

Evidence and Action

Special Issue

GOOD PRACTICES

Ghana Country Office 5th Country Program (CP5) 2006-2011

Ghana Campaign against Obstetric Fistula





Pathfinder Ghana, and local hospitals (i.e., the Tamale Regional/Teaching Hospital, Korle-Bu Teaching Hospital in Accra, Upper West Regional Hospital in Wa, Upper East Regional Hospital in Bolgatanga, and the Baptist Hospital in Nalerigu).

The campaign focused on areas within Ghana that had the highest prevalence – the three Northern regions of Ghana (Northern Region, Upper East Region and Upper West Region).

As an encouraging advocacy intervention, Miss Ghana@50 strategically adopted the eradication of obstetric fistula as her advocacy platform in 2007. Prior to the opening of the Tamale Fistula Centre in 2010, obstetric fistula repairs were conducted at the Tema-stationed vessel operated by non-governmental organization, Mercy Ships, which shared its expertise in providing world-class health care through capacity-building and surgical repair services. Mercy Ships' services were provided in close collaboration with the Northern Regional Health Directorate of the GHS and the Tamale Teaching Hospital.

The UNFPA has made significant efforts to promote an enabling environment to eradicate obstetric fistula by ensuring services are included in national frameworks. For example, under the National Health Insurance Scheme (NHIS), surgical repair of obstetric fistula is free for all registrants. This provision has been monitored, evaluated, and confirmed by UNFPA 5th Country Program (CP5) staff. Additionally, the management of obstetric fistula is now included in Ghana reproductive health protocols and treatment guidelines as well as GHS staff work plans. Moreover, obstetric fistula is addressed under strategic interventions related to maternal morbidity in the Ghana Reproductive Health Strategic Plan 2007-2011.

DESCRIPTION & CONTEXT

In 2003, the UNFPA launched a global campaign to end obstetric fistula spanning across 30 member countries throughout Sub-Saharan Africa, Asia and the Arab region. The campaign aimed at addressing three major areas of intervention: (1) prevention, (2) treatment and (3) rehabilitation.

In response to this global effort, the Ghana Country Office undertook a rapid needs assessment in 2003 that revealed there continues to be:

- a lack of data on the magnitude of obstetric fistulae
- a lack of trained and experienced personnel
- a lack of awareness of prevention and treatment

In 2005, the UNFPA Ghana Country Office launched the project 'Strengthening Fistula Prevention Activities and Access to Treatment in Ghana' led by the Government of Ghana, Ministry of Health, Ghana Health Service (GHS), Ministry of Women and Children's Affairs (MOWAC),

THEMATIC AREA

Reproductive Health, including Sexual and Reproductive Health Rights and Gender.

PRIMARY KEYWORDS

Obstetric fistula, labour, birth, prolonged, canal, maternal health, access, availability, surgery, urethra, repair, reproductive health.

OBJECTIVES

Overall Objective

To end obstetric fistula by addressing three major areas of intervention:

1. Awareness Creation.
2. Identification and Treatment.



3. Rehabilitation and Reintegration .

Additional Supporting Objectives are to:

- Sensitize local communities on the causes, signs and symptoms, management, and prevention of obstetric fistula.
- Increase patient access to referrals and health services.
- Strengthen current referral systems to adequately support, rehabilitate, and reintegrate patients.
- Develop capacity of health staff with specialized skills and supporting equipment to address obstetric fistula.

uptake of surgical repair services, and sensitization of communities to help accept repaired women.

Key Challenges

There were several key challenges to the program:

- Inadequate staff trained and dedicated to obstetric fistula as well as lack of interest by surgeons and nurses.
- Long bed occupancy period and limited beds resulting in the fewer repairs as compared to other surgeries. This also results in less revenue for health facilities, affecting support and interest from hospital management.
- The third area of intervention (rehabilitation and reintegration) is not as comprehensively addressed as the two other intervention areas of awareness creation and treatment.
- Despite increased training and fistula repair teams, there remains significant unmet need.
- Lack of support to fistula victims in meeting other costs not paid by the NHIS, such as transportation, daily meals, and lost household income due to recovery time.

