlightening and motivational exercise. Drawing on its findings and recommendations, UNFPA, as the leader of the Campaign to End Fistula, resolves to move forward to strengthen strategies, broaden reach and improve performance, based on lessons learned and evidence-based practices. A new technical specialist and Campaign coordinator joined UNFPA in 2010, and will help accelerate efforts aimed at achieving significant and sustained progress. All of these will have one purpose: to end the needless, avoidable suffering of women, girls, families and communities affected by fistula.

### *Key priorities of the Campaign*

Guided by the findings and recommendations of the independent evaluation, and field experiences, the Campaign will renew its efforts to advance the fight to end fistula and to improve the lives of those affected by it. The new priorities are:

- Working with National Task Forces for fistula comprising in-country partners and led by the Ministry of Health;
- Promoting a more holistic approach to care for women and girls with fistula by incorporating services into existing health structures and firmly anchoring them in sustainable maternal/newborn health programmes and policies, including by gradually scaling up training and treatment services in response to the number of existing cases, and shifting away from occasional interventions towards more permanent fistula services in selected hospitals;
- Increasing emphasis on prevention, specifically looking at bladder catheterization following obstructed labour and developing strategies for securing maternal survival in subsequent pregnancies, to ensure healthy outcomes for mothers and babies, and to prevent the development of new fistulas;
- Expanding and strengthening successful socioeconomic reintegration of fistula survivors, including through their development as advocates for fistula prevention and maternal/newborn health promotion;
- Strategizing approaches for supporting women and girls with inoperable fistula cases, or with some degree of incontinence following treatment, if they cannot or do not wish to return home;
- Reinforcing human resources at every level, including recruitment of fistula focal points in high burden countries, to enable Campaign partners to adequately meet the tremendous unmet needs of women, girls and communities affected by fistula;
- Increasing emphasis on producing high-quality data and research for monitoring and evaluating the progress and quality of programming; identifying needs, gaps, successes and lessons learned; and improving strategic decision-making and the use of resources;
- Enhancing advocacy and resource mobilization efforts at the country level, involving fistula survivors as community-based advocates for preventing maternal and newborn death and disability;
- Strengthening collaboration among both existing and new partners;
- Improving the internal information flow and communication within the Campaign and among partners;
- Enhancing external global, regional and national communication and advocacy efforts to raise further awareness, garner support and spur action;
- Helping to develop "the big picture" on current activities, needs and gaps through a global mapping exercise of organizations active on fistula, carried out with partners such as Fistula Foundation and Direct Relief International; and
- Continuing to advocate with governments to promote integration of fistula prevention, treatment and care within national health policies, strategies, and budgets.

# FINANCE

## Thematic Fund for Obstetric Fistula

Table 1 indicates total contributions received during the year, which amounted to $1,660,851. This includes a contribution of $669,344 from Spain that was received in the fourth quarter of 2010. It will be allocated for 2011 programme activities.

**Table 1:** Total contributions received in 2010 *(in United States dollars)*

| Donor | Amount |
|---|---|
| **Americans for UNFPA*** | 38,132 |
| **Iceland** | 100,000 |
| **Canada***** | 167,538 |
| **Luxembourg** | 674,764 |
| **Private contributions***** | 11,073 |
| **Spain**** | 669,344 |
| **Total 2010** | **1,660,851** |

** Contributions received from individuals in the United States.*
*** Contributions received in the fourth quarter of 2010.*
**** Individuals made these private contributions directly to UNFPA.*

Funding allocations for the global Campaign to End Fistula are based on peer-reviewed and approved annual work plans and operating budgets.

Table 2 presents the Campaign's 2010 operating budget. It consists of carry-over balances from 2009 and contributions received in 2010 (excluding contributions received in the fourth quarter). Carry-over balances include contributions from major donors in the fourth quarter of 2009 ($500,000 from Korea, $1,683,431 from Norway and $3,451,677 from Spain), which were to be implemented in 2010, as well as unused allocations.

Total contributions received through the third quarter of 2010 reached $823,969. Carry-over funds amounted to $7,095,883, bringing total funds available for 2010 programming to $7,919,852.

