



End the Shame.

End the Isolation.

End Fistula!

Concept note:
Partnership with
the Private Sector
Foundation in Uganda
in the Campaign to
End Fistula.



Background

Breaking the silent suffering is the first step. It took great courage for Christine Katushabe, 17 years, to come out in the open, and seek repair for fistula. She had been suffering for two years, following an obstructed labour because the baby was so big for her small body. She had delayed to seek professional midwifery care when the labour pains started, first going to a traditional birth attendant on the advice of her mother in law. By the time she reached Boma Regional Referral Hospital in Hoima district, having braved two days of labour pains, the Doctors did everything possible and saved her life, following an operation. Unfortunately, it was too late to save the life of her baby. Besides, when she was discharged a few days later, she found out that she had lost the ability to control urine. Katushabe had developed a fistula; she was leaking continuously.




Obstetric fistula is a childbirth injury that has been extremely neglected, despite the devastating impact it has on the lives of affected women and girls. During the prolonged labour, the sustained pressure of the baby's head on the mother's pelvic bone damages the mother's soft tissues, creating a hole – or fistula – between the vagina and the bladder and/or rectum. This results in a leaking of urine and/or faeces through the vagina.

The women and girls suffering from obstetric fistula are a living proof of high maternal morbidity. In Uganda, about 7,200 maternal deaths occur every year¹, and for every maternal death, 6 - 15 mothers survive with chronic and debilitating ill health such as obstetric fistula.

The prevalence of fistula (obstetrics and GBV related) in Uganda is 2 per cent², with 1,900 new cases happening annually, and a backlog of 200,000 cases. The face of fistula is represented by women and girls, who live in rural areas (2 per cent), are not educated (1.8 per cent) and are within the lowest wealth quintile (4.8 per cent).

¹ Uganda Demographic and Health Survey (UDHS), 2011

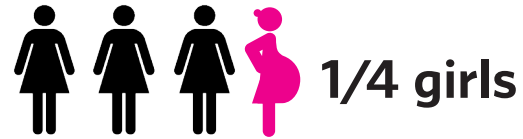
² ibid



And just like Katushabe, many survivors of fistula are teenage girls. Because their bodies have not matured, chances of experiencing complications during childbirth are very high. In Uganda, one in every four girls between the age of 15 and 19 is pregnant or has had a child already. Yet, studies have shown that a girl of this age group - 15 and 19 - is twice as likely to die or get complications during childbirth compared to a woman in her 20's. If she is under 15, the risks are 5 times higher. About 80 per cent of the estimated cases of Ugandan women suffering from obstetric fistula are teenage girls who gave birth before the age of 19.

The consequences of fistula are life shattering: The baby usually dies, and the woman is left with chronic incontinence. As a result, she is often abandoned by her husband and family and ostracized by her community. Without treatment, her prospects for work and family life are greatly diminished. Fistula can lead to chronic medical problems, as well as devastating emotional and mental suffering.

1,900 new fistula cases per year



age 15 - 19 is already a mother or pregnant with her first child.

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TWICE
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Why should the Private Sector join the Campaign to End Fistula?

No woman deserves to live in pain, shame and isolation for the rest of their life! The global campaign to end fistula was launched in 2003 by the United Nations Population Fund (UNFPA) and partners to address this neglected public health and human rights issue. The goal is to wipe fistula off the map of developing countries, as it was done in the industrialized world, many years ago. The campaign is present in more than 50 countries in Africa, Asia the Arab region and the Caribbean, and is founded upon three key strategies:



Preventing fistula from occurring



Treating women and girls who are affected




Supporting women and girls after surgery

Preventing Fistula: Prevention is the key to ending obstetric fistula. The same interventions that prevent fistula could also prevent maternal mortality. These include family planning to prevent unintended pregnancies; skilled birth attendance for all women to deliver safely; and access to emergency obstetric

care in case a woman experiences complications during childbirth. The campaign to end fistula seeks to address inequalities within our health system since most of those suffering from obstetric fistula are women and girls those who usually struggle - but with little success - to access quality reproductive healthcare, including maternal health care. Making quality maternal services accessible to all will prevent fistula.

