

## Najwa's Story

Najwa, 24, has suffered from fistula for most of her adult life. Married at 17, she became pregnant right away. No one told her how many things could go wrong during childbirth, and she was alone when her labour began. A *daya*, or traditional birth attendant, was sent for on the second day. After four agonizing days of pushing, Najwa was taken to a regional hospital. But it was too late. The baby was delivered stillborn, and Najwa had developed a fistula. Her husband abandoned her, refusing to take her back because she was leaking urine. Fortunately, Najwa's family took her in. Three months later she made an arduous journey across the desert to Khartoum, where one of the only fistula centres in Sudan is located. Because the damage she sustained was so severe, her first surgery did not correct the problem. It was several years before Najwa could afford to make the long trip again. This time the surgery was successful, and she can now return home. But she has no intention of remarrying. Instead, she says, she will help her brother and his wife raise their children.



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## The Tragedy of Obstetric Fistula

Obstetric fistula is a heartbreaking injury of childbearing. It occurs when a woman endures obstructed labour—often for several days—without appropriate medical intervention. The consequences are life shattering: The baby usually dies, and the woman is left with chronic incontinence. This tragedy occurs because the sustained pressure of the baby's head on the mother's bladder or rectum damages soft tissues, creating a hole—or fistula—that leaves the woman unable to control her flow of urine, or faeces, or both.

The smell often drives husbands and loving family members away. In many communities, women with fistula are considered "unclean" and stigmatized. Without treatment, their prospects for work and family life are greatly diminished.

One of the tragedies of fistula is that it frequently affects adolescent girls. They are at greater risk of complications during childbirth and tend to have less access to health services. Young girls who thought they had full lives ahead of them suddenly find themselves marginalized and alone.

**It doesn't have to be this way. Fistula can be prevented, and it can be cured.**

## The Campaign to End Fistula

In 2003, UNFPA and its partners launched the first-ever global Campaign to End Fistula. This includes interventions to:

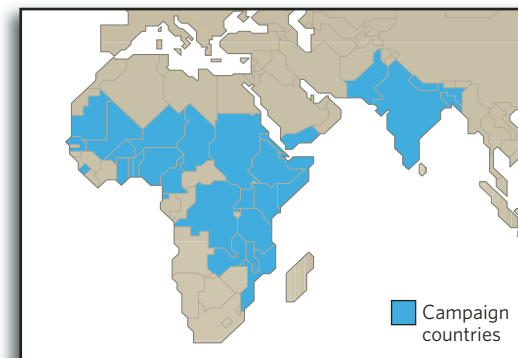
- Prevent fistula from occurring.
- Treat women who are affected.
- Support women after surgery.

The Campaign currently covers over 30 countries in sub-Saharan Africa, South Asia and the Arab States. In each country, the Campaign moves through three phases:

- First, the extent of the problem and the resources available to treat fistula are studied.
- Second, each country plans its national strategy and builds partnerships to address the problem.
- Third, activities to prevent and treat fistula begin, along with efforts to reintegrate women into their communities once they are healed.

Since 2003, the Campaign has received substantial financial support from governments, foundations, corporations and individuals, helping thousands of women receive the care they need. Your participation can help us reach even more women, restoring hope and dignity to their lives.

For more information, or to make a donation, visit [www.endfistula.org](http://www.endfistula.org)



**Together we can help make fistula as rare in developing countries as it is in the industrialized world today.**

Your support can help us restore health, hope and a sense of dignity to women living with this devastating condition.

## Your donation can make a difference:



\$5	provides food to a recovering fistula patient for a week.
\$10	covers transportation to a hospital for a woman seeking care.
\$60	pays for a Caesarean section to prevent fistula.
\$80	equips a hospital with a complete set of surgical instruments required for fistula repair.
\$300	covers one woman's fistula surgery, post-operative care and follow-up support.

Contributions to the Campaign to End Fistula can be made online at [www.endfistula.org](http://www.endfistula.org)

For questions about the Campaign, email us at: [fistulacampaign@unfpa.org](mailto:fistulacampaign@unfpa.org)

**UNFPA**, the United Nations Population Fund, is the world's largest multilateral source of population assistance. Since it became operational in 1969, the Fund has provided substantial assistance to developing countries, at their request, to address their population and development needs. Making motherhood safer for all women is at the heart of UNFPA's mandate.



