THE 6th FISTULA REPAIR CAMPAIGN REPORT

Physicians Across Continents (PAC)

Somalia
December 2018
LEAVING NO ONE BEHIND; LET US COMMIT TO ENDING FISTULA NOW

Physicians Across Continents (PAC)

Doing Obstetric Fistula Treatment in Somalia Over Five Years
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EXECUTIVE SUMMARY

Fistula is a neglected crisis that affects millions of women and girls worldwide and in countries like Somalia the condition is more. More than 600 cases have received care in Daynile Hospital in 4 years. This is only the tip of the iceberg and many more are unable to access the surgical treatment. Physicians Across Continents (PAC) is committed in reaching the goal of ending fistula in Somalia part of the global campaign of ending fistula worldwide.

Physicians Across Continents is one of the champion organization working in the area of maternal health in a vision of reducing maternal mortality in Somalia. PAC has been providing Emergency Obstetric and New born care services in southern part of the country. In addition, Physicians Across Continents has been bringing experts in obstetric surgical treatment to Somalia since 2014 and has conducted 6 obstetric fistula surgical campaigns during that period.

In this 6th obstetric fistula surgical campaign 129 mother received surgical treatments where 70% were Vesico Vaginal Fistula (VVF) conditions. More than 50% of the mothers have undergone extensive surgeries, where urethral reconstruction were conducted in addition to the fistula repair. 58% of mothers who received the surgical lived in Mogadishu, which does not imply that the condition is worse in the capital but shows that the access is better in the capital compared to the other regions. 97% of mother reported that the conditioned followed a long and obstructed labor.

PAC is committed in sustaining obstetric fistula surgeries as the organization is planning to establish an Excellence center not only providing treatment but also training and building the capacity as well as transferring the skills to the Somali nationals.

PAC enjoys the good partnership of the Federal Ministry of Health and UNFPA in the area of Maternal Health, where we provide quality health service to Somali Women. The Organization will maintain this partnership for action in achieving the National Development Plan goals which is in line with the Sustainable Developmental Goals (SDGs) in reducing maternal morbidity and mortality in Somalia.
ACKNOWLEDGEMENT

We hereby thank the Ministry of Health, Federal Government of Somalia and United Nations Population Fund (UNFPA) for the tremendous support on 6th Obstetrical Fistula surgical campaign. We look forward to deliver results for Somali women in the coming campaigns.
BACKGROUND

Ending obstetric fistula in Somalia is critical to achieving HSSPIII and NDP linked to the Sustainable Development Goals and fundamental to improving maternal and newborn health. Worldwide, an estimated 50,000 to 100,000 women develop fistula annually and approximately 2 million women currently live with fistula, which is a burden in almost 60 countries. Its occurrence is a violation of human rights and a reminder of gross inequities. Although preventable and virtually non-existent in developed countries, fistula continues to afflict many poor women and girls worldwide who lack access to health services. Scaling up national capacity to provide access to comprehensive emergency obstetric care, treat fistula cases and address the underlying health, socioeconomic, cultural and human rights determinants is fundamental to eliminating fistula.

Somalia has some of the worst maternal health indicators in the world. The fertility rate is very high as are infant and maternal mortality rates; malnutrition is chronic, early marriage is common, and most deliveries are done at home without the presence of a skilled attendant. Women in Somalia live in a highly insecure context where healthcare infrastructure and maternal health programs have been disrupted and limited in availability for decades. Facilities tend to be dilapidated, basic equipment and medications are in short supply, and there is a lack of trained medical personnel throughout the country. All of these factors are indicative of a high rate of maternal morbidities such as obstetric fistula. (Fistula Foundation).

1. Maternal Health Services

Poor sexual and reproductive health in Somalia remains a leading cause of disability and death for women of childbearing age worldwide. Obstetric fistula, severe maternal morbidity as a result of prolonged obstructed labour without the mother’s having timely access to an emergency caesarean section, is fully preventable when women and girls have access to high-quality and comprehensive health services. Though much progress has been made to address fistula, interventions have often failed to reach those most in need in hard to reach areas. Educating and empowering women and girls is crucial for their well-being and for improving maternal health and preventing fistula. Economic and sociocultural factors that negatively affect women must be addressed, including by educating and engaging men and boys and empowering communities. To ensure that all women and girls, especially the poorest and most vulnerable, have adequate access to health care, efforts must be intensified and urgent steps taken.

Physicians across Continents (PAC) has been operating in Somalia since 2011, providing primary and secondary health care services in the biggest mother and child hospital in Somalia, Banadir Hospital, in partnership with Ministry of Health and donor agencies. The overall objective was to improve health and nutrition status, contributing to reduce maternal and mortality rate within the community.

