The Campaign to End Fistula

2004 Annual Report

UNFPA

Campaign to End Fistula

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
CONA-CIAF	National Committee for the Elimination of Harmful Traditional Practices and the Health of Women and Children
CSBA	Community Skilled Birth Attendant
DIMOL	Reproductive Health for Motherhood Without Risk
EmOC	Emergency Obstetric Care
FEMGO	Maghreb Federation of Gynaecology and Obstetrics
GFMER	Geneva Foundation for Medical and Education Research
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
MOH	Ministry of Health
NGO	Non-Governmental Organization
SAGO	African Society of Gynaecology and Obstetrics
SMI	Safe Motherhood Initiative
STI	Sexually Transmitted Infection
SBA	Skilled Birth Attendant
TBA	Traditional Birth Attendant
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization

I. INTRODUCTION

In 2003, UNFPA, in collaboration with its partners, launched the global Campaign to End Fistula. The Campaign's interventions are strategically focused on prevention, treatment and social reintegration, with the ultimate goal of making fistula as rare in the developing world as it is in industrialized countries today. Fistula is an issue of rights and equality and an effective entry point into strengthening women's reproductive health and furthering gender equity. As this report indicates, the Campaign is working to improve maternal and child health, alleviate poverty and advance gender equality, bringing us closer to achieving our common Millennium Development Goals and the targets for the International Conference on Population and Development (Cairo, 1994).

By the end of 2004, the Campaign includes over 30 countries, and UNFPA, as one of the partners in the effort, thus far has been able to provide support to 26 of those countries in Africa, the Arab States and South Asia to prevent future cases of fistula, expand medical expertise and treatment services and help women restore their lives once healed. During the reporting period (January-December 2004), the Campaign has achieved demonstrable programme results through its country, regional and global activities.

The six sections of this report provide a comprehensive overview of the country and global level Campaign activities that occurred during the 2004 calendar year. Section II focuses on the progress in Campaign countries and includes several country-specific examples of needs assessments; the creation of favourable political environments for fistula elimination; strengthening maternal health care and mobilizing communities for the prevention of fistula; building capacity to provide accessible high quality fistula treatment services; and ensuring support services are available for the reintegration of treated women back into their communities. The global and regional achievements section highlights forums, technical publications, knowledge sharing, as well as awareness raising and media activities that took place during 2004. Sections IV and V document successes and challenges faced by the Campaign and priority actions identified for the year 2005. The status of each Campaign country and provisional financial reporting are contained in the Annex.

About Obstetric Fistula

Obstetric fistula is a largely neglected reproductive health concern in the developing world, despite its devastating impact on the lives of girls and women. It has remained a 'hidden' condition, largely due to the fact that it affects some of the most marginalized members of the population – **poor, young, illiterate girls and women** in remote regions. On a global scale, the continued incidence of obstetric fistula in low-resource settings is one of the most visible indicators of the enormous disparities in maternal health care that continue to persist between the developed and developing world. Obstetric fistula still exists because health care systems fail to provide **accessible quality maternal health care**, including family planning, skilled birth attendance and EmOC, and affordable treatment of fistula, and the social system similarly fails to provide a safety net for girls and women. Consequently, fistula touches upon the key areas of gender, health and equity that influence the state of women's reproductive health.

Obstetric fistula is most often the result of **prolonged and obstructed labour**. The pressure of the baby's head against the mother's pelvis causes extensive tissue damage, leaving a hole between her vagina and bladder or vagina and rectum, making her incontinent of urine and/or faeces. The consequences of the condition are life shattering – the baby usually dies and the constant, humiliating smell associated with fistula causes women to be shunned by their husbands, family and community. Fistula however can be prevented and treated; yet most women do not have access to services and must live with **chronic incontinence and isolation**.

WHO estimates that at least **two million girls and women** around the world currently live with fistula and an additional 50-100,000 are affected

each year.[1] Global prevalence estimates are based on women who seek treatment and are, therefore, likely underestimates as many women with fistula remain 'hidden' in remote areas and never seek care. Prevalence is believed to be highest in impoverished communities in sub-Saharan Africa and parts of Asia.

Fistula has only recently begun to gain international attention. Efforts to prevent and treat fistula have, until now, been primarily conducted by dedicated individuals that have worked with very limited political, financial or institutional support.

UNFPA: LEADING PARTNERSHIPS FOR COORDINATED ACTION

Fistula touches on every aspect of the UNFPA mandate, including reproductive health and rights, gender equality and empowerment as well as adolescent reproductive health. UNFPA's comparative advantage in providing assistance in the area of reproductive health, particularly its long involvement in programmes to reduce maternal mortality and morbidity make it uniquely qualified to tackle the problem of fistula. In recent years, UNFPA began drawing public attention to fistula and advocated for specific actions to prevent and treat fistula. This initial work has led to what is today a full-fledged global Campaign to End Fistula.

The Campaign includes interventions to:

- prevent fistula from occurring,
- treat women who are affected and
- help women who have undergone treatment to return to full and productive lives.

At global and regional levels, the Campaign is working to raise awareness, mobilize political and financial support, formulate partnerships and develop the evidence base for fistula-related interventions. Since the launch of the Campaign, over 30 countries in Africa, the Arab States and South Asia have joined in the global effort, and new countries continue to join the Campaign. By the end of the reporting period, UNFPA had provided some level of support to 26 of the current Campaign countries.