STRATEGY, KEY CHALLENGES, AND IMPLEMENTATION

Strategy

The overall strategy of the program is to create an enabling environment towards the eradication of obstetric fistula while directly treating and reintegrating patients. The strategy involves innovative nation-wide media and campaign activities, increased

The biggest concerns voiced by patients were a lack of food and inability to pay children's school fees during the long period of bed occupancy and recovery.

- An ongoing major obstacle affecting the obstetric fistula program is inadequate facilities, equipment, and infrastructure.
- There are ongoing challenges with tracking/tracing of patients for assessment and follow-up.
- As a result of limited beds and staff repair teams, patients remain on a waiting list for long time periods whilst others require repeat surgeries and remain on a waiting list for unusually extended periods of time.

Implementation

The implementation of this program has been highly visible and well-documented. Its core activities center around its three core objectives to create awareness, identify and treat patients, and rehabilitate and reintegrate patients back into their communities.

In support and commitment of the eradication of obstetric fistula among policy-makers and stakeholders at national and sub-national levels, awareness creation activities were key. Activities of strategic importance included:

- Appearances and special mentions made by the Minister of Health and Regional Ministers at key launches, conferences, and events.
- Meetings with Ministries such as Department of Women and Children (MOWAC), and Department of Social Welfare.
- Sensitization activities with religious leaders and community members in Sirgu/Sakite in the Upper East Region and Chere community in the Upper West Region.
- UNFPA senior staff interviewed on nationally televised programs reaching millions of Ghanaian citizens.
- Obstetric Fistula became a strategic topic of commentary by a Media Communications and Advocacy Network (MCAN) member, Claire Banoeng-Yakubu, who went on to win the Best Journalism Award, MDG Award, and International Union of Catholic Journalists in Canada Award.
- The identification and training of Fistula Advocates who can continue to advocate for the importance of the eradication of obstetric fistula.

In support and commitment of the eradication of obstetric fistula, identification and treatment of patients provided tangible relief and improved the condition of patients.

Activities of strategic importance included:

- Refurbishment of the Regional Obstetric Fistula Centre in the Upper West Region that has influenced an increase in case load.
- Daily ward rounds and screening of new arrivals.
- Theatre sessions to provide surgical repair (repair work can include but is not limited to: urethral reconstruction procedures, repair of rectovaginal fistula, repair of anal sphincter, double vesicovaginal fistula repair, repair of a juxtaurethral, repair of umbilical hernia, bilateral tubal ligation, repair of vault fistula, and re-implantation of ureters).

PROGRESS AND RESULTS

- More than 520 cases of obstetric fistula were assessed between 2008 and 2012. By 2010, 151 obstetric fistula clients were referred for NHIS registration. NHIS premiums were paid for 116 clients to facilitate their access to surgical repair. From the Northern Region, 14 women received obstetric fistula repairs aboard the Mercy Ships vessel, *Anastasis*, in 2006 while it was docked at the Tema Harbour.
- The project has also supported health infrastructure modernization across participating regions. A new oxygen cylinder and flow meter supports anesthesia at the Tamale Fistula Centre, while facilities in the Upper West, Upper East, Volta and Northern Regions have received \$200,000 for emergency obstetric and newborn care equipment. The Upper West Region Hospital has also received refurbishments; it is now designated as a functional referral center for obstetric fistula repair (Ghana now has at least 8 such facilities).
- Capacity-building achievements include \$15,000 channeled to obstetric fistula training modules in midwifery programs across Ghana and subsequent training of 2 obstetric gynecologists, 4 anesthetists, 2 theatre nurses and 1 ward nurse. Outreach activities further educated 400 Ghanaian medical students about obstetric fistula prevention, treatment and rehabilitation. With the assistance of Mercy Ships, a urogynecologist received training from Dr. Steven Arrowsmith, an expert obstetric fistula surgeon and pioneer in expanding obstetric fistula training across Africa.

- Advocacy and sensitization efforts have been supported by a wide cross-section of society, including district assemblies, religious officials, traditional authorities, government and non-governmental actors, and obstetric fistula survivors. More than 8.3 million people have been sensitized since 2008 through 230 durbars, 40 community forums, 60 radio talk shows and 2 television programs.
- Mainstreaming obstetric fistula care into national health policy has been championed and scaled up since 2009. The management of simple obstetric fistula has been incorporated into Ghana's reproductive health protocols and treatment guidelines.
- 19 obstetric fistula survivors have been provided with livelihood skills as a means of regaining dignity and re-integrating into economic and social life.