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Cover photo by John Isaac  
Women photographed by John Isaac, Don Hinrichsen and Liba Taylor in this brochure are not fistula patients.

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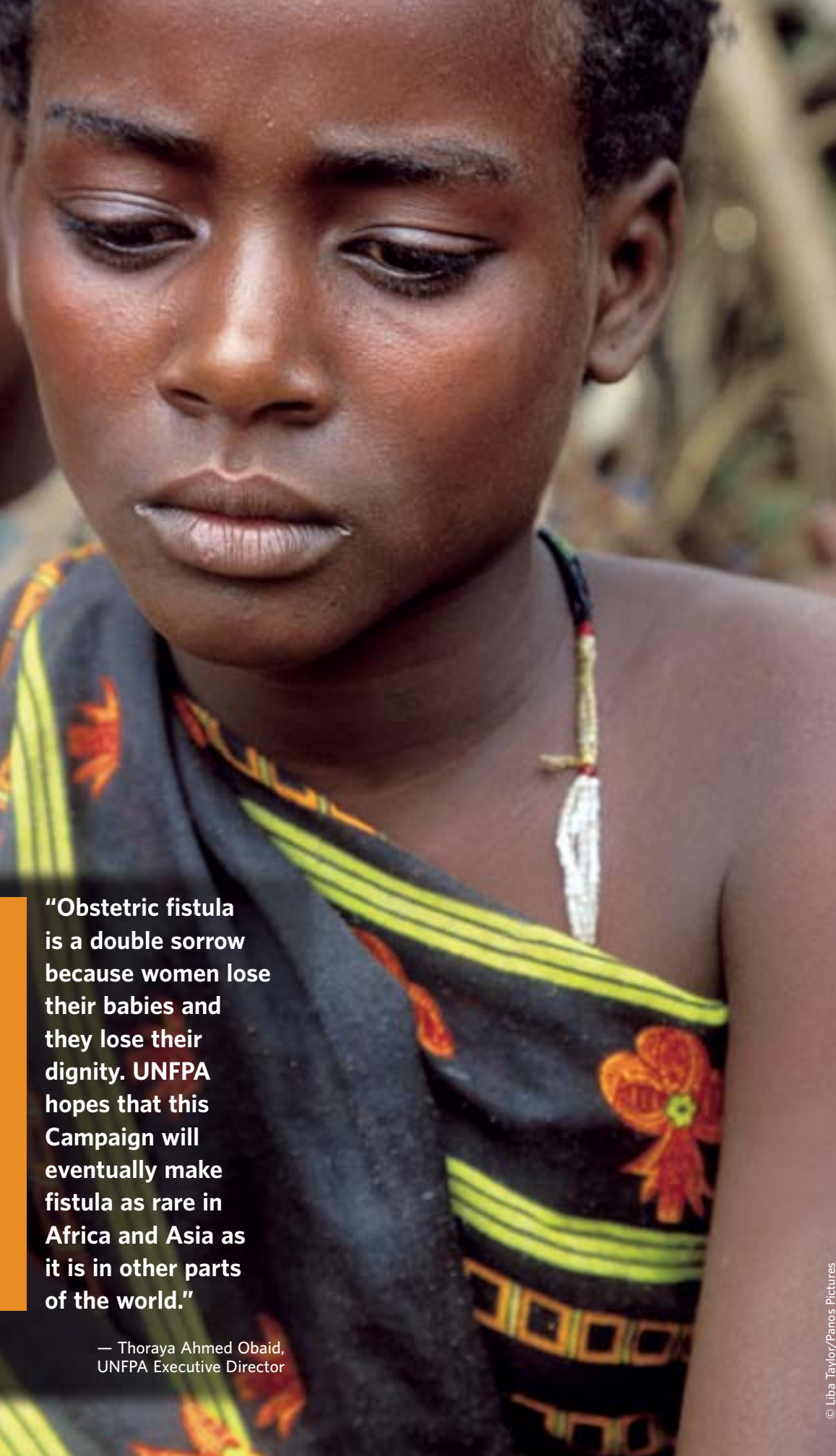
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# Ending the Silent Suffering



Campaign   
to End Fistula



“Obstetric fistula is a double sorrow because women lose their babies and they lose their dignity. UNFPA hopes that this Campaign will eventually make fistula as rare in Africa and Asia as it is in other parts of the world.”

