



PATHFINDER INTERNATIONAL

Fistula Repair Surgery for 37 Women in Ghana

Pathfinder International respectfully requests a total grant of \$28,278 in support of the following project, entitled: *Fistula Repair Surgery for 37 Women in Ghana*.

Background

There are an estimated two million women around the world currently suffering from the complications caused by obstetric fistula, the overwhelming majority of whom live in developing countries. Despite the fact that this condition is both preventable and treatable, another 50,000 to 100,000 new cases of fistula are estimated to occur each year. Obstetric fistula is a hole in the birth canal; it occurs during childbirth when emergency obstetric care is unavailable for women who develop complications. The consequences are terrible: the baby is usually stillborn and the woman is left incontinent and often abandoned by her husband and ostracized by her family and community. Fistula mostly affects impoverished and young women in the world's most remote regions and thus has been dubbed a "hidden" condition. Shamed, isolated, and without adequate resources, women often do not seek treatment, which can lead to chronic medical problems, including frequent ulcerations and infections, kidney disease, and even death.

Pathfinder began its efforts to prevent and treat obstetric fistula in Ghana in 2005, as part of the United Nations Population Fund's (UNFPA) Campaign to End Fistula. Pathfinder brings to the project 50 years of experience in the field of reproductive health and family planning. Operating based on the belief that reproductive health is a basic human right, Pathfinder works throughout Africa, Latin America, and Asia to provide women, men, and adolescents with access to quality family planning information and services. Pathfinder works to halt the spread of HIV/AIDS, provides care to women suffering from the complications of unsafe abortion, and advocates for sound reproductive health policies in the U.S. and abroad. Globally, Pathfinder has a presence in 25 countries and staffs field offices in 19 countries. The organization's community based approach to service delivery is widely recognized in the field and Pathfinder's commitment to working with and building the capacity of local organizations has helped improve the health of millions of people.

The Ghana Context

In 1957, Ghana made history by becoming the first sub-Saharan country in colonial Africa to gain independence. Today, after years of political and economic volatility, Ghana is known for its peace and stability in the West African region. In addition to its successful transition to democracy, Ghana has made other significant strides in recent years, including falling poverty levels, decreased HIV/AIDS prevalence (from 3.7% in 1999 to 2.3% today), and increased primary school enrollment. Despite these achievements, Ghana remains one of the world's least developed countries, where widespread poverty still exists and recent progress towards maternal and child health indicators, which had improved rapidly in the late 1990s and 2000s, has been stalled. Maternal mortality remains very high, and has actually increased from 240 deaths per 100,000 live births in 1993¹ to 540 deaths per 100,000 live births in 2006,² with some community studies having found mortality rates as high as 800 deaths per 100,000 live births. Ghana's infant mortality rate is also unacceptably high, but has remained mostly constant over the past ten years, with a rate of 59

¹ GHS/MOH/GSS, 1993 Sisterhood survey

² UNICEF, PRESS STATEMENT Sept. 28, 2006



deaths per 1,000 live births in 2006.³

In regards to obstetric fistula, accurate data is generally hard to come by, primarily because women are too embarrassed and afraid to come forward. Estimates are typically based on the number of women who actually seek services in hospitals and clinics, and are therefore likely to be much lower than actual numbers; a fistula needs assessment carried out in Ghana in 2003 as part of UNFPA's launch of their Campaign to End Fistula revealed that the exact prevalence of fistula in the country is unknown. As part of that same assessment, a study carried out in Ghana's Ashanti Region found that fistula occurred as a result of obstetric complications in 150 out of 157,449 deliveries. Of those, 73.8 % were the result of prolonged obstructed labor.⁴ Furthermore, it is estimated that out of 400,000 – 500,000 deliveries, approximately 500 cases of fistula occur in the country each year.⁵

Poor health and economic indicators, particularly in the three rural Northern regions of the country where Pathfinder is working, support the notion that the occurrence of obstetric fistula in the country is high. Seventy-nine percent of the Ghanaian population lives on less than US\$2 per day⁶ and 33% cannot meet their basic nutritional needs. Malnutrition is a significant problem among pregnant women. Fewer than half of all births are attended by medically trained personnel. In the Northern Region, 83% of women give birth at home, most often with a traditional birth attendant.⁷ Early childbearing, before the woman's pelvis is fully developed, is another contributing factor to fistula and 15% of women in Ghana give birth before age 18. Furthermore, despite widespread knowledge of family planning, just 20% of Ghanaian women of reproductive age use a form of modern contraception. This figure drops to as low as 12% in the Northern and Upper East Regions.

Pathfinder's Experience

Pathfinder first began implementing reproductive health programs in Ghana in 2001 with the initiation of the African Youth Alliance project. In November 2005, Pathfinder began working in collaboration with UNFPA and local health facilities, NGOs, community based organizations, and national and local policy makers to prevent and treat obstetric fistula in three regions in the north: Northern, Upper East, and Upper West. The goal of the project is threefold: to increase support and commitment to the eradication of obstetric fistula; to improve availability and accessibility of services for the prevention, treatment, and rehabilitation of obstetric fistula; and to increase awareness about obstetric fistula, its prevention, and treatment.