Each Campaign country undergoes three programmatic phases: rapid needs assessment, programme planning and implementation. To ensure that fistula is not treated as a stand-alone issue, fistula interventions are being integrated into the ongoing safe motherhood and reproductive health policies, services, and programmes implemented at the country level.

In order to effectively tackle the issue of fistula, UNFPA has formed valuable and productive partnerships with key stakeholders at both national and international levels. UNFPA serves as the Secretariat of the **International Obstetric Fistula Working Group**, comprised of UN agencies as well as international and regional NGOs involved in programming to eliminate fistula. The group's members, including WHO, EngenderHealth, Women's Dignity Project, and Columbia University's Averting Maternal Death and Disability, meet tri-annually to ensure global coordination of efforts to eliminate fistula, discuss critical technical issues and plan joint initiatives. In every country, national obstetric fistula partnerships are being formed. With the national government as the primary partner in both planning and implementation of activities, one of the Campaign's primary aims is to ensure that fistula is fully integrated into national reproductive health policies and services. At the local level, UNFPA is enlisting the commitment and support of communities and traditional and religious leaders to ensure ownership and sustainability.

In 2004, UNFPA also **developed innovative partnerships with the private sector**, including Virgin Unite, a charitable organization bringing together all of the Virgin companies to make a difference globally, and the London office of Rainey Kelly Campbell and Roalfe/Y&R, a leading advertising agency. Virgin Unite and UNFPA, along with several other partners, collaborated in the implementation of the Fistula Fortnight – a two-week fistula advocacy, training and treatment event in Nigeria, which took place in February 2005. In addition, both Virgin Unite and Rainey Kelly Campbell and Roalfe/Y&R, agreed to provide in-kind media and marketing support to raise awareness for the Campaign to End Fistula, further increasing UNFPA's visibility within the United Kingdom and encouraging support for the Campaign among policymakers as well as the general public.

Since the Campaign's launch, there has been an excellent response from the **donor community** to the Campaign.

- In 2004, the Governments of Australia, Austria, Canada, Finland, Switzerland and New Zealand provided support for the Campaign totalling over $1,024,000.
- Through the United Nations Trust Fund for Human Security, the United Nations and the Government of Japan provided $3.5 million to the Campaign, and the first tranche of this funding was received at the end of 2004 for activities that will begin in 2005.
- EngenderHealth, with support from the Bill & Melinda Gates Foundation, approved a four-year grant in the amount of $750,000 with the first payment of $191,652 received in 2004.
- In 2004, the Government of Luxembourg included the Campaign as one of the thematic areas that will benefit from multi-year funding of 250,000 euros (equivalent of $326,797) in their General Framework Agreement with UNFPA. In addition, Luxembourg provided a special end-of-the-year contribution to the campaign of 600,000 euros (equivalent of $792,602).
- The Government of Sweden signed an agreement with UNFPA for 8 million Swedish kronor (equivalent of $1,190,476) for the Campaign.
- Additionally, support for the Campaign has broadened to include individuals and the corporate sector. Individuals from the US donated over $750,000 through the US Committee for UNFPA. Virgin Unite committed £17,196 (equivalent of $32,942) and in-kind support for the Fistula Fortnight. At the end of 2004, Johnson & Johnson, through the US Committee for UNFPA, provided all of the sutures, valued at $35,739, for the Fistula Fortnight.

During 2004, the Campaign mobilized **$8.5 million** bringing the total raised since the Campaign's launch to $9.8 million, of which $4.8 million was received in 2004. The generous support received from donors in 2004 enabled UNFPA to successfully support many countries in their efforts to prevent and treat fistula.

II. PROGRESS IN CAMPAIGN COUNTRIES

Since its launch in 2003, the Campaign has grown remarkably to include over 30 countries. As of January 2005, 19 countries have completed need assessments to determine the prevalence of fistula, eight countries have begun formulating their national strategies for fistula elimination and another eight countries have begun implementing their national strategies with the aim of integrating fistula into ongoing safe motherhood and reproductive health policies, services and programmes within the country.

Needs Assessments: Building the Knowledge Base

To date, a total of **19 countries** have completed fistula needs assessments.[2] During the year 2004, rapid needs assessments in Burkina Faso, Cameroon, Mauritania and Sudan were supported by UNFPA and conducted in partnership with national governments. Following the rapid assessments, certain countries elected to further examine the fistula services available and to map the underlying social and societal factors that predispose women to fistula. The following countries have performed such in-depth research: Burkina Faso, Chad, Kenya, Mali, Malawi, Niger, Nigeria, Tanzania, Uganda and Zambia. Across the countries, the assessments revealed the particular capacities, gaps and perspectives specific to each country. In general, existing capacity to treat fistula was found to be poor, with continued socio-cultural, economic and institutional barriers to accessing prevention and treatment services. The typical profile of fistula survivors was found to be young married women who are poor, illiterate and from remote regions.