**Table 2:** Operating budget for 2010 *(in United States dollars)*

| Donor | Amount |
|---|---|
| **Carry-over from 2009** | 7,095,883 |
| **Americans for UNFPA** | 38,132 |
| **Iceland** | 100,000 |
| **Luxembourg** | 674,764 |
| **Private contributions** | 11,073 |
| **Total 2010** | **7,919,852** |

Several private sector donors also provided earmarked funds outside of the thematic pooled funds to support fistula programmesin UNFPA country offices. Johnson & Johnson gave $160,000 ($70,000 for Côte d'Ivoire, $70,000 for Liberia and $20,000 for Eritrea), Zonta International gave $100,000 ($450,000 awarded in total over three years for Liberia), Virgin Unite gave $588,500 ($1,032,550 awarded in total over three years for Nigeria), and Women's Missionary Society–African Methodist Episcopal Church gave $25,000 (for Ghana, received in the fourth quarter of 2009 for 2010 programming).

Total expenditures in 2010 were $4,340,881 (72 percent of approved allocations), of which approximately 81 percent was spent at country and regional levels, and 19 percent at the global level.

**Table 3:** Approved allocations and expenditures for 2010 *(in United States dollars)*

| Regional Offices, Country Offices, Global Technical Support, Partners | Approved allocation | Expenses | Percentage |
|---|---|---|---|
| Sub-Sahara Africa Region | | | |
| **Africa Regional Office*** | 428,000 | 7,806 | 2 |
| **Benin** | 307,190 | 228,772 | 74 |
| **Burkina Faso** | 50,000 | 46,701 | 93 |
| **Burundi*** | 50,000 | 28,864 | 58 |
| **Cameroon** | 75,000 | 53,609 | 71 |
| **Central African Republic** | 100,000 | 98,915 | 99 |
| **Chad** | 125,000 | 129,109 | 103 |
| **Republic of Congo*** | 182,000 | 96,560 | 53 |
| **Côte d'Ivoire** | 200,000 | 173,890 | 87 |
| **Eritrea** | 125,000 | 103,942 | 83 |
| **Ghana*** | 100,000 | 36,071 | 36 |
| **Guinea*** | 100,000 | 67,281 | 67 |
| **Guinea-Bissau** | 75,000 | 74,862 | 100 |
| **Kenya*** | 150,000 | 157,565 | 105 |
| **Liberia*** | 200,000 | 119,919 | 60 |
| **Madagascar** | 175,000 | 165,902 | 95 |
| **Malawi** | 75,000 | 73,917 | 99 |
| **Mali** | 100,000 | 77,104 | 77 |
| **Mauritania** | 100,000 | 105,578 | 106 |
| **Niger** | 150,000 | 135,318 | 90 |
| **Nigeria*** | 208,025 | 10,368 | 5 |
| **Senegal** | 100,000 | 96,597 | 97 |
| **Uganda** | 100,000 | 99,508 | 100 |
| **Democratic Republic of the Congo** | 543,380 | 455,937 | 84 |
| **Zambia** | 100,000 | 90,220 | 90 |
| **Sub-total** | **3,918,595** | **2,734,316** | **70** |

*(continued)*

*(continued)*

| Regional Offices, Country Offices, Global Technical Support, Partners | Approved allocation | Expenses | Percentage |
|---|---|---|---|
| **Arab States Region** | | | |
| **Yemen*** | 50,000 | 32,689 | 65 |
| **Somalia*** | 75,000 | 46,706 | 62 |
| **Southern Sudan** | 150,000 | 57,212 | 38 |
| **Northern Sudan** | 100,000 | 72,175 | 72 |
| **Sub-total** | **375,000** | **208,783** | **56** |
| **Asia and Pacific Region** | | | |
| **Asia and Pacific Regional Office*** | 100,000 | 37,742 | 38 |
| **Afghanistan** | 300,000 | 244,862 | 82 |
| **Bangladesh*** | 150,000 | 88,560 | 59 |
| **Timor-Leste** | 60,000 | 47,817 | 80 |
| **Nepal*** | 50,000 | 25,711 | 51 |
| **Pakistan*** | 200,000 | 114,916 | 57 |
| **Sub-total** | **860,000** | **559,607** | **65** |
| **Global Technical Support** | | | |
| **Global Technical Support, including Implementing Partners** | 672,275 | 660,521 | 98 |
| **Information and External Relations Division** | 162,757 | 177,654 | 109 |
| **Sub-total** | **835,032** | **838,175** | **100** |
| **Grand Total** | **5,988,627** | **4,340,881** | **72** |

** Lower than expected implementation resulted from staffing transitions, unforeseen challenges at the country level, and the addition of bilateral funding that offset the need for MHTF support.*

*As UNFPA's 2010 financial closure is still in process, all financial figures in this report are provisional until actual expenditures are reflected in the certified financial report.*


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