PAC is one of the champion organization working in the area of maternal health in a vision of reducing maternal mortality in Somalia. It has been providing Emergency Obstetric and New born care services in southern part of the country. In the Capital alone the Agency runs two Comprehensive Emergency Obstetric Care in two referral hospitals. Several other Basic Emergency and Obstetric and Newborn Care in tackling the pregnancy and childbirth related complication at the primary level. Hundreds of averted death due quality services delivery which is a pheromone of PAC interventions. The mentioned services are meant to save lives and also serve as prevention intervention of the devastating condition of Fistula.

It is also one of the partners that has been selected to roll out Essential Package of Health Services to improve health services coverage and strengthen health system in Daynile district in 2015.
It is also delivering primary health care services to different states in Somalia including Somaliland, Puntland, Gal-Mudug, South West states and HIV programme in Juba land State.

PAC with partnership of Federal MoH and UNFPA implemented both emergency and developmental maternal health interventions in Somalia specially in fistula eradication campaign.

2. Obstetric Fistula

Obstetric fistula, currently can be a devastating lifelong morbidity if left untreated, with severe medical, social, psychological and economic consequences. Approximately 90 per cent of women who develop fistula deliver a stillborn baby. A woman with fistula is not only left incontinent, but may also experience neurological disorders, orthopedic injury, bladder infections, painful sores, kidney failure or infertility. The odor from constant leakage, combined with misperceptions about its cause, often results in stigma and ostracism. The resulting isolation may affect the woman’s mental health, leading to depression, low self-esteem and even suicide. Many women live with the condition for years and suffer in silence. They are often abandoned by their husbands and families and find it difficult to secure income or support, thereby deepening their poverty.

About 800,000 women die from pregnancy or childbirth-related complications around the world every day. For every woman who dies of maternal related causes, it is estimated that at least 20 women experience a maternal morbidity, one of the most severe forms of which is obstetric fistula.

Generally accepted estimates suggest that 2-3.5 million women live with obstetric fistula in the developing world, and between 50,000 and 100,000 new cases develop each year. All but eliminated from the developed world, obstetric fistula continues to affect the poorest of the poor: women and girls living in some of the most resource-starved remote regions in the world.

Obstetric fistula symptoms generally manifest in the early post-partum period.
However, other, equally severe symptoms such as psychological trauma, deteriorating health, increasing poverty, and social stigmatization by family and friends can and often do occur.

3. Obstetric Fistula Surgical Campaigns in Somalia

Most fistula cases can be treated through surgery, after which women and girls can be reintegrated into their communities with appropriate psychosocial, medical, and economic support, to restore their well-being and dignity. However, unmet needs for fistula treatment remain very high in Somalia and no progress has been made to strengthen national capacities to treat fistula, few health-care facilities are able to provide high-quality fistula surgery. Daynile general Hospital, owing to inadequate numbers of health-care professionals with the necessary skills, as well as a lack of essential equipment and medical supplies—fistula Kits. When services are available, many women are not aware of them or cannot afford or access them because of barriers, such as transportation costs. Given the current rates of treatment relative to the existing backlog of cases, and the unfortunate occurrence of new ones, many women and girls with fistula will die without receiving treatment.

Obstetric fistula can be prevented and in most cases treated. Reconstructive surgery with a trained, expert fistula surgeon can repair the injury, with success rates as high as 90 percent for less complex cases. Physicians across continents (PAC) brings one of the best fistula surgeons and their teams to Somalia to provide surgical treatment to restore hope among Somali Women. PAC has delivered five periodic fistula repair campaigns in Somalia since 2014, a number of 609 fistula patients are repaired and treated by this global team, these experts not only repair the fistula but also provide capacity building sessions throughout of direct shift skills to local doctors and nurses during the repair and management of Fistula.

In this year the 6th fistula repair campaign is conducted, with both different type of surgeries to repair the fistula including urethral reconstruction of some of the fistula patient.
4. PAC 6th Fistula Repair Interventions

Women with fistula are evidence of the failure of health systems to deliver accessible, timely, quality intrapartum care. Health-care costs can be prohibitive and catastrophic for poor families, especially when complications occur. These factors contribute to the three categories of delay that impede women’s access to care: (a) delay in seeking care; (b) delay in arriving at a health-care facility; and (c) delay in receiving appropriate, high-quality care once at the facility. A lack of awareness of the availability of treatment for fistula and the high cost of getting that treatment also constitute major barriers to care. Sustainable solutions for ending obstetric fistula therefore require well-functioning health systems, well-trained health professionals, access to and supply of essential medicines and equipment and equitable access to high-quality health services, along with community empowerment.