The assessment in **Burkina Faso** revealed that four facilities had some level of capacity to manage fistula, however, all were facing constraints to providing this care. In most cases, the equipment was found to be deteriorating and services were heavily dependent on expatriate surgeons, raising questions of sustainability. Success in repairing fistula remained fairly low at only 60 percent for the simplest cases. The Health Information System collects little if any data on fistula, making it difficult to estimate the prevalence. The assessment found that 75 percent of fistula sufferers experienced two or more days of labour, with one-quarter of the patients delivering at home. Women with fistula who made it to the facility reported waits as long as 60 months before receiving treatment, and record reviews revealed that some women arrived at facilities but never received treatment. In addition to the facility-based survey, Burkina Faso recently conducted an in-depth assessment to evaluate the socio-cultural factors influencing fistula.

In **Kenya**, the in-depth assessment revealed that there are less than 10 trained fistula specialists in the country, operational costs are high and patients experience delays in accessing treatment services. Ongoing initiatives provide a strong environment for strengthening prevention, including SMI and corresponding policies and community-level advocacy by national NGOs, such as SETAT Women's Organization. In addition, five regions benefit from surgical outreach visits financed by AMREF. Nonetheless, there are still prevention gaps, such as the limited number of trained service providers and the high number of deliveries conducted at home or with a TBA. Factors that contribute to the continued incidence of fistula include rugged physical and expansive landscape; harmful cultural practices (e.g. the first child must be born in the house of the father); and poverty, which forces women to seek a cure from traditional sources.

In **Mauritania**, a large proportion of women still have limited access to EmOC. For instance, only 35 percent of the need for EmOC is currently being met and the Caesarean section rate of 0.53 percent remains well below the minimum acceptable level of 5 percent. For the needs assessment, the three regions with the highest suspected prevalence of obstetric fistula were selected – regions with poor EmOC access and high levels of poverty. Mauritania's assessment was comprised of three questionnaires for facilities, key informants and patients. The assessment revealed limited knowledge of fistula among health workers – only one out of four health workers knew of fistula. Two hospitals occasionally conduct fistula repairs although none of the obstetricians have had any formal training in the special techniques. Fistula patients often

wait up to nine months before they are treated and after the operation spend only 48 hours in the hospital, well short of the recommended 10-14 days of post-operative care.

Creating a Favourable Political Environment

A low awareness of fistula at all levels of society, including among policymakers, has been discovered in many countries surveyed. The Campaign, therefore, emphasizes political advocacy and the creation of comprehensive national strategies in close collaboration with national partners. Great strides have been made in raising awareness, although there is continued need for advocacy to ensure that fistula elimination is sustainable through integration into national reproductive health policies, budgets and services.

Findings from the needs assessments have played a vital role in putting fistula on national agendas by demonstrating the extent of the problem and informing policymakers. In all countries that have conducted needs assessment exercises, the findings have been systematically endorsed through a national validation workshop involving key stakeholders. For example in **Zambia**, the results of the national fistula survey were disseminated at a widely attended meeting in May 2004 and helped to secure the commitment of the national government. The needs assessment findings in **Benin** provided vital information showing the linkages, both cause and effect, between the national social and economic context and maternal mortality and morbidity. This information allowed for the creation of concrete recommendations and targeted advocacy messages. As a result, the national government is now prepared to embark on a national strategy to eliminate fistula.

The experiences from Campaign countries have demonstrated that strong partnerships with diverse and active membership can help to ensure a broad, comprehensive and unified strategy for fistula prevention and treatment. Development of coalitions and working groups is helping to avoid duplication of interventions and inefficient use of already scarce resources. Eight countries have now formed national partnerships in the fight against fistula.[3] In **Niger**, a dynamic and diverse partnership of 40 members responsible for advocacy and the development of the national action plan for fistula, called the "Network for Fistula Eradication" (REF), has been created, spearheaded by UNFPA, and includes representatives from the Ministries of Health and of Social Development, NGOs, medical associations, health professionals, donors and media. The group's advocacy work has already contributed to reducing the taboos surrounding fistula, thereby allowing open dialogue on the subject at national and community levels.

Obstetric fistula in **Senegal** has been undertaken by the National Committee to Monitor Progress in the Fight against Maternal and Neonatal Morbidity and Mortality, created in February 2004. The group is ensuring that fistula prevention and management are included in updates of reproductive health policies, standards, protocols and services for each level of the health system.

The development of the National Strategic Framework for Fistula Elimination in **Nigeria** featured key institutions and stakeholders brought together under a National Fistula Task Force, including relevant government ministries, the National Poverty Eradication Agency, development partners, NGOs, professional associations, experts, research organizations, universities and teaching hospitals. Nigeria's multi-disciplinary and multi-sectoral approach includes interventions at the policy, service and community levels. The national strategy was finalized at the end of 2004 and will begin full implementation in 2005.

Securing the support of high-level stakeholders, spokespersons and well-known personalities is also helping to raise awareness and support for the elimination of fistula.

- In **Uganda,** the Fistula Task Force, led by UNFPA and the Ministry of Health, has secured the support of the First Lady, Mrs. Janet Museveni. Mrs. Museveni officially launched the Campaign in February 2004, with attendance of government officials, medical practitioners and leading personalities with an interest in fistula. This has helped to enhance the political environment for the implementation of fistula-related strategies.