— Thoraya Ahmed Obaid, UNFPA Executive Director

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## Preventing Harm

**Prevention is the key to ending fistula.** The same interventions that can prevent fistula could also save many of the half million women who die each year from complications of pregnancy or childbirth. UNFPA's strategy to make motherhood safer includes:

- Skilled medical care for all women in labour.
- Timely access to appropriate emergency obstetric care for those women who develop complications.
- Family planning services to prevent unintended pregnancies and to space births.

A lack of resources and political will, combined with many other social and cultural factors, hinders the availability of quality obstetric care and family planning services, especially in remote rural areas. Poverty and malnutrition, poor health systems, early childbearing, harmful traditional practices and gender discrimination are other factors that contribute to fistula.

### How the Campaign is preventing harm:

- In **Pakistan**, UNFPA works with the Women's Health Project, a government initiative that trains community midwives in 20 districts.
- In **Senegal**, a pilot UNFPA-supported project has trained nearly 90 medical workers in two rural provinces in basic obstetric care, and religious leaders are helping to promote the importance of safe motherhood.
- Maternal deaths and disability escalate in emergency situations, such as the one confronting refugees in the Darfur region of **Sudan**. In response, UNFPA has provided emergency obstetric care supplies to six rural hospitals and trained birth attendants on the identification and referral of emergencies.

## Healing Wounds

**Fistula is treatable.** Reconstructive surgery can mend the injury, with success rates as high as 90 per cent for uncomplicated cases. However, fistula surgery is a specialized skill and successful outcomes require specially trained, and committed, surgeons and support staff. Two weeks or more of post-operative care is also necessary. The average cost of fistula treatment—including surgery, post-operative care and rehabilitation support—is \$300.

Sadly, most women with fistula are either unaware that treatment is available or cannot access or afford it. Treatment capacity in areas where fistula is common does not currently meet the demand for care. Globally, an estimated two million women are living with fistula and waiting to be healed.

### How the Campaign is healing wounds:

- In **Mali**, the addition of a new operating room at the University Hospital at Point-G in Bamako has doubled the number of fistula patients that each doctor can treat.
- In **Bangladesh**, a Fistula Repair Centre at the Dhaka Medical College will help treat some of the estimated 70,000 women who are living with fistula in the country. Fistula operations are performed at the facility three days a week.
- Four fistula repair centres in northern **Nigeria** were renovated and equipped with surgical supplies. Additionally, 12 doctors and 40 nurses were trained in fistula treatment.

## Renewing Hope

**After surgery, women can usually resume a full life and bear more children.** But some women—especially those who have lived with the problem for years or have been ostracized and abandoned because of it—may need emotional, economic or social support to fully recover from their ordeal. Those with complicated cases may also need extensive physical therapy or extended medical care.

Fistula treatment goes far beyond repairing the hole in a woman's tissue. Skills training, small grants for start-up businesses, counselling, community awareness-raising and supportive group homes are also an integral part of the healing process.

### How the Campaign is renewing hope:

One aspect of restoring hope to women with fistula is ending the silence and stigma that has surrounded the condition, and numerous Campaign activities—including advocacy by our Goodwill Ambassadors, community outreach programmes and communications campaigns—support that goal. A number of other initiatives by UNFPA and its partners help individual women get back on their feet:

- In **Chad**, hundreds of women have received small grants following surgery to support skills training at a local income-generation cooperative.
- In **Niger**, after their fistula repairs, women are trained in income-generating activities and receive start-up funds to begin small businesses. Support teams, including social and medical workers, accompany these women back to their villages, advocate on their behalf and carefully monitor their progress.