The three most cost-effective interventions to reduce maternal mortality and morbidity, including fistula, are: (a) timely access to high-quality emergency obstetric and newborn care; (b) the presence of trained health professionals with midwifery skills at childbirth; and (c) universal access to family planning.

Preventing and treating obstetric fistula is a priority issue for Physician Across Continents as part of its commitment to sexual and reproductive health. PAC is currently part of the global Campaign to End Fistula in over many countries in Africa and Asia with the support of Ministries of Health, UNFPA and King Salman Humanitarian Aid and Relief Center. The Campaign’s overall goal is to make the condition as rare in Africa, Asia, the Arab States and Caribbean regions as it is in North America and Europe.

Preparation for this campaign was thorough in many aspects and lessons learnt from previous campaigns conducted. A fistula committee was first nominated by the Country Director, to facilitate the tasks of campaign and involve all the stakeholders to reach the fistula patients, a fistula taskforce work plan was developed. The field health staff were engaged to work on pre-operative and post care of the patients. A media broadcasting was started with 4 local and international medias including VOA and direct telephone communication with patients who are already registered was emphasized.

5 days before the operations another one-day follow up meeting was held in Daynie General Hospital, to review and follow up on designated responsibilities in all sectors that are working together for the success of the campaign. Inputs were made into the following:

a) The flow of the patients, the pre-operative screening, their medication, food, and accommodation.

b) The List of patients according to the severity to the Operating Theatre (OT) to undergo fistula surgery.

c) Ward rounds during post-operative care till discharge as well as transport back to their regions.
5. Coordination Activities:

As fistula patients are living everywhere in the country, and it needs to collaborate together to increase access to free surgical repair for fistula cases. In addition many patients living with this disease do not know or don’t have access to the service due to the lack of coordination as well as lack a very strong referral mechanism at health facility level in most of regions in Somalia.

PAC being an active partner in health clusters coordination’s, enabled to create fistula networking group consisting of local and international NGO health partners, Local Authorities, Local Community, Somali Medical Association (SMA), Somali Midwifery Association (SOMA) to reach out those patients which are far away from Mogadishu and many of them are referred to Daynile General Hospital and treated.
1. Age of Mothers

Figure I. Age categories of Fistula patients in Daynil Hospital

Remarks: As you can see the 19 -29 yrs age category has the highest prevalence of fistula. A good number is also seen in the next decade. Women of early marriage who are less 18 yrs are also seen to be having a the condition

2. Marital Status of Mother

Table 1: Marital Status among patients of Fistula repair in Daynil Hospital, Jan 2019

Remarks: The paradox of this surgical campaigns were 74% of the women with condition were married and not divorced due to the condition. Early reports and the literature shows that the women with this condition were divorced immediately to smelling of urine or/and feaces.
3. Literacy of Mothers

Table 3: Literacy among patients of Fistula repair in Daynile Hospital, Jan 2019

Remarks: All over the world fistula is common in poor women, whom due to this social economic status will be illiterate, while this is a great factor in not seeking health care as demand arises. Mother usually fall in the hand of Traditional Birth Attendants (TBA) who don’t refer complicated cases and eventually result death or fistula.

4. Parity of Mothers

Table 4: Parity among patients of Fistula repair in Daynile Hospital, Jan 2019

Remarks: 49% of the parity of mothers were in the category of 1–3 children which shows the trends to be high as a result of earlier pregnancies and childbirth.
5. Fistula Condition

![Fistula Condition Chart]

**Figure 2:** Types of condition among patients of Fistula repair in Daynile Hospital, Jan 2019

**Remarks:** 70% of the operated cases were Vescio Vaginal Fistula (VVF) and 22% Urethro-vaginal Fistula. UVF demanded urethral reconstruction in addition to the repair. Experts have conducted successful without failure on the reconstruction

6. Causes of Fistula

**Table 6:** Cause of Fistula among patients of Fistula repair in Daynile Hospital, Jan 2019

![Causes of Fistula Chart]

**Remarks:** Obstetric labour is the major cause of the Obstetric fistula and as noted in this analysis among patient 97% of the patients who were provided the service reported that the fistula followed a long and obstructed labor
7. Regional States

Table 7: Regional States of the patients of Fistula repair in Daynil Hospital, Jan 2019

 Remarks: 58% of the mother who received the services lived in the capital, as this doesn’t mean the condition is more common in the capital compared to the other regions. Access to the facility and information is said to eases’ mother in capital to reach the health facility and that treatment is available.
6th Fistula Repair Campaign Achievements:

a) Treatments:
A number of 129 (94 VVF, 4 RVF, 29 UVF and 2 others) fistula survivors benefited from the campaign.

