

# Fact sheet: Fistula

## Maternal health and VVF in Tanzania

- Around 2.4 million women give birth every year
- 13,000 women die in childbirth and pregnancy each year
- 45,000 newborn babies die annually
- There are around 3,600 new cases of VVF each year
- 90% of women who suffer VVF lose their babies
- CCBRT is the second largest provider of VVF services in the country
- VVF services at CCBRT are set to expand significantly in the next year
- CCBRT's new VVF patient hostel, which can accommodate 20 women, is now open

CCBRT is the second biggest provider of obstetric fistula (Vesico-Vaginal Fistula-VVF) services in Tanzania. It is a treatable condition, yet many women are not able to access the services available to them. VVF is caused by prolonged, obstructed labour without timely medical intervention. The pressure of the baby's head in the birth canal causes a hole to form between the bladder and the vagina, or between the rectum and the vagina. As a result, women become incontinent. Untreated, VVF can lead to chronic medical, social and psychological problems. VVF isolates women. They are often excluded from daily activities. Family support may be withdrawn and husbands frequently leave. Many women live with the condition for decades, unable to access the medical intervention that can change their lives.



In 2009, CCBRT performed 162 surgeries for VVF and facilitated another 34 in northern Tanzania in partnership with local hospitals there. Determined to reach more women, CCBRT is challenging the barriers which prevent women in Tanzania from seeking treatment. CCBRT aims to raise awareness of VVF countrywide, access more women living with VVF, and to double the number of VVF operations it performs in 2010.

### The main barriers to treatment and CCBRT's responses are:

**1. Lack of awareness of available treatment:** Many women with VVF are unaware that their condition can be treated. CCBRT is raising awareness through: outreach work; the media; poster campaigns; working with partners (such as Women's Dignity and local hospitals); and mobile clinics. Already this year, CCBRT has placed 60 mentions about VVF on radio stations across Tanzania - informing people about the condition and where to access treatment.

**2. Cost of transport and surgery:** Paying for transport to and from hospital, and the cost of surgery prevents many women from coming for treatment. CCBRT is tackling this by:

- *Giving free treatment to VVF patients:* All VVF consultations, operations and follow-up care are free.
- *Paying all transport costs:* Partnering with Vodacom and ambassadors around the country, CCBRT is piloting a scheme to transfer money to pay for transport to our disability hospital in Dar es Salaam. Money is sent via M-PESA (a mobile phone money transfer facility). The patient is met at the bus terminal by a CCBRT driver.

**3. Accommodation before treatment:** Many women have nowhere to stay before they are treated. Their condition means that even family members may not host them. CCBRT has refurbished a 20 bed hostel, where women and a caregiver can stay on-site before surgery. The hostel provides three free meals daily, a cleaner service and health education plus access to weekly training from the Mabinti Center. Mabinti empowers women who have been treated for VVF by training them to sew, bead and manage a business. These women can then go on to generate an income for themselves and their families.

## Fact Sheet: Fistula

### CCBRT and maternal health

Comprehensive Community Based Rehabilitation in Tanzania is the largest indigenous provider of disability and rehabilitation services in the country. Every year, around 120,000 people achieve a better quality of life through CCBRT services.

CCBRT has entered a public-private partnership with the Government of Tanzania to build a new maternity hospital for the women of Tanzania. The construction of Baobab Maternity Hospital, as it will be called, is planned to commence in November 2010 and is due to open in 2012.

Baobab Maternity Hospital will offer a comprehensive range of services for normal and emergency deliveries as well as pre and post natal care. It will also provide family health education and HIV/AIDS services. The hospital will prevent maternal and infant deaths, disease and disabilities such as fistula.



Happy is a poor farmer's daughter whose life has been very difficult. Aged 14, she had her first child. One year later both her parents died, probably of AIDS. Happy became pregnant again, but disaster struck during childbirth. 'For three days I was in labour. The pain was unbearable, but the baby didn't come out'. Finally at hospital, the doctors performed a caesarean section but the baby was dead. Happy was leaking urine but the doctors told her that they didn't have the skills to do a fistula operation.

'The father of the child told me he was going to find money to take me to another hospital but he went away and I have never seen him again. I was alone, nobody wanted to be around me.'

With the help of some good Samaritans, Happy travelled to Dar es Salaam. She had a fistula surgery at CCBRT and the leaking stopped. 'The shame of the smell was gone, and I was very happy but I didn't know what to do with my life.' Happy heard about Mabinti, and she grabbed the opportunity to join. 'For a girl like me, this is the chance of a lifetime. At Mabinti I learn stitching and beading. I learn how to make beautiful things that people want to buy. These are skills that will help me improve my life.' Her dream is to open a business, and to earn enough money to bring her daughter and sister to Dar es Salaam. 'All I want is a good life for me and the people who are dear to me.'

### Training

CCBRT builds capacity for treating VVF by training surgeons at its disability hospital in Dar es Salaam. In 2009, five doctors were trained in VVF repair through our collaboration with AMREF. In addition, two nurses were trained in VVF care. A new VVF surgeon started work at CCBRT in 2010, further building our capacity to treat more women.

In 2005, Anna went into labour with her first child. After two days of contractions she walked for two hours to the nearest dispensary. "I was crying with pain," says Anna, "and I became very afraid." The dispensary staff said they couldn't help her – she had eclampsia – so she travelled in their supplies vehicle to the district hospital. A day later, Anna was unconscious and the baby was delivered by vacuum extraction; stillborn.



"I never saw my son," recalls Anna. "By the time I woke up seven days later, I was unable to walk and was in unbearable pain. I just couldn't stop crying."

The prolonged labour caused fistula. Anna was told to go to a government hospital in Dar es Salaam for surgery but she had no money so she went home. CCBRT's mobile outreach unit heard about Anna, went to her house and gave her money for the bus to Dar es Salaam. At CCBRT, Anna was operated on and the doctor told her to have a caesarean section if she ever fell pregnant again. "In 2008 I did fall pregnant and...I made sure I had a caesarean section."

Anna is now completely dry. "It is a good feeling," Anna laughs, "Now I have a healthy daughter and everything is good. I am so grateful for the kindness I found here at CCBRT."

### Recent initiative

In March, a CCBRT outreach visit was organised specifically aimed at finding fistula sufferers and offering them treatment. Poor maternal healthcare services in the area means that VVF is an issue for women there.

- Partnering with local organizations, a four day outreach team including a VVF surgeon conducted awareness raising, community education and counseling in the area.
- A media mobilization campaign was initiated. This included a live radio interview with the CCBRT outreach coordinator, radio announcements ahead of the screening, and a radio journalist accompanied the visit for a two part feature on fistula on national radio.
- 11 women have already come forward for treatment with more expected to follow in the coming weeks.