

The picture of reproductive health in Zambia, a large, landlocked country, is framed by poverty. Poverty has increased in the country since the decline of its mining industry in the 1970s, and Zambian families are forced to spend an increasing amount of their income—now almost 60 per cent—on food. The impact of HIV/AIDS has been dramatic, lowering the average life expectancy from 55 in the early 1980s to 37 years in 2002.

Despite this scenario, some progress has been made. The contraceptive prevalence rate increased from 15 per cent in 1992 to 25 per cent in 2002 (with 14 per cent using modern methods and 11 per cent traditional). Between 72 per cent and 90 per cent of women receive prenatal care. The National Health Strategic Plan for 2001 to 2005 aims to reformulate the basic health care package, with a focus on serving the needs of those considered most vulnerable.

Interviews with the Ministry of Health, providers, fistula clients, as well as UNFPA country staff revealed that fistula is common in Zambia but not, apparently, found in the staggering

numbers evident elsewhere in the region. However, it may also be the case that many women living with fistula do not seek treatment.

Two main hospitals perform fistula surgery: the University Teaching Hospital in Lusaka and the Monze Mission Hospital, which is the only facility in the country that offers fistula repair on a continuous basis and has the capacity to handle fairly complicated cases. Clients come from across the country to Monze; some are refugees from neighbouring Angola and Congo.

The vast majority of fistula surgeries are performed by a single expatriate physician in Monze. He is joined for several weeks each year by a visiting doctor who operates on the most difficult cases. Their success rate has been very good—approximately 90 per cent in the past year in part due to some innovative surgical techniques pioneered at Monze.

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

● **GREATER AWARENESS FOR PREVENTION**

The fact that fistula appears to be less common in Zambia than in some other countries may reflect the fact that women do not seek help because they are not aware of treatment possibilities. UNFPA is involved in plans to reach out to community leaders, including chiefs and men, to sensitize them to issues of safe motherhood through a series of workshops and to secure their help for additional community-based work on the issue.

● **MORE TRAINED PROVIDERS**

Although the one surgeon who does the majority of the country's fistula repair can handle the number of women who come to him for treatment, it would

SELECTED DEMOGRAPHIC INDICATORS

Total population (in millions)	10.9
Total fertility rate (2000-2005)	5.66
Births per 1,000 women aged 15-19	146
Maternal mortality ratio (deaths per 100,000 live births)	870
Infant mortality per 1,000 live births	80
Per cent births with skilled attendants	47
Contraceptive prevalence rate (any/modern method) (%)	25/14
Secondary school enrolment (M/F)	30/23
HIV prevalence (M/F) (%)	8.07/20.98

Source: UNFPA State of World Population, 2002

be beneficial for him to train other physicians and develop local capacity to ensure sustainability. A tiered approach to treatment, using different levels of providers based on how complicated the case appears to be, could help meet staffing needs. Physicians trained in fistula surgery could also be posted at district-level hospitals to ensure wider coverage. However, few local doctors have shown an interest in training.

In addition to its physician shortage, Zambia also faces an acute nursing shortage, with nurse-to-patient ratios as low as 1:30. Zambian nurses are well trained, but low salaries often force them to seek work in Great Britain, South Africa and Australia. For this reason, nurse-aides are becoming more widely used.

● IMPROVED TRANSPORTATION

Given the size of the country, the cost of travel and the poverty of fistula clients, transportation is a critical issue. Some women would be stranded at the hospital in Monze if not for the fact that a physician frequently pays for their return transportation out-of-pocket. Innovative transportation schemes could help solve this problem. For example, a “van pool” could be established so that trucks heading for the capital could offer rides to women.

● INCREASED SURGICAL SUPPLIES

The two main fistula repair centres rely on donations from visiting doctors to secure basic medical supplies for fistula repair, including suture material and catheters. At the University Teaching Hospital many of the operating tables are broken.

Nurses report that caring for fistula clients is a boost to their morale. Fistula clients are often successfully repaired and leave the hospital anxious to start a new life “dry”. This outcome is far different than the one for AIDS patients, who often rapidly decline or are never able to leave the hospital.

recognizing the needs in

zambia