

Once a centre of learning and trade, Mali is now one of the world's poorest countries. Despite serious attempts to address public health concerns, fertility and maternal and infant mortality remain high, and few women use contraceptives.

Labour and delivery conditions vary considerably between rural and urban areas. In Bamako, the capital, 91 per cent of women give birth in health facilities, while most women outside the city give birth at home. One reason for this discrepancy is access to medical care, as 85 per cent of rural women live at least 30 kilometres away from the nearest hospital.

Mothers-in-law or other relatives often decide where a rural woman may give birth and what to do in case of labour complications. They may not be aware of the potential damage from obstructed labour or know where to go to receive care. Community health centres, often understaffed and poorly equipped, tend to be the facilities they turn to first, usually resulting in further critical delays.

#### SELECTED DEMOGRAPHIC INDICATORS

Total population (in millions)	12.0
Total fertility rate (2000-2005)	7.00
Births per 1,000 women aged 15-19	195
Maternal mortality ratio (deaths per 100,000 live births)	630
Infant mortality per 1,000 live births	120
Per cent births with skilled attendants	24
Contraceptive prevalence rate (any/modern method) (%)	8/6
Secondary school enrolment (M/F)	19/10
HIV prevalence (M/F) (%)	1.37/2.08

Source: UNFPA State of World Population, 2002

A French non-governmental organization (NGO), Doctors of the World, first began treating obstetric fistula in Mali in 1986, then started a fistula programme in 1993 to increase the number of service delivery sites outside Bamako. A survey sponsored by the group showed that at least one woman lives with fistula in one out of every two villages and that the number of women seeking treatment does not mirror the actual prevalence of fistula cases.

Only two health facilities in Mali have specialists able to treat fistula on a consistent basis: University Hospital of Point G in Bamako and the Regional Hospital of Mopti. Both rely heavily on private donations to cover the cost of fistula treatment.

The Bamako hospital has established temporary housing for women awaiting surgery. Delta Survie, a local NGO that collaborates with Doctors of the World, has started an initiative to improve the living conditions of women with fistula who have either received or are awaiting treatment at the Mopti hospital. This includes building a shed on the hospital grounds where women can learn handicrafts skills, such as dyeing and weaving, to earn an income. However, more needs to be done to encourage women's re-entry into communities after surgery.

**The report prepared by UNFPA and EngenderHealth highlighted the following critical needs:**

#### **MORE TRAINED HEALTH PROVIDERS**

There is an urgent need for local surgeons able to treat fistula outside of the capital. An evidence-based protocol for fistula treatment should be prepared and shared through medical training programmes across the country to

standardize care. Trained midwives are needed in rural areas to assist with deliveries and to improve access to emergency obstetric care.

### ● **ADVOCACY AT BOTH THE NATIONAL AND COMMUNITY LEVELS**

A strategic advocacy campaign should be launched to build commitment to fistula prevention among policy makers. Increased attention to reproductive health issues would be the first step in building support for fistula treatment. Advocacy at the community level is also needed to combat stigmatization of women with fistula and raise awareness about how to prevent or treat their condition. A locally produced play about a woman with fistula is already having a positive impact in this regard.

### ● **INCREASED COLLABORATION**

Better communication between the two hospitals offering fistula treatment would help maximize their efficiency. In addition, surgeons in Mali would welcome increased communication and exchanges with international colleagues to improve and increase their technical skills.

### ● **MORE FINANCIAL SUPPORT TO AFFECTED WOMEN**

Women seeking care in Mali need help in covering at least part of the cost of their treatment. As is common in other countries where the needs assessment took place, fistula clients in Mali often have no means to pay for such services.

*Doctors of the World has organized a local theatre group to perform a short play recounting the story of a woman from her wedding day through her difficult pregnancy, the development of obstetric fistula and the challenges she faces as a result. The play, which has already been performed in several villages, has encouraged many men to bring their wives in for treatment.*

recognizing the needs in

mali