LESSONS LEARNED

The Ghana Campaign against obstetric fistula revealed a number of significant lessons:

- Since women enrolled in the NHIS can access obstetric fistula care, many women with obstetric fistula are proactively seeking help. Documentation of the impact of the NHIS on access to treatment began in 2009. NHIS registration in combination with community sensitisation yielded a more than 100% increase in service uptake at the Tamale Fistula Centre.
- Advocacy efforts are enhanced by the participation of obstetric fistula survivors, who galvanize public support for its eradication. Public education and awareness about obstetric fistula were found to significantly contribute toward a reduction in stigma.
- Repair of complicated obstetric fistula cases continues to be a barrier to achieving improved maternal health outcomes for all patients. However, knowledge sharing among referral centres for repair creates opportunities to treat complicated cases. For instance, information about a visiting urologist was shared with the referral centres by the Sunyani Regional Hospital, allowing 11 clients with obstetric fistula cases deemed 'irreparable' to be surgically repaired.
- Maternal health and economic empowerment have been integrated in an innovative manner through obstetric fistula care coverage under the

NHIS along with skills training and cash payments to some obstetric fistula survivors under Ghana's Livelihood Empowerment against Poverty program. Such efforts have not only saved UNFPA resources formerly earmarked for paying for treatment and premiums, but also promoted country ownership of obstetric fistula care. Such synergies may yield more holistic, sustainable outcomes for reducing vulnerability.

CONCLUSIONS AND RECOMMENDATIONS

Although access to fistula repair has increased through the program's service delivery, capacity building and sensitization activities, obstetric fistula repair teams and facilities in the three northern regions face overwhelming caseloads. Access to referral centres is further hampered by obstetric fistula patients' inability to meet costs not covered by the NHIS, such as transportation and food. This has resulted in patients not showing up for repair appointments and delaying their treatment. For example, the Tamale Fistula Centre's ability to provide obstetric fistula care remains particularly constrained by inadequate equipment, staff, and bed/ward space.

In consideration of these challenges and the lessons learned, the recommendations are as follows:

- Expand obstetric fistula repair training to additional health personnel working in the three northern regions.
- Refurbish and expand bed/ward space within the Tamale Fistula Repair Centre (to be facilitated by the UNFPA Ghana Country Office).
- Strengthen advocacy between the Country Office and Ghanaian government to support costs not covered by the NHIS but incurred by obstetric fistula patients seeking treatment.
- Form a national network of obstetric fistula repair teams and facilities to actively engage in knowledge sharing and treatment coordination.
- Extending obstetric fistula outreach to rural districts in order to reduce the high cost and time burden incurred by patients living long distances from service delivery facilities for obstetric fistula screening and/or assessment.
- Maintain continuous public education on obstetric fistula and intensifying partnerships with media, government, and civil society to conduct sensitization



activities that reduce the stigma related to obstetric fistula.

- Engage men in reproductive health advocacy, including toward the prevention, management, and reduction of stigma related to obstetric fistula.

PARTNERS

Ministry of Health-Ghana Health Service, Ghana Ministry for Gender, Children and Social Protection, Metropolitan, Municipal and District Chief Executives, Pathfinder Ghana, Mercy Ships, Miss Ghana 2007, The Tamale Regional/Teaching Hospital, Korle-Bu Teaching Hospital, Upper West Regional Hospital, Upper East Regional Hospital, Baptist Hospital at Nalerigu.

SOURCES AND LINKS

Summary on the Campaign against Fistula in Ghana, 2012.

Report on Obstetric Fistula Outreach Service, November 2011.

Summary of Fistula Activities by GHS in the Three Northern Regions, 2011.

Wa Fistula Outreach Report, December 2011.

Obstetric Fistula (OF) Activities in the Three Northern Regions, 2010.

The Campaign to End Fistula Annual Report, 2010.

Standard Fistula Campaign Annual Report, January/December 2008.

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