- Mr. Abdul Kareem Al Kabli, a famous Sudanese singer and poet, has become the Goodwill Ambassador for Obstetric Fistula in **Sudan**. He introduced a new song about the causes of obstetric fistula at an advocacy event held in Khartoum in March 2004, which was attended by representatives from the Ministries of Health and Information, fistula experts and the donor community.
- After a sensitization session on fistula, the members of parliament in **Chad** committed themselves to carrying out publicity campaigns in their respective districts. Active advocacy has also resulted in other powerful groups taking on the cause including the Association of Chadian Women Lawyers, CONA-CIAF, the Parliamentary Network for Population and Development and the Network of Women Ministers and many religious leaders.

Preventing Harm

Prevention is key to the long-term elimination of fistula. The Campaign therefore places a strong emphasis on interventions to raise awareness at the national and community levels, promote girls' education and family planning and ensure women's access to a full continuum of maternal health care services, including antenatal care, skilled attendance at birth, swift surgical intervention if obstructed labour occurs and post-natal care. Within Campaign countries, fistula puts a human face to reproductive health and provides an entry point for advocacy around broader issues of universal access to reproductive health services and gender empowerment.

In **Benin**, the Campaign has been working in six project zones to improve EmOC. Emergency obstetric and neonatal care services have been strengthened in six referral hospitals, 14 community health centres and 70 district health centres. An emergency communications system has also been installed in 19 maternity wards to ensure timely referral of obstetric complications should they arise. Benin's prevention work has also been targeted at the policy level, with awareness-raising efforts around fistula conducted for 39 female municipal counsellors and training on how to create and disseminate messages about obstetric fistula carried out for 40 health workers and radio announcers in two regions.

In **Malawi**, the Campaign is also working to ensure that women and girls have full access to quality obstetric care services. This has partially been done through the provision of equipment and supplies, and plans are being made around the development of guidelines and standards and provider training. **Togo's** Campaign used television, radio and public debates to highlight the relationship between fistula and early marriage. Following the good practices employed in Benin, the next task in Togo is to ensure that emergency preparedness support is available for all pregnant women. In **Bangladesh**, a UNFPA-supported programme is providing CSBAs with six months' training in obstetric care. The ultimate goal is to place a SBA in every community. Moreover, in Bangladesh, 87 percent of deliveries take place at home and are being conducted by TBAs and relatives, who cannot recognize the risk factors during pregnancy and delivery nor are they able to deal with the situation due to lack of training. To address this issue, the Government of Bangladesh has launched an initiative to train these community-based health workers for six months on first aid EmOC to conduct safe home deliveries and early referral of complicated cases to the nearest EmOC center.

Mali recently finalized its national fistula elimination strategy in collaboration with partners. Strategies focus heavily on preventing fistula through strengthened EmOC and improved capacity of health providers. In **Sierra Leone**, the Network of Women Ministers and Parliamentarians has formed maternal mortality and morbidity monitoring groups and is advocating for the welfare of pregnant women. Community awareness campaigns have also begun in some districts to advocate that all women in their first pregnancy deliver in a hospital and to ensure that emergency preparedness support is available for all pregnant women.

Healing Wounds

Although prevention is the mainstay of the Campaign's response to the fight against fistula, treatment through surgical intervention is the only option available when the condition occurs. The centrality of treatment to an effective response to the debilitating condition of fistula cannot be overemphasized. Treatment entails the surgical procedure performed to repair the fistula and the two weeks of post-operative care, which is equally important to allow proper healing. To strengthen treatment services, UNFPA provides support for surgical training, provision of equipment and supplies and the development of training standards.

In **Mali**, UNFPA provided support to Point G Hospital, the main hospital in Bamako. An operating theatre, specifically dedicated to fistula repair, was renovated and fully equipped. As a result, the Point G Hospital saw its absorption capacity increase from 4 to 16 repairs a week. In view of the hospital's remarkable performance, the Point G hospital will be evaluated to determine its capacity to serve as a regional training, research and treatment centre for the Africa Region.

In **Chad**, four fistula centres, each with a sound and effective referral system, were established in Ndjamena, Abeche, Mongo and Kelo. The Liberty Hospital in Ndjamena and Abeche Hospital in the Ouaddai Region benefited from the support of the Addis Ababa Fistula Hospital, which trained two surgeons in fistula surgery. The trained national doctors in turn provided training to two additional doctors who were posted in Mongo and Kelo centers. Prior to the establishment of the satellite centres and the strengthening of the Liberty Hospital, an average of 120 patients were treated a year. With the establishment of the three additional centres in the countryside and the renovation and upgrading of the Liberty Hospital, they now have the capacity to treat an average of 500 women annually.

In preparation for the Fistula Fortnight – a two-week advocacy, training and treatment pilot initiative to address the problem of fistula in **Nigeria** in February 2005 – twelve Nigerian doctors, forty nurses, forty social workers, and twenty Red Cross volunteers were trained in fistula management and counselling. The state governments of Kano, Katsina, Kebbi and Sokoto committed in 2004 to placing the trained nurses and doctors at the four fistula centres in which the Fortnight was to take place at the conclusion of their training in February 2005. Additionally, the state governments began facility renovations to strengthen the capacity of the centres in preparation for the Fortnight.

