



UNFPA GHANA PROGRAMME REPORT 2018

**DEMYSTIFYING FISTULA
AND RESTORING DIGNITY
IN WOMEN**

Contributors

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INTRODUCTION

Obstetric fistula (OF), a hole in the birth canal usually caused by prolonged, obstructed labor, affects the lives of over two million women worldwide. Most women who develop obstetric fistula remain untreated for their entire lives. It is common for this condition to reoccur in women and girls who receive little or no post-operative care after surgical treatment for OF and then become pregnant again. Even as we know obstetric fistula can be prevented and treated, women, through no fault of their own, continue to suffer alone with this unfortunate health condition and are isolated in their communities.

In 2003, the United Nations Population Fund (UNFPA), launched the global campaign to end obstetric fistula. In 2005, Ghana joined the campaign. Partnering with a range of stakeholders, such as the Ministry of Health/Ghana Health Service, Ministry of Gender, Children and Social Protection, and NGOs, UNFPA has tried over the years to prevent the harm, heal the wounds, and renew the hopes of affected women.

Nevertheless, the persistence of this condition is a compelling indicator that the health systems in many developing countries are failing to meet the needs of women, especially the poorest and most vulnerable. Poverty, malnutrition, poor health services, early childbearing, and gender discrimination are the interlocking root causes of obstetric fistula. The main social risk factor is poverty; it is associated with malnutrition and early marriage, circumstances that reduce a woman's chances of receiving timely obstetric care. In addition, in many communities, gender inequality robs women of the power to choose when to start bearing children or where to give birth.

In 2005, Ghana launched the campaign to end obstetric fistula. On July 27, 2009, UNFPA, in collaboration with the Ministry of Health, Ghana Health Service, Ministry of Gender, and Children and Social Protection, commissioned a Center of Excellence in Tamale for the management of obstetric fistula. Prior to and following the campaign launch, approximately ten thousand women have undergone reconstructive surgery and have benefitted from supportive social reintegration services.

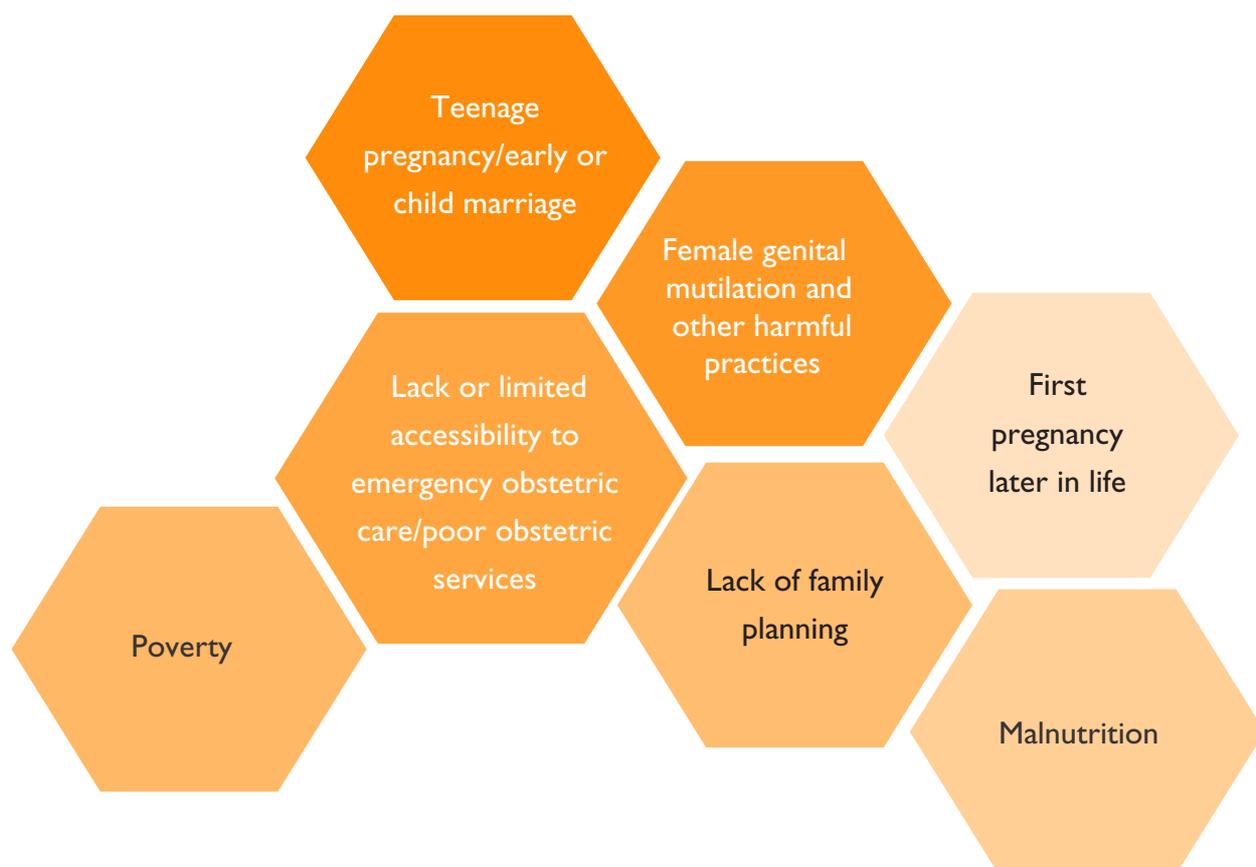
This publication highlights our recent, broad commitment to ensure that women in Ghanaian communities who suffer from obstetric fistula receive the required surgical repairs and post-operative care. This progress has been made possible by our expanded collaborations with both public and private sector organizations. Thanks to these strategic partnerships, great strides have been made over the last year in creating awareness as well as resource mobilization.

