

Visits to four fistula treatment centres in Uganda yielded a consistent picture: a growing number of women with fistula, a shortage of physicians with the skills to treat them, few and insufficiently equipped operating theatres and a reliance on visiting doctors to treat the large numbers of women awaiting surgery.

About 60 per cent of Ugandan women deliver at home, a practice that is supported by tradition and cultural values. As one doctor explained, “It is sort of as if you are not a real woman unless you can push a baby out on your own”. Women often receive care from traditional birth attendants, some of whom have a vested financial interest in keeping a woman at home, even if the labour is complicated.

Although several local doctors perform fistula surgery regularly, numerous visiting doctors help stem the tide of women awaiting treatment. Because their visits are relatively infrequent, visiting doctors often work day and night but are still unable to satisfy the high demand for treatment. In one

instance, 200 women showed up for surgery, but only 20 were operated on before the doctor had to leave.

Uganda has made concerted and successful efforts to reduce HIV prevalence, and its Health Sector Strategic Plan (2000-2005) sets optimistic national targets for reproductive health, including a doubling in contraceptive prevalence, a 30 per cent decrease in maternal mortality and an increase in deliveries attended by skilled health workers.

As part of these efforts, the Ugandan Ministry of Health has initiated a process to decentralize and upgrade health centres at the subdistrict level, with a focus on increasing access to emergency obstetric care. The strategy is three-fold: train doctors and motivate them to live and work in remote areas, equip and maintain operating theatres, and secure emergency transport services.

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

#### **GREATER AWARENESS FOR PREVENTION**

Even in the most remote locations, women tend to seek prenatal care once or twice during each pregnancy. These visits can be used to explain why some women experience complications during labour and why they need to get to a hospital to save the lives of both mother and child. Providers could also explain what fistula is, why it happens and how it can be prevented. Discussions on the need to have a transport plan in case of complications, as well as on ways to recognize the danger signs of a complicated delivery, would also be helpful.

#### **SELECTED DEMOGRAPHIC INDICATORS**

Total population (in millions)	24.8
Total fertility rate (2000-2005)	7.10
Births per 1,000 women aged 15-19	211
Maternal mortality ratio (deaths per 100,000 live births)	1,100
Infant mortality per 1,000 live births	94
Per cent births with skilled attendants	38
Contraceptive prevalence rate (any/modern method) (%)	23/18
Secondary school enrolment (M/F)	20/13
HIV prevalence (M/F) (%)	1.99/4.63

Source: UNFPA State of World Population, 2002

### ● MORE TRAINED PROVIDERS

Additional providers are needed to meet high demand for treatment, especially in rural areas. The current reliance on visiting doctors is not sustainable over the long term. The centrally located Nsambya Hospital has a reputation for high quality services and has the potential to become a training centre. Another possibility would be to train medical officers to handle some obstetric complications and perform simple fistula surgery. Medical officers are in far greater supply than specialized surgeons and may be more inclined than specialists to stay in remote locations .

### ● ADDITIONAL SUPPORT SERVICES

As in other countries visited, little help is given to women following fistula repairs to help them reintegrate into their communities. Even though HIV prevention programmes are well established in Uganda, these services are not routinely offered to patients following fistula surgery. However, counselling on family planning and the need for Caesarean sections in the case of additional pregnancies is often provided.

### ● FEWER DELAYS

Delays in obtaining emergency obstetric care—from securing a husband’s permission, to arranging transportation—are common. Once a woman reaches a facility, she may experience additional delays in receiving care or be treated by a doctor with insufficient skills to manage the labour successfully. As in other countries, some fistulas occur within a hospital setting.

*A nurse in Kamuli said, “More and more, women just can’t pay and we understand why they sneak away once they are healed”. The cost of care was often cited as a reason more women don’t seek treatment and “are just off suffering in the bush”, according to a physician at Lira Hospital.*

recognizing the needs in

uganda