Saida's Story

Saida, from Eritrea, is 28 years old and has been living with fistula for nine years. She developed fistula during her first delivery, which was supervised by a traditional birth attendant and lasted three long days. The baby did not survive, and her husband left her after discovering that she constantly leaked urine. During her pregnancy, Saida did not receive any antenatal care, as she lives too far from a health care facility. She has never attended school and lives with her father, who is almost blind. They rely on public assistance. After hearing on the radio that visiting surgeons from Stanford University were coming to Eritrea, Saida sold her only gold earrings and made the long journey to the health centre by herself. Once she is treated, Saida hopes to remarry and have many children.

In the Asia Region, **Bangladesh** made significant progress in the treatment of fistula. UNFPA is working with the Government to develop a National Fistula Centre at Dhaka Medical College Hospital. While the National Fistula Centre is being constructed, an operation theatre and hospital ward dedicated to fistula have temporarily been assigned by the hospital. Fistula surgical repair is now provided three days per week, resulting in 135 complicated cases treated during 2004. Bangladesh has also moved forward with training government and NGO health providers in fistula management. In 2004, a national curriculum for fistula surgery was developed and published and, during the year, 24 Doctors and 10 Nurses were trained using this curriculum.

Renewing Hope

Obstetric fistula is now recognized as more than a medical issue - both the causes and consequences of fistula are deeply rooted in socio-cultural factors. The prevailing abject poverty and biased socio-cultural norms predispose women from poor resource settings to fistula. While some of these issues must be addressed at the policy level, concrete interventions are also necessary at the community level, including rehabilitation programmes that promote income generating activities and provide psychosocial counseling to allow treated women to resume a normal, full and productive life. It is also critical that all treated women and their families fully understand how fistula is caused and the steps they must take in order to prevent the condition from happening during their next pregnancy. In this respect, partnerships with NGOs and the private sector are critical to the success of all interventions, and several NGOs have provided support to the Campaign in the area of social reintegration.

In **Niger,** UNFPA worked closely with the NGO DIMOL to ensure effective reintegration of treated women back into their communities. DIMOL had been providing income-generation training and small grants to treated women, but many of the women returned to the hospital compound after a short time in their community. The NGO then undertook a research study to track hidden fistula patients and to determine their origin and needs in terms of social support. In response to the findings, the group began a new component whereby a team comprised of an attending practitioner, a social worker and a representative from DIMOL accompanied the treated women to their villages. During the visit, the team conducted the following:

- Meetings with local and medical authorities including the community health nurse;
- Public meetings to discuss topics such as early marriage, importance of antenatal consultations and assisted childbirth, girls' education, post-operative care, STIs and HIV/AIDS and obstetric fistula; and
- Discussions with families, including husbands and in-laws, particularly on instructions for post-operative fistula care.

During the missions, the team also worked with the women and their families to plan a six-month return visit for a medical examination and to provide contraception.

In **Chad**, UNFPA worked closely with NGOs to support an existing rehabilitation centre that helps recovering women reintegrate into their communities. The NGO COTIMAF operates a rehabilitation centre initially funded by UNDP to promote income-generating activities for women, which is now a self-financed entity. The centre specializes in sewing and embroidery, and the products are sold in Ndjamena and the surrounding villages. The centre, comprised of 45 women, provides training to the newly cured patients, and the fistula project covers the membership and access fees, which are US$100, for each treated woman. The main Church in Ndjamena is also supporting and supervising the activities of the centre. The centre aims to expand its capacity to allow more fistula patients to join and diversify the activities.

Fistula Awareness Raising and Behaviour Change Interventions

A number of Campaign countries have embarked on a series of IEC and community mobilization strategies to increase community knowledge and awareness of fistula in order to reduce the socio-cultural and behavioural factors keeping women with fistula from understanding the causes of the condition and from seeking surgical treatment and counselling services.

In **Chad**, an extensive media strategy on fistula has been developed including national radio programmes ("Population and Development," "The Voice of the Chadian Woman," "The Quarter Hour of Teaching") to raise community awareness about fistula. Programmes also include radio testimonies from fistula patients and frequent television broadcast messages from the Minister of Health and UNFPA staff. Media coverage of provider training and fistula repair missions is expected to expand the ongoing awareness raising campaign. As a result of these efforts, there has been an increased demand for treatment from patients.

In **Mali**, a documentary advocacy film on fistula was produced. This tool will be used to raise awareness among political and opinion leaders, and will contribute to increased involvement of policymakers in addressing fistula treatment and prevention and in mobilizing resources within the country for these efforts.

Eritrea is currently initiating a pilot project for safe motherhood and prevention of obstetric fistula through community mobilization and education in rural areas of the country. Efforts will increase knowledge of danger signs for obstetric complications, promote the creation of household and community solutions to problems of transport and referral and work to increase the frequency of delivery with a skilled attendant. The initiative will entail a comprehensive evaluation strategy, including a survey of women who gave birth within the last 12 months, a referral facility assessment, and focus groups with older women, community leaders, men and TBAs. Interventions will be based on a successful safe motherhood community mobilization program already being implemented by the Eritrean MOH, consisting of training local health centre staff and community maternal health volunteers to work with communities on utilization of antenatal care, malaria prevention, recognition of danger signs, the importance of prompt referral when complications occur and the importance of using SBAs.