What is Obstetric Fistula?

Obstetric fistula (OF) is a distressing complication of prolonged, obstructed labor, resulting in the incontinence of urine, feces, or both, through the vagina. If untreated, obstetric fistula can lead to ulcerations, infections and a host of other complications. For women who suffer from this condition, the constant odor of urine and feces can be humiliating and devastating. Globally, it is estimated that at least two million women live with this condition. In 2015, a UNFPA-sponsored report on the burden of obstetric fistula in Ghana concluded that between 711 and 1,352 new cases of obstetric fistula occur annually. This correlates to an incidence rate between 1.6 and 1.8 per one thousand deliveries. No more than two hundred cases of obstetric fistula are surgically repaired each year. The prevalence of unrepaired cases has created a massive backlog of patients in need.

Risk Factors

Although every pregnant female is at risk for obstetric fistula, the following factors contribute to a higher risk of exposure to this condition:





A Fistula survivor with her family. She is able to perform her duties again



Naomi Mawonya, Fistula survivor, Banda near Krachi, Volta Region

What does UNFPA do in the area of Obstetric Fistula?

UNFPA is a strong advocate for the prevention of obstetric fistula. In 2003, it launched the global Campaign to End Obstetric Fistula, with a goal of reducing the number of obstetric fistula patients, particularly in developing countries. UNFPA also instituted the annual commemoration of the International Day to End Obstetric Fistula. Held each year on the 23rd of May, this day is set aside to promote action toward the prevention and treatment of obstetric fistula.

In Ghana, UNFPA has fostered partnerships with government and non-governmental organizations to fight obstetric fistula. UNFPA provides technical support and guidance, medical supplies and equipment, and training and financial support for the obstetric fistula program. Specifically, the UNFPA focuses its efforts on prevention, identification and referral, treatment, rehabilitation, and social reintegration. UNFPA also supports and strengthens sexual and reproductive health care and emergency obstetric services, as well as supplying family planning products and materials to prevent the occurrence of obstetric fistula.



Happy Fistula survivors



Tamale Fistula Centre, which is supported by UNFPA



Tamale Fistula Centre, which is supported by UNFPA

“If you want to go fast, go alone. If you want to go far, go together.”