Healing the wounds: Reconstructive surgery can repair the injury, with success rates as high as 90 per cent for uncomplicated cases in the first attempt. Treatment requires specialized, well trained and highly committed surgeons, nurses and support staff, working in a fully equipped facility. So far, UNFPA has supported the Ministry of Health in the training of 24 fistula surgeons; has equipped 14 Regional Referral Hospitals and 6 Missionary Hospitals across the country with fistula repair equipment.

Since the campaign started, a total of 15000 cases have been repaired in government and missionary facilities, with support from partners including UNFPA, AMREF, Engender Health, USAID and others. UNFPA has supported 70 percent of the repairs.



But most women living with fistula are either unaware that treatment is available or cannot access or afford it. In Uganda, it is estimated that between 140,000 – 200,000 women and girls are living with fistula, waiting to be cured, and sadly, more than 1900 new cases occur every year.

Support from the Private Sector can be very critical in restoring health, hope, and a sense of dignity to women and girls suffering from this devastating condition. The Private Sector can support treatment of women and girls affected by fistula to reduce the backlog of cases.

\$ 332
to renew
a life!

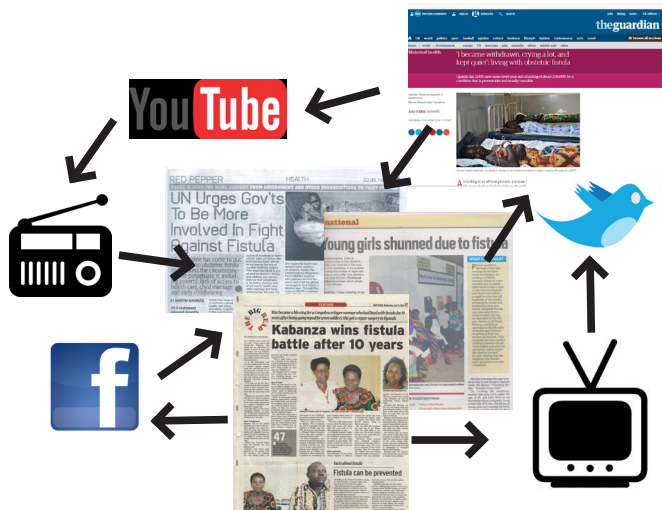
The average cost of one Fistula Repair – including surgery and post-operative care - is US dollar 332, and is broken down by item in the table below:

Item	Unit cost (USD)	No of units	Total (USD)
Drugs and supplies	65	Lumpsum	65
Hospitalization	9.15	14 days	128
Surgeon fees	32	Lumpsum for surgery and care	32
Nursing care	44	Lumpsum for surgery and care	44
Meals	3.36	14 days (period of hospitalization)	47
Transport	8	2 (to and from)	16
Total Cost			332

For every case that is repaired, a life is renewed. This means that a woman or girl who had lost hope because of a devastating fistula gets her life back, her dignity, her hope!

How does a company benefit in return?

- **Enhance media coverage:** Engagement in the fistula cause is an opportunity for your company to generate positive press coverage. In a way, it is innovative public relations because it will help you engage with your customers in new ways, more credibly. For more mileage, UNFPA will ensure recognition of your company in all media mentions in the campaign to end fistula. This means that your company logo will be included on television, newspaper runs, and documentaries, as well as IEC materials in the campaign to end fistula.



- **Enhance your brand/messaging:** Responding to the fistula cause will set your company apart; strengthening the reputation of your business. The message on repairing women suffering from fistula is about something “good for the people”; it will show that you care about your customers, not just about making profits, but about their well-being as well.



- **Certification from UNFPA:** Recognition from the United Nations Population Fund as a certified company in the campaign to end fistula. This means that your company will be seen as focused on a healthier and productive population. It means that you support the agenda that no women should die or be injured in the process of giving life. And who doesn't appreciate the gift of life!



Reintegration of Fistula Survivors: Fistula treatment extends beyond repairing the injury. After the surgery, women can often resume a full life and even bear children. Emotional and socio-economic support are essential components of holistic rehabilitation and reintegration. Counselling and peers support can help heal emotional scars caused by stigma and

isolation. Skills training, small grants for start-up business and community awareness-raising can also help facilitate a successful transition back into society and serve to break the cycle of poverty that render a woman vulnerable to fistula in the first place.



Join the campaign to **end fistula, end the shame, end the isolation!**

The United Nations Population Fund: Delivering a world where every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled.



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