III. GLOBAL AND REGIONAL ACHIEVEMENTS

Raising awareness and fostering commitment for the Campaign are at the core of UNFPA's strategy. In 2004, substantial progress was achieved in engaging international and regional agencies in the fight against fistula. UNFPA and partners' participation in key international conferences has helped to motivate agencies and individuals to take action and to build consensus on effective policies and programmes for fistula elimination. The Campaign has also utilized web-based technology to share knowledge both externally and internally. In 2004, development of Campaign materials, such as the logo and brochure, as well as significant media coverage of fistula have raised awareness of this long-neglected issue and have further increased the visibility of the Campaign.

Highlighting Fistula in Technical Forums and Publications

In order to raise awareness and stimulate action, UNFPA has actively advocated for fistula to be highlighted in a number of technical conferences. As a result of these efforts, fistula is increasingly on the agenda of global and regional health forums prompting more organizations and health professionals to join the fight against fistula. In addition, obstetric fistula is receiving increased attention in peer-reviewed journals. The number of articles focusing on fistula due to obstetric causes in 2004 was more than double the number in 2003 (12 and five respectively).

A special luncheon and panel on obstetric fistula was hosted by UNFPA, EngenderHealth and the Women's Dignity Project at the **Global Health Council**'s annual conference in Washington, DC in June 2004. The panel highlighted the hosts' innovative partnership, explored the socio-cultural environment that underlies the condition and related strategies for prevention and treatment, including a focus on inequities that affect poor people. UNFPA also presented on progress in the global Campaign at the Third **Africa Regional Reproductive Health Task Force Meeting**, sponsored by WHO AFRO, in Harare in October 2004. The recommendations from the meeting encouraged training institutions to take action in the prevention and management of obstetric complications including fistula. At the 6th Congress of **FEMGO** in Nouakchott, obstetric fistula was highlighted in three sessions, including a presentation by UNFPA. Participants at the December 2004 Congress included obstetricians, gynaecologists and midwives from Mauritania, Morocco, Algeria, Tunisia, Senegal, Mali, Benin and France. A full day was devoted to obstetric fistula at the 8th Congress of **SAGO** with presentations from Benin, Burkina Faso, Togo, Mali and Chad. At this December 2004 meeting with participants from 14 francophone countries, there was also a lunchtime session on the Campaign to End Fistula hosted by UNFPA, WHO, GFMER and EngenderHealth.

The Lancet journal focused their January 2004 issue on reproductive health and rights and featured a story by Dr. France Donnay, Chief, Reproductive Health Branch, UNFPA, and Laura Weil, UNFPA Consultant, on obstetric fistula. UNFPA also supported an issue of the Population Council's series Quality/Calidad/Qualité focused on documenting Tanzania's experiences in combating fistula, called *Healing Wounds, Instilling Hope: The Tanzanian Partnership Against Obstetric Fistula*, which is available in both English and French.

Supporting Regional Networking and Knowledge Sharing

Regional forums in 2004 helped to deepen knowledge on fistula and increase capacity for countries to implement high quality fistula-related interventions. In addition, these meetings allowed the opportunity for greater south-south knowledge sharing and networking. The report of the **first-ever conference on fistula in South Asia** was published in 2004. Recommendations from the meeting, held in December 2003, focused on improving and expanding interventions to prevent and treat fistula, particularly increasing access to services; developing messages to advocate for fistula; ensuring integration of fistula within ongoing programmes and services; and conducting further research. The conference sparked interest in the condition in the

region and the launching of initiatives in several countries. UNFPA hosted the **Africa Regional Meeting on Obstetric Fistula** in Accra, Ghana in June 2004 to review the progress of the Campaign in Africa, as well as share experiences and discuss technical issues. The 90 participants representing 26 countries endorsed the three strategic intervention points of strengthening prevention, building capacity and improving access to treatment services and promoting support services to ensure social reintegration of fistula survivors into their communities. It was also emphasized that prevention is the key to elimination and that an integrated approach is necessary to ensure that fistula programmes fall within safe motherhood and reproductive health policies, programmes and services at the national level.

Using Technology to Share Knowledge

As part of the strategy for increased internal sharing of information, a **knowledge asset** has been developed on obstetric fistula and was officially launched in August 2004. Developed and maintained by a "knowledge network" that includes country office, regional country support team, and headquarters' staff, the knowledge asset is an online interactive tool that captures the experiential knowledge of UNFPA. The primary audience for the asset is country-level programme staff. The knowledge asset has been utilized by staff in 75 percent of the Campaign countries and is contributing to improved staff capacity to support the design and management of high quality programmes.

The **Campaign to End Fistula website** (www.endfistula.org) was launched in October 2004 and serves as the primary portal for global information sharing about the Campaign. This comprehensive site provides valuable information about obstetric fistula, progress of Campaign countries and partners, the individual success stories of fistula patients and their doctors and lessons learned throughout the Campaign. The site contains a number of advocacy tools and resource materials, such as a fistula PowerPoint, that are beneficial for both staff and partners. Due to the richness of the information on the site, it has attracted use from staff, partner organizations and individuals interested to know more about obstetric fistula and the Campaign. A French-language version of the site (www.fistules.org) will be operational in 2005. In early 2005, www.endfistula.org received a Webby Worthy mention, at the Webby Awards. The Webby Awards is the leading international award ceremony honoring excellence in Web design, creativity, usability and functionality.

Media Activities

In addition to the Campaign to End Fistula website described above, in 2004, UNFPA created a Campaign logo and brochure to raise global visibility of the Campaign.