Partners:

1. Ghana Health Service (GHS)
2. National Task Force Team on Obstetric Fistula
3. Ministry of Gender, Children and Social Protection
4. Ministry of Local Government and Rural Development
5. National Commission for Civic Education
6. Regional Coordinating Councils
7. Private sector and individuals
8. The Diplomatic Community
9. NGOs and CSOs

UNFPA's Role in The Campaign to End Obstetric Fistula

A) Prevention and Awareness

UNFPA, with its partners, engage in the following actions:

- Educate the general public on obstetric fistula using social media, media engagements, documentaries, publications, and publicity events and activities
- Promote family planning by providing supplies and products, training health providers, and equipping facilities to deliver a full complement of modern contraceptive methods
- Support the strengthening of National Midwifery programs
- Support universal access to quality and equitable Sexual and Reproductive Health (SRH) services by strengthening the health system in order to deliver integrated SRH services for vulnerable groups, such as adolescents, refugees, and persons with disabilities
- Strengthen the capacity of designated EmONC facilities to meet the standards for providing basic EmONC services
- Strengthen the capacity of government, youth, and civil society organizations and communities to support access to Sexual and Reproductive Health Rights (SRHR) and information, as well as services, to reduce adolescent pregnancies
- Facilitate a comprehensive package of youth-friendly integrated services, including the use of modern technology, to strengthen sharing of SRH information and the delivery of services to young people (including boys), people living with disabilities and refugees
- Provide advocacy and technical support for policy and framework implementation to promote gender equality and empowerment of women and girls
- Provide advocacy and technical support for health and socioeconomic intervention programs for adolescent girls, especially those marginalized and at risk of child marriage
- Provide advocacy and capacity-building to initiate national efforts and accelerate rights-based approaches for the prevention of gender-based violence and harmful practices, including child marriage

B) Identification and Mobilization of Women with OF

The Ministry of Gender, Children and Social Protection, Ghana Health Service, Regional Coordinating Councils and a group of community health workers (e.g., members of the Community-Based Health Planning and Services (CHPS) Compounds), collaborated to identify women suffering with obstetric fistula. Some communities have advocacy groups comprised of fistula survivors and those dedicated to assisting women suffering from obstetric fistula (OF). These advocates assist in the identification and referral process, directing women to the nearest health facility. UNFPA provides technical guidance and financial support to advocacy partners and program facilitators.

C) Surgical repairs

“When my sickness happened, I prayed for death. People who came to see me would spit on their way out to signify that I smelled badly. They said I smelled like death. I shed a lot of tears.” Fistula survivor, Makida Nyariga, Northern Region

Surgeries can be performed routinely at some health facilities and also through surgical outreaches. While performing routine surgeries in health facilities is preferable, they are not conducted in many facilities due to a lack of expertise in OF repairs. UNFPA is an active, participating member of The Nation Obstetric Fistula Task Force Team. The Task Force Team and the Ghana Health Service (GHS) typically organize surgical outreaches with Coordination by the Regional Coordinating Councils and the Regional Directorates of the Ghana Health Service providing coordination. The UNFPA provides financial support for obstetric fistula repairs and since 2005, the organization has supported over one thousand surgical repairs. It also supports strengthening the capacity of regional and district hospitals to perform routine obstetric fistula repairs as well as improving the technical abilities of doctors and nurses in surgical and post-operative management. Additionally, UNFPA provides support in order to equip health facilities to take on obstetric fistula repairs, as well as research and supervision of fistula cases in Ghana.

D) Rehabilitation and Social Reintegration

Women and girls who have received obstetric fistula repairs, as well as those deemed incurable, require rehabilitation and support. They need assistance in order to become socio-economically independent and reintegrate back into their communities. These women also require counseling to help them overcome the trauma of their situation. Two hundred fifty-seven women with obstetric fistula have received UNFPA support for skills training, such as soap making, confectionery, batik (tie and dye), bead making/jewelry art, and other income-generating skills. After suffering many years with this condition, these women have been able to regain their dignity. After rehabilitation and reintegration, obstetric fistula survivors have become advocates, supporting the fistula identification and mobilization process.

Achievements in 2018

Prevention and Creating Awareness

As part of the drive to create awareness about obstetric fistula (OF), UNFPA has organized and participated in media engagements (radio talks, documentaries, newspaper articles, social media, etc.) and publicity events.

UNFPA, through its family planning programs and products, has helped avert 83,999 unintended pregnancies, avoided 29,588 unsafe abortions and prevented 181 maternal deaths. UNFPA emphasizes family planning as crucial to preventing unnecessary maternal mortality and other preventable morbidities and complications, such as obstetric fistula.