PAC has taken several social reintegration activities such as counseling, providing free transport from home to home, free meals during the stay and giving a pair of clothes because women who have lived with an obstetric fistula have typically endured severe physical, emotional and psychological distress if not trauma. Surgical repair alone, while going a long way in helping women reclaim a normal lifestyle, is probably not enough to address the impacts of living in fistula.

Counseling for all post fistula repair women including information on what a fistula is and how they sustained the injury, future risk factors and how to prevent it from occurring again including the use of family planning as well as good obstetric care was done before and after the campaign by the support of Federal MoH and Somali Women Association (SWA), one of the good example that PAC has done to sensitize the fistula survivors to be a part of community awareness team to prevent the fistula and deliver that the fistula is treatable.

b) Social Reintegration and Sensitization Activities:
Most of the fistula survivors after repair may face problems in reintegrating into their local communities and families, who may feel stigmatized or regard them as unclean or cursed.

A part of sensitization activities that PAC has delivered to educate and build the capacity of fistula survivors themselves, to enable them to get income generation sources after the treatment.
c) Capacity Building Activities:

One of the most important things that PAC has provided to organize capacity building activities during the campaign, a number of 40 consists of 10 doctors, 15 midwives and 15 nurses participated in the operations, case management, screening of the patients as direct shift skills to local medical staff, those local medical staff were selected from different hospitals and educational institutions in the capital city of Somalia — Mogadishu, with the support of Federal MoH, Somali Medical Association (SMA) and Somali Midwifery Association (SOMA). PAC has also conducted theoretical Training sessions on how to prevent the fistula, causes, types of fistula etc.
CHALLENGES AND CONSTRAINTS

Obstetric fistula is a childbirth injury that has been largely neglected, despite the devastating impact it has on the lives of affected girls and women. It is usually caused by prolonged, obstructed labour, without timely medical intervention typically an emergency Caesarean section. During unassisted, prolonged, obstructed labour, the sustained pressure of the baby’s head on the mother’s pelvic bone damages soft tissues, creating a hole—or fistula—between the vagina and the bladder and/or rectum. The pressure deprives blood flow to the tissue, leading to necrosis. Eventually, the dead tissue comes away, leaving a fistula, which causes a constant leaking of urine and/or feces through the vagina. Obstetric fistula not only causes pain and suffering, but it often results in stillborn births and the added indignity of incontinence and disability. A woman with obstetric fistula spends each day surviving, not “living”.

Operationally, one of the main challenges that PAC faced to deliver the service to those women was timely receiving the funds which affected supplies procurement, patient admissions for long time and coordination’s of all RH stakeholders for proper referral mechanism to Daynile fistula center.

RECOMMENDATIONS AND FUTURE PLAN

The key to ending obstetric fistula is to prevent it from happening in the first place. Interventions to protect women’s health are well-known, highly effective and readily available for a reasonable cost. PAC is working extensively in ensuring high-quality sexual and reproductive health services, especially family planning, antenatal care, skilled attendance at birth including trained midwives, high-quality surgical emergency obstetric interventions, and newborn care in order to reduce Maternal morbidity and Mortality.

“One of the innovations that PAC gained from long term experience of doing fistula is to establish first fistula capacity building and treatment center in South central Somalia, to enable sustaining fistula services for those needy women and make it available at any time. one of the main objectives of this center is to produce local medical staff who are capable of doing obstetric fistula operations which will make the cost more effective and efficiency and reduce depending on periodic campaigns which require to import expatriates from outside country.

The center will also support to offer data related to fistula status for those who are interested in conducting surveys and researches about the fistula in Somalia as well as those are committed to make decisions in order to improve the maternal health status of the country.

This center is community contribution as part of fistula eradication initiatives in Somalia, PAC will make funding mobilization for the center to secure at least the operational cost of the center for first year of operations including staff incentives and medical supplies.

In addition to that, PAC with federal MoH will advocate for multi-year running of the fistula center and this will primarily contribute to eradicate fistula in Somalia as well as to increase capacity of junior fistula surgeons who can at least manage small VVF and RVF.”
ANNEX: REPORT PICTURES

6th Fistula closing ceremony participants

Senior consultant of fistula repair giving his remarks in advocacy meeting of fistula eradication in Somalia

PAC-UK & Riyadh during their visit to the campaign
Dr. Fawziya Abukar Nur – Minister of Health during her visit to OT room

Dr. Abdullahi Hashi – DG of FMoH remarks in closing ceremony

PAC Somali Director remarks during opening ceremony

UNFPA remarks during closing ceremony
THE END