

PREVENTING FISTULA : TRANSPORT'S ROLE IN EMPOWERING  
COMMUNITIES FOR HEALTH IN ETHIOPIA

**(August 30-September 13, 2004)**

BACK TO OFFICE REPORT

*“Fistula is the result of obstructed labor and obstructed transport”*

Dr. Catherine Hamlin, Addis Ababa Fistula Hospital

### **Introduction**

A mission consisting of John Osika, Wendy Walker and Cheikh Sagna travelled to Ethiopia from August 29-September 13 to carry out preparation activities under a JSDF seed fund for a project which will address the role of transport in preventing obstetric fistulas in particular and providing emergency access to health services in general. They were joined in the field by local consultants, Dr. Eskinder Rashid, Mr. Mengistu Haile and Mr. Habtamu Demisse. The mission worked in collaboration at the Resident Mission with John Riverson, Negede Lewi, Yeshe Gizaw, Zelalem Dagnaw and Tizazu Kassa. The Ethiopian Roads Authority (ERA) under the leadership of Ato Bekele Negussie provided significant logistical support for the mission. The focus of the proposed project will be in the areas of: (i) facilitating access to health services through innovative intermediate means and management of transport (IMT's, emergency access cards, small community labor-based civil works such as footbridge rehabilitation, etc.) ; (ii) increasing knowledge about fistula and reproductive health issues among communities, traditional birth attendants, NGOs, CBOs, and health care providers; and (iii) empowering communities and various levels of the healthcare system to identify and implement solutions aimed at improving access to healthcare and other basic social services. This project will be carried out in collaboration with a range of local stakeholders in the transport, health and social sectors. In the **transport** sector, the Ethiopian Roads Authority (ERA), the relevant Rural Road Authorities (RRA's) and Regional Transport Authorities, local transport service providers will be key stakeholders. In the **health** sector, the Fistula Hospital of Addis Ababa and its outreach centers in Yirgalem (in Southern region) and Bahr Dar (in Ahmara region), together with the Regional Health Bureaus, district and sub-district health care networks will be key stakeholders. In the **social** sector, civil society organizations and in particular NGO organizations such as the Red Cross, CBO's such as the women's association, the local chapter of IFRTD will be key stakeholders. This work will build on the activities currently being carried out under the Road Sector Development Program for Ethiopia and the Ethiopia Health Sector Development Program.

### **The link between obstetric fistula, poor transport access and increased vulnerability**

One of the most preventable social and health problems experienced by childbearing women in Ethiopia is that of obstetric fistulas. It is the result of complications during childbirth that lead to defects in the birth canal which can cause a linkage of the birth canal with the urine bladder or rectum. This creates a continuous and uncontrollable stream of urine and/or faeces coming from the birth canal and a strong and socially embarrassing smell. The condition is preventable when professional healthcare is promptly received during childbirth. Affected women are mostly teenagers (in Ethiopia one hospital based study put their mean age at 17.8 years with many of them aged 13 or 14 years) and are 'living indicators of failed maternal health systems'. Recent statistics from the U.N. point to fistula as *the most underrepresented maternal health problem in Africa* with estimates of over one million women affected

in Nigeria alone. The resulting physical and social condition often leads to a lifelong sentence of vulnerability and social ostracism from families or communities and therefore extreme difficulties in leading productive lives.

Obstetric fistulas have virtually been eliminated in industrialized countries, as the condition is preventable through a combination of access to adequate transport services, effective management of child delivery services and empowerment of communities through, among others, promotion of reproductive health at the community level.

The overall development objective of the project is to pilot interventions aimed at reducing the occurrence of obstetric fistulas in Ethiopia by addressing the following:

1. *Delays in emergency transport access* - In a survey of patients, the Fistula Hospital found that on average, it takes women in labor 11 hours to reach a health care facility capable of addressing their needs and that both access to and the prohibitive cost (due to poverty) of transport were the two most important factors contributing to the occurrence of fistula.. Women in labor can spend several hours travelling on a make-shift stretcher over difficult terrain which can induce other health complications for the mother. Where access to roads is available, delays of several days are often encountered as families try to raise the money necessary to pay for hiring a vehicle to transport the patient. Emergency transport costs are an overwhelming financial burden for families across Africa. Even short distances are subject to this difficulty. For example, in the north of Ethiopia 20km outside of the regional center of Bahr Dar, regular minibus access to the town costs 2 birr, but this rises to 100 birr in case of emergency access by a pregnant mother to a health facility. In more remote areas, emergency access costs can easily rise to thousands of birr for transport of a single patient and accompanying family members. The delays in access to health services caused by the difficulties in raising such sums of money are one of the important contributors to the occurrence of obstetric fistula and subsequently increased vulnerability in the country.