The UNFPA also facilitated the distribution and receipt of Sexual and Reproductive Health (SRH) and Rights (SRHR) information to over twelve hundred adolescents. Over 320 adolescent girls, located in refugee camps, received additional information on Sexual and Gender-based Violence (SGBV) and Ghana's Legal Framework on sexual abuse. UNFPA advocates ending the causal risk factors of obstetric fistula, such as child marriage, gender inequality and inequity, along with harmful practices such as Female Genital Mutilation (FGM). Education on SGBV issues is a key preventative strategy of OF, as studies have shown a link between gender-based violence and obstetric fistula.

Surgical Repairs

In 2018, through The Maternal Health Thematic Fund, the UNFPA contributed technically and financially to over seventy obstetric fistula surgeries. UNFPA supported surgical repairs in its Flagship Fistula project-the Tamale Fistula Centre- and Wa Regional Hospital. Fistula repair centers have been able to provide world-class services through UNFPA procurement of fistula equipment and kits. These centers have been able to restore the dignity of clients who have been through so much.





*Fistula repairs (surgical outreach)
in the Tamale Fistula Centre,
Northern Region*

Resource Mobilization and Partnerships

As global funds have dwindled, UNFPA considers the mobilization of domestic resources as critical for the sustainability of the OF program. The organization recognizes that fostering strategic partnerships ensures effective and efficient utilization of limited resources. As a result, the UNFPA's OF awareness campaign facilitated the joint donation by Access Bank and Kaysens Group Ltd. for the surgical repairs of one hundred obstetric fistula clients. Additional partnerships with individuals, foreign missions, the diplomatic community and organizations and businesses such as Glitz Africa, have been forged in a joint effort to leave no woman with obstetric fistula behind.



UNFPA Representative, Mr. Niyi Ojuolape, speaking at the event by Access Bank and Kaysens Group Ltd. to announce the donation of funds to repair 100 OF cases



Event by Access Bank and Kaysens Group Ltd. to announce the donation of funds to repair 100 OF cases

Key Challenges:

To support the fistula program in Ghana, UNFPA receives funding from the Maternal Health Thematic Fund. While this support has been critical in helping to restore the dignity of some women and girls with obstetric fistula, there are hundreds more needing assistance. The need for funding presents a challenge that must be met and overcome with a sense of urgency. One obstetric fistula repair has an estimated cost of \$900. Additional costs may be incurred for mobilization and rehabilitation/reintegration. The campaign to end obstetric fistula in a decade welcomes private sector, organization and individual support.

Other challenges include:

1. Identifying women and girls with OF, as many are ashamed and stigmatized by their condition, and ostracized by their communities, limiting the possibility of reporting their case or receiving needed care
2. Inadequate pre-surgical screening due to lack of knowledge or inexperience on the part of some health workers
3. Few surgeons trained to repair OF cases and limited support staff (nurses, anesthesiologists, etc.)
4. Few facilities equipped to handle OF surgeries
5. Mounting number of follow-up obstetric fistula cases and the absence of an established OF registry of all cases
6. Inaccessibility of some communities to referral points/facilities

Initiatives and Projected Improvements

In 2018, The National Obstetric Fistula Task Force Team, in conjunction with UNFPA, launched the 100 in 100 Initiative. The task force team's objective was to accelerate the repairs of one hundred OF cases in one hundred days and gradually clear the backlog of cases. This ongoing initiative has already seen the repair of over fifty cases within the period. In order to escalate the drive to end obstetric fistula in Ghana, the path forward must address the challenges, such as coordination. Existing partnerships must be strengthened, while strategically fostering new collaborations. The end result must be to restore the dignity of women and girls with this condition.



UNFPA Representative, Mr. Niyi Ojuolape with Celebrities and UNFPA Ambassadors Stephanie Linus and Claudia Lumor, during the launch of the 100 in 100 Initiative- International Day to End Obstetric Fistula



UNFPA Deputy Representative, Erika Goldson, honouring Fistula Surgeon, Dr. Azanu Klutse during an event to commemorate The International Day to End Obstetric Fistula



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