The orange rings of the Campaign logo – symbolizing wholeness, wellness and partnership – now appear on all Campaign-related publications and media materials and serve as a key tool for branding the initiative.

A new brochure detailing UNFPA-led efforts in the global Campaign was finalized in late 2004. The brochure will be distributed to partners, donors and UNFPA staff in 2005 and is available in English, French, Spanish and Arabic.

Significant media coverage of obstetric fistula and the global Campaign helped raise awareness of this little-known condition in the year 2004. In June, *BBC News* ran a story on fistula in Sierra Leone: "United Nations agencies have sounded what they call a 'global alarm' about this medical disaster," said BBC correspondent Robert Pigott. With Campaign support, UN-TV produced a three-minute video on fistula in Zambia that aired on *CNN International.* And *Women's E-news* featured a cover story on fistula in Eritrea. Fistula is "a condition that has gone the way of tuberculosis and polio in the United States and elsewhere in developed countries," said the *E-news* article. "But in many developing nations, it's a widespread and ruinous problem that health advocates are struggling to correct."

Award-winning ad agency Rainey Kelly Campbell and Roalfe/Y&R, signed on to the Campaign in November 2004, lending its creative services, on a pro bono basis, to the cause. The agency is developing a series of broadcast and print materials to raise awareness of fistula in the United Kingdom.

PRIMARY LOGO

SECONDARY LOGO

IV. LESSONS LEARNED

The lessons learned from the experience of the Campaign, both at the programme delivery level and the global/regional level, will be utilized to improve the programming framework and fine-tune the existing approaches to fistula elimination. The major lessons drawn from the Campaign thus far consist of the following:

Country-level Lessons:

- Partnership is critical, particularly the involvement of the Ministry of Health to catalyze national support for fistula-related activities as well as for safe motherhood.
- The establishment of national networks helps to ensure a coordinated response, avoid duplication of interventions and the inefficient use of already scarce resources.
- Despite the suspected high prevalence of fistula and the work of the ongoing fistula programmes, obstetric fistula remains unknown to many policymakers, health providers and community leaders. Advocacy and outreach are critical to building awareness.
- The role of UNFPA Country Offices was central to the mobilization of national partners for fistula-related activities. UNFPA advocacy activities at the country level contributed extensively to securing the commitment of national stakeholders.
- Obstetric fistula must be addressed through a comprehensive and integrated approach, including prevention, treatment and social reintegration. The different dimensions of fistula are intertwined and should therefore be tackled in an integrated manner to ensure long-term impact and effectiveness of all fistula-related interventions.
- The roles and functions of all stakeholders should be established from the beginning through a formal agreement. Negotiations should be arranged between major partners to foster a common understanding and build a consensus on respective roles and responsibilities based on comparative advantage.
- Treatment services should be available before public awareness activities are undertaken. Once the word about the availability of treatment services is spread, patients tend to flock to the health facilities to seek treatment. This results in an increase in the demand for services, which is not always matched by existing capacity. Therefore, awareness raising activities should be reciprocated by concomitant and effective capacity building in order to avoid creating unmet demand.
- Foreign surgeons have played a key role in providing treatment services but raise issues of sustainability. The management of fistula requires specialized expertise from both doctors and support staff, which is often not readily available in Africa. Mechanisms have to be put in place to bring foreign doctors to Africa for training and treatment purposes to transfer knowledge and build the capacity of local medical personnel. At the same time, a cadre of local expert fistula surgeons are invaluable to training foreign doctors to serve on mobile surgical teams thereby reducing the backlog of fistula patients in Campaign countries.

Global-level Lessons:

- Fistula is a compelling issue for the media due to the fact that it is new and it contains a strong human element – effectively putting a 'human face' to reproductive health.
- The positive country-level response to the Campaign, as demonstrated by the Campaign's remarkable growth, indicates increasing recognition of obstetric fistula both as a significant public health issue, and also as an effective entrypoint to reproductive health, particularly maternal health, and gender equity.
- The collaborative work of the inter-divisional fistula working group at Headquarters has been extremely effective in ensuring a coordinated and efficient Campaign strategy and workplan. The members of the group bring the specific expertise of their divisions, ensuring that all necessary components - programmatic, technical, funding, media, advocacy - are in place when required, and that the Campaign moves forward in a unified, structured manner.

V. WAY FORWARD: THE CAMPAIGN ROADMAP FOR 2005-2006

With over 30 active countries and still growing, the Campaign is at a vital turning point requiring substantial commitment and growth to meet countries' technical and financial needs. By the end of 2006, it is expected that all current Campaign countries will have entered the implementation phase and a number of additional countries will have joined the Campaign. In order to sustain Campaign growth, and ensure high quality programmes, UNFPA will strengthen its technical and programmatic support, as well as build the knowledge base on obstetric fistula to support capacity building to eliminate fistula at the national level. As fistula is a relatively new area of intervention, UNFPA will lead the way in 2005 for innovative research, documentation of good practices and expert consensus building on a number of technical and programmatic issues. UNFPA will collaborate with partners to achieve consensus on a results-based framework for the Campaign, which includes objectives and results with corresponding indicators. This framework will then be used to monitor and evaluate the progress of the Campaign. In addition, UNFPA will continue to create opportunities for south-south cooperation and networking, including regional conferences in Africa and Asia in 2005. To effectively address fistula in the Africa Region, UNFPA, with national governments and institutions, will develop a regional strategy for fistula elimination with specific targets for Africa.