In just a short time, Pathfinder's outreach efforts were making progress. By December 2006, a public awareness campaign carried out by Pathfinder had sensitized over 530 relevant stakeholders on the causes, prevention, and treatment of fistula. Among those targeted were members of the Ghana Health Services (GHS), the national agency responsible for providing and managing health care services; journalists and media groups; civil society organizations; NGOs; religious and community leaders; and women's groups. Stakeholders were encouraged to spread the information

³ Population Reference Bureau, 2006 World Population Data Sheet

⁴ EngenderHealth 2004, *OBSTETRIC FISTULA: A NEEDS ASSESSMENT IN GHANA AND RWANDA*

⁵ First Fistula Experience Sharing, Erata Hotel, Accra; February 15, 2006.

⁶ Population Reference Bureau, 2006 World Population Data Sheet

⁷ Ghana DHS 2003



and knowledge they received at workshops and public education events throughout the organizations and groups to which they belonged. As a result, some organizations have incorporated awareness creation activities into their scope of work and have also identified and referred fistula cases for assessment and repair. Additionally, through a media campaign, Pathfinder was successful in reaching an additional 100,000 people with messages about obstetric fistula. Two facilities were designated as fistula repair sites and a data collection tool was designed by Pathfinder and approved by the GHS to gather information about fistula patients (i.e. age, education, occupation, marital status, duration of condition, etc.) in various health centers. In its first year, 160 cases of fistula were officially reported under the project, two doctors and two nurses were sent from various Ghanaian teaching hospitals to take part in a six-week training on repair and management of obstetric fistula in Nigeria, and 68 women received treatment in the Upper East and Northern regions.

The initial efforts by Pathfinder in Ghana have made important advances, particularly in increasing awareness of fistula, a necessary prerequisite of prevention and treatment of the injury. Over the past year, funding for the project has been delayed and Pathfinder has had to put on hold its plans to scale up its identification and treatment efforts; Pathfinder is seeking funds in order to continue with this critical work.

Proposed Activities

Pathfinder is committed to continuing its fistula work in the Northern, Upper East, and Upper West Regions of Ghana, focusing its intervention on awareness creation; identification and treatment of victims; and rehabilitation and reintegration of women and girls back into their communities. The overall objectives of Pathfinder's obstetric fistula programming are to:

- Increase support and commitment for the eradication of obstetric fistula among policy makers and stakeholders at national and sub national levels;
- Increase availability and accessibility to services for the prevention, treatment, and rehabilitation of obstetric fistula victims; and
- Create awareness in communities on obstetric fistula prevention and treatment.

With an additional \$28,278, Pathfinder will be able to address the second project objective by offering repair services to 37 women from Northern Ghana suffering from obstetric fistula. Currently, Pathfinder supports two main fistula repair centers, at the Tamale Regional Teaching Hospital and the Nalerigu Baptist Medical Centre, which are located as much as 400 kilometers away from women living in the rural areas of the Northern Regions. Because most of the fistula patients from that area are too poor to afford such a trip, they are unable to access much-needed medical services.

With this funding, Pathfinder Ghana will collaborate with the Ghana Ministry of Health to identify and register women with fistula in the three northern regions. Pathfinder will also conduct medical examinations of those women to assess the extent of their condition and plan for treatment with repair surgery. The women will then be transported from their rural communities to one of the two project repair centers, where they will receive the necessary repair surgery, as well as lodging and meals both pre- and post-operatively. Post-operative recovery can be expected to take



approximately 14 days. As a result of this treatment, the women will not only regain their basic reproductive health, but also their personal dignity.

The repair surgery being offered to the abovementioned 37 women will complement Pathfinder's overall obstetric fistula programming in Ghana, under which advocacy and sensitization activities aimed at raising awareness about obstetric fistula and galvanizing support for the project will also remain a cornerstone of Pathfinder's intervention. Associated with poverty, early marriage and childbearing, and women's low status in the community, obstetric fistula disproportionately affects the most marginalized members of societies – those without the voice to advocate on their own behalf. Gaining support and commitment from influential community leaders is thus crucial if prevention and treatment activities are to be successful.

Thus, Pathfinder continues to identify community leaders and stakeholders and conduct meetings to determine mechanisms for promoting the End Fistula Campaign and for supporting women with fistula. At the community level, various awareness raising activities will be conducted with the goal of preventing fistula and reducing stigmatization around the condition so that women can come forward and understand where and how to seek treatment. For example, drama groups will perform skits about fistula and films on the subject will be produced and shown throughout 120 communities. Radio discussions will be used to create awareness and jingles and folk songs will be developed in various local languages based on a Knowledge, Attitude, Practice study previously conducted by Pathfinder.

Ongoing monitoring and evaluation of the project will include coordination meetings with all stakeholders in the Northern regions. Field monitoring visits will be conducted in project communities and districts, and data will be gathered and reviewed. Annual review meetings will be organized with all stakeholders.

In today's world, there are a countless number of public health concerns that need addressing. All of them are important, but unfortunately, not all are actually curable. Obstetric fistula is one of the exceptions. Given that it is both preventable *and* treatable, there lies a great opportunity to improve and save a significant number of lives. Treatment is relatively simple, the challenge comes more in the difficulty of raising awareness and decreasing the stigma that surrounds the women and girls it affects, a population without very much clout. Pathfinder is poised to take advantage of this opportunity and we are hopeful that others will join us in taking action for this important cause.