

Civil war ended a decade ago in Mozambique, one of the world's ten poorest countries. Since then, the country has made significant progress in rebuilding its fractured health infrastructure. More than a third of the population now has access to primary health care, and large numbers of women seek prenatal care. With HIV/AIDS taking an enormous toll on the country, however, many other health indicators have deteriorated.

Access to emergency obstetric care is often difficult, especially in the mountainous northern region, where women tend to be small and commonly experience obstructed labours. Although more than 40 per cent of births occur in health care facilities, the death rate for mothers and newborns even in these settings is alarming. A national Caesarean section rate of 1.12 per cent further signals the need to improve the quality of obstetric care within facilities, in addition to improving access to services. (Rates lower than 5 per cent suggest that many women who need this procedure may not be getting it, with probable injury to the mother or baby.)

SELECTED DEMOGRAPHIC INDICATORS

Total population (in millions)	19.0
Total fertility rate (2000-2005)	5.86
Births per 1,000 women aged 15-19	129
Maternal mortality ratio (deaths per 100,000 live births)	980
Infant mortality per 1,000 live births	128
Per cent births with skilled attendants	44
Contraceptive prevalence rate (any/modern method) (%)	6/5
Secondary school enrolment (M/F)	11/7
HIV prevalence (M/F) (%)	6.13/14.67

Source: UNFPA State of World Population, 2002

Visits to two out of the three facilities that offer fistula surgery suggest that there are far more women with fistula than can be cared for by the current roster of providers. Only three specialists provide fistula repairs on a continuous basis in this vast country. In addition to managing a considerable caseload at their hospitals, each physician travels to other parts of the country to treat women in need.

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

MORE TRAINED PROVIDERS

The current situation, with three physicians handling the vast majority of fistula treatment, is unsustainable and does not meet the country's needs. Local doctors, however, have shown little interest in performing fistula surgery, despite the mandatory training they receive as part of their medical education. It is recommended that some form of incentive be provided to attract and maintain the interest of local doctors. Specialized training for surgical assistants to perform simple fistula repairs is another possibility. A shortage of nurses is also a major problem. One 1,200-bed hospital can only accommodate 800 patients because of limited staff.

SURGICAL SUPPLIES & MEDICAL EQUIPMENT

As in many other countries, reliable medical equipment and supplies are urgently needed. One expatriate doctor uses material and other supplies donated by friends in his home country. Space for fistula clients is so limited that he also bought several mats for a surgery ward so clients could sleep on the floor.