UNFPA will continue to promote partnerships to not only prevent duplication of efforts and ensure effective utilization of resources, but also to accelerate the momentum of the Campaign and help to attract more political and financial support. Through partnerships with the private sector, an innovative advertising campaign will be launched in the UK and Europe. In addition, Natalie Imbruglia, singer/songwriter and Face of L'Oréal, has joined the Campaign as a spokesperson to raise awareness and funding in Europe. The Campaign will also work to ensure that government donors continue their involvement and support, and will reach out to foundations to further diversify and build the Campaign's funding base.

[1] Murray C and Lopez A (1998). Health Dimensions of Sex and Reproduction, World Health Organization, Geneva, Switzerland.

[2] The 19 countries that have undergone fistula needs assessments are: Bangladesh, Benin, Burkina Faso, Chad, Djibouti, Eritrea, Ghana, Kenya, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sudan, Tanzania, Uganda and Zambia. The assessments in Ghana and Rwanda were conducted by EngenderHealth with support from Columbia University's Averting Maternal Death and Disability project.

[3] Benin, Kenya, Malawi, Mali, Niger, Nigeria, Senegal, Uganda

VI. ANNEX

Status of the Campaign at Country-Level January 2005

Phase I*

Africa
Angola
Cameroon
CAR
DRC
Equatorial Guinea
Ghana
Liberia
Madagascar
Rwanda
Senegal
Sierra Leone
South Africa
Togo

Asia
Bhutan
India
Nepal
Pakistan

Arab States
Somalia
Sudan
Yemen

Phase II

Africa
Burkina Faso
Kenya
Malawi
Mauritania
Mozambique
Zambia

Arab States
Djibouti

Phase III

Africa
Benin
Chad
Eritrea
Mali
Niger
Nigeria
Tanzania
Uganda

Asia
Bangladesh

* Phase I: Rapid needs assessment and initial awareness raising among stakeholders
Phase II: Continued advocacy and formulation of national strategy with partners
Phase III: Implementation of national strategy to prevent and treat obstetric fistula and to ensure reintegration of treated patients back into their communities.

Donors to the Campaign to End Fistula 2004*

Donor	2004 Commitments		2004 Payments in US$
	Donor Currency	US$ Equivalent**	
Australia	AUD 100,000	75,415	75,415
Austria	EUR 50,000	63,613	63,613
Canada		250,000	250,000
Finland		36,716	36,716
EngenderHealth		750,000	191,652
Luxembourg	EUR 850,000	1,119,399	
New Zealand	NZD 1,000,000	621,700	621,700
Private Contributions		35,865	35,865
Sweden	SEK 8,000,000	1,190,476	1,190,476***
Switzerland	CHF 30,000	24,300	24,300
UN Trust Fund for Human Security		3,547,050	1,773,525****
US Committee for UNFPA		756,410	553,211*****
Virgin Unite	GBP 17,196******	32,942	
Column Totals		**8,503,886**	**4,816,474**

NOTE: Due to contributions received late in the year, an estimated $2.06 million was available for programming in 2004.

* Johnson & Johnson's in-kind contribution through the US Committee for UNFPA, valued at $35,739, is not noted in above table.
** Based on UN exchange rate at time of commitment.
*** Income received on 27 December 2004.
**** Income received on 30 December 2004.
***** 2004 fourth quarter funds, in the amount of $203,198, were received on 4 February 2005.
****** Does not include the value of in-kind commitments for the Fortnight, namely flights, blankets and amenity kits.

UNFPA Campaign to End Fistula Use of Funds, 2004*

Country/Global Activity	Amount of Funding (US$)	Source of Funding
Country Level		
Bangladesh	75,000	US Committee for UNFPA
Benin	75,415	Australia
	4,550	EngenderHealth
	125,000	US Committee for UNFPA
Equatorial Guinea	100,000	Canada
Eritrea	300,000	New Zealand
	150,000	US Committee for UNFPA
Ethiopia	63,613	Austria
Kenya	65,230	US Committee for UNFPA
Mali	100,000	US Committee for UNFPA
Mauritania	40,000	US Committee for UNFPA
Mozambique	40,000	US Committee for UNFPA
Niger	75,000	EngenderHealth
Nigeria	36,716	Finland
	137,982	US Committee for UNFPA
	6,251	UNFPA Core Resources
Senegal	150,000	Canada
Sudan	24,300	Switzerland
	15,000	US Committee for UNFPA
Uganda	90,500	EngenderHealth
Zambia	34,500	US Committee for UNFPA
Global/Regional Level		
Africa Div. Programme Specialist	100,000	UNFPA Core Resources
Global Health Council Panel	2,352	EngenderHealth
Media activities (incl. campaign website)	96,440	UNFPA Core Resources
Obstetric Fistula Regional Mtg.in Accra	156,104	UNFPA Core Resources
Publications, Travel & Equipment	127,346	UNFPA Core Resources
Technical Support Div. Programme Specialist	95,726	Finland**
Grand Total	**2,287,025**	

* Provisional, subject to certified Financial Statements issued by UNFPA.

** From the Government of Finland's contribution to UNFPA's Reproductive Health Programme for Adolescents and Youth