

# IMPROVING MATERNAL HEALTH BY REDUCING OBSTETRIC FISTULA THROUGH PROVIDER CAPACITY BUILDING AND A COMMUNITY OUTREACH CAMPAIGN IN RWANDA

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## INTRODUCTION

Obstetric fistula is a childbearing injury that has been relatively neglected despite its devastating impact on the lives of girls and women. Fistula occurs when a perforation develops between the bladder or the rectum and the vagina. In 2014, 183 cases of fistula were reported in Rwanda via the project's health management information system. Obstetric fistula is usually caused by several days of obstructed labor or poorly performed caesarean section (C-section) deliveries. Approximately 80 percent to 95 percent of fistula cases can be repaired surgically\*.

In Rwanda, as in many other sub-Saharan African countries, lack of awareness about fistula, its causes, and its treatment contributes to failure to take measures that could help prevent the condition. Significant stigma surrounds women with fistula and is exacerbated by often unpleasant side effects. Because of this stigma, many women do not seek treatment; in fact, they and their families may be unaware that treatment exists. The longer cases go untreated, the more difficult repairs can be. A key to preventing fistula is making sure pregnant women attend the recommended four antenatal care (ANC) visits. During these visits, women receive information about fistula, including how to recognize it and how it can be treated. They also learn that going to a facility as soon as labor starts is important for preventing fistula. In cases of obstructed labor during facility-based deliveries, providers are more likely to be able to take immediate action. If fistula does occur at a facility, the client can quickly be referred and transported via ambulance to a treatment facility.

Although Rwanda has 11 district hospitals where fistula can be treated (a relatively high number), treatment is difficult and requires specially trained providers. Thus, prevention is crucial.



## MATERIALS AND METHODS

To combat fistula, the USAID-funded Rwanda Family Health Project (RFHP), in conjunction with the Ministry of Health of Rwanda, formulated an approach to promote early care-seeking behavior for women who have fistula and to address prevention of the main causes of the condition. As a critical component of prevention, RFHP and the ministry provided clinical mentoring and training sessions in C-section procedures for health-care providers.

To increase public awareness, RFHP and the ministry implemented a six-month Obstetric Fistula Prevention and Repair Awareness Campaign in four of Rwanda's 30 districts. The campaign focused on increasing awareness of fistula prevention and on increasing care-seeking behavior. The campaign had three main interventions: 1) capacity-building for key individuals in the campaign, 2) theater events, and 3) radio shows and public service announcements and five key messages:

1. What is fistula?
2. What causes fistula?
3. What are the signs of fistula?
4. What behaviors should be promoted for young people, women of reproductive age, and expecting mothers and partners?
5. How can women prevent fistula, and where can they get treatment?

The campaign began with orientation meetings and capacity-building for key staff from local government and health facilities and for community health workers (CHWs). The capacity-building included provision of detailed information on the five key messages and training for CHWs on conducting a door-to-door campaign to raise awareness. The capacity-building aimed to enable local authorities to advocate for fistula prevention and treatment with members of their communities. After the capacity-building, CHWs included fistula messages in community-based health events using information supplied by RFHP, as well as education and communication materials. The CHWs also conducted a door-to-door campaign to raise awareness, and they generated demand for the campaign's theater events. CHWs emphasized prevention measures including attending ANC visits and seeking facility-based delivery services at the first sign of labor. In addition, CHWs were trained to accompany women with fistula symptoms on visits to their local health centers. Providers at the health centers would make diagnoses and refer fistula cases to a district hospital where they could be treated. The ministry supported the health centers to provide transportation for clients with fistula, as the condition makes walking or use of public transport very difficult.

In addition to the theater events about the five key fistula messages, the project facilitated radio shows with similar information, which were broadcast frequently on local radio stations.

To address prevention of obstetric fistula caused by poorly performed C-sections, the project provided clinical training and mentoring for 13 doctors from seven district hospitals in C-section procedures. Because fistula can occur when the bladder is perforated during C-sections, the training sessions covered proper C-section technique and emphasized both how fistula can occur during C-sections and how to avoid fistula during the procedure. After the training, the participants practiced with certified mentors and supervisors. Each participant conducted an average of five procedures under close supervision and received immediate feedback and mentoring.

13

health-care providers received training in proper C-section technique to prevent fistula



536

CHWs received training on fistula prevention and referral.



"I am happy that I am clean now and enjoying my life. My bed is also clean and I am able to sleep peacefully. I have now gained three kilos and I plan to add 10 more!"

*Alphonsine, a patient from Kayonza District*

## SUCCESS STORY

Alphonsine, a patient from Kayonza District, recounted her experience meeting Violette, a CHW whom RFHP had trained on fistula awareness, identification, and referral. Violette provided information during a community meeting in Alphonsine's village. When she realized from the descriptions of fistula that she might have the condition, Alphonsine sought help from Violette, who accompanied her to the nearest health center. Providers at the center referred and transported Alphonsine to the closest district hospital providing appropriate treatment, where her fistula was repaired. "I am happy that I am clean now and enjoying my life. My bed is also clean and I am able to sleep peacefully. I have now gained three kilos and I plan to add 10 more!" said a smiling Alphonsine.



## RESULTS

- 536 CHWs received training on fistula prevention and referral.
- The campaign reached an estimated 35,530 people, in particular through community theater (18,800 attendees), weekly radio programs, door-to-door outreach (13,375 households), and community meetings hosted by the trained CHWs.
- 13 health-care providers from seven district hospitals received training in proper C-section technique to prevent fistula.
- Care-seeking behavior appeared to increase significantly in the target district. During April 2014, the ministry organized one of its twice-yearly fistula treatment events at Kibagabaga District Hospital, using doctors from outside Rwanda. Of the 34 patients who arrived for treatment at this event, 17 were from the four districts targeted by the RFHP campaign (out of 30 districts in Rwanda).

## CONCLUSIONS

A broad-based fistula awareness and prevention campaign can result in reduced risk and increased care-seeking behavior. Addressing fistula prevention behavior with both providers and clients was important to this comprehensive program. Based on the positive results from this campaign, the ministry plans to scale up the program to all districts in Rwanda. RFHP used the same methods to organize another awareness campaign in the country's southern province, which concluded in June 2015 and is currently being evaluated.

## REFERENCES

\* World Health Organization, "10 Facts on Obstetric Fistula: Fact 9," May 2014, accessed at [http://www.who.int/features/factfiles/obstetric\\_fistula/facts/en/index8.html](http://www.who.int/features/factfiles/obstetric_fistula/facts/en/index8.html), on August 15, 2015.

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