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

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. It is important to prevent fistula from occurring. 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.

RESULTS

- 536 CHWs received training on fistula prevention and referral.
- 13 health-care providers 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, which concluded in June 2015 and is currently being conducted.
- The campaign reached an estimated 35,530 people, in particular through community theater (18,800 high number), treatment is difficult and requires specially trained providers. Thus, prevention is crucial.

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 Alphonson’s village. When she realized from the descriptions of fistula that she might have the condition, Alphonson sought help from Vollette, who accompanied her to the nearest health center. Providers at the center referred and transported Alphonson 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 Alphonson.

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.

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.

- 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?

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REFERENCES


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Malick Kayombo, Team Leader for Behavior Change Activities, Rwanda Family Health Project, Chemonics International, Kigali, Rwanda
Doris Young, Vice President, Chemonics International, Washington, D.C., United States
Marc Lemaire, Senior Health Systems Strengthening Advisor, Rwanda Family Health Project, Chemonics International, Washington, D.C., United States