2. *Delays in the health care referral system at all levels*: Poor training in risk identification at all levels of healthcare provision and lack of appropriate means of communication are two important reasons for the occurrence of fistula. The delays occurs at many stages:

When a woman in labor identifies her risk and begins to consult a Traditional Birth Attendant (TBA);  
When a TBA identifies the risk and refers her to a health post;  
When a health post further identifies risk and refers to a hospital with surgical obstetric facilities and competence.

3. *Poor access to information at the community level* regarding reproductive health issues, and the increased risks induced by social practices such as early marriage, overburdening, poor nutrition among girls and traditional practices such as Female Genital Mutilation.

## **Activities carried out during the mission under the seed fund**

### *Stakeholder Consultations*

Consultations with local stakeholders were held in Awassa, Addis Ababa and Bahr Dar. Previous work carried out by local consultants identified two regions, Amhara and Southern as priority areas for interventions. The rationale was based on a wide range of criteria including: rates of fistula prevalence, the recent creation of Fistula Hospital Outreach Centers in both regions, and rural transport access issues. The consultations had the objective of discussing and identifying the:

1. range of social, health and transport issues underlying the issue of fistulas

2. focus areas for the project activities
3. possible interventions and opportunities for collaboration with local stakeholders
4. necessary institutional framework to support such collaboration
5. monitoring issues and possible mechanisms.
6. possible partnerships with relevant donors and the private sector

#### *Addis Ababa workshop*

The Addis Ababa workshop was moderated by the head of the ERA Environmental and Social Monitoring Unit and was opened by a representative of the Federal Ministry of Health's Department of Reproductive Health. On the part of the World Bank, Herbert Acquay who represented the Country Director gave an opening speech, and the Task Team Leader for the Ethiopia Health Sector Development Program also participated in the workshop. The workshop received wide coverage on national media, in both television and print media.

#### *Community level consultations in Southern and Ahmara Regions*

The team carried out consultations with a wide range of local level stakeholders (Kebele Chief, traditional birth attendants, community health post service providers, leaders of the Regional outreach Fistula centers, leaders of the Regional Bureaus of health, transport service providers, etc.) in communities surrounding Yirgalem and Awassa in the Southern Region and Bahr Dar in the Ahmara Region.

### **Findings**

*Project Focus Areas* : The project focus areas selected were Yirgalem in Southern Region and Bahr Dar in Ahmara region. The rationale for focus areas was decided upon after consultation with the Fistula Hospital and other relevant stakeholders. The main criteria were: Prevalence rates of fistula (Amhara region has the highest contribution of fistula patients to the Addis Ababa Fistula hospital, with the Southern Region ranking third after Oromia), the creation of Fistula Hospital outreach centers at regional hospitals (Bahr Dar opens this year and Yirgalem expected early next year), the interest of stakeholders, and the potential for aligning efforts with ongoing RRA programs. The Yirgalem center also serves parts of Oromia region, which is the second contributor of patients to the Addis Ababa fistula hospital.

#### *Suggested Interventions*

##### *Transport*

- Introduction of Emergency Access Cards with the transport service providers, Regional Transport Authorities and local communities;
- Working with NGOs such as the Red Cross ambulance services, the vocational training school in Awassa and the Engineering Faculty at the University in Bahr Dar, introduction of IMT's such as Uhuru vehicles and modified carts in several pilot communities. In addition, further work on the design and introduction of other kinds of IMTs appropriate for each region;
- Procurement of tools for communities to be involved in labor-based construction activities for small improvements such as footbridge and culvert construction and maintenance to help ensure year round access;

- Synchronization of rural road construction and rehabilitation efforts with Rural Road Authorities and ERTTP program

### *Health*

- Capacity building for reproductive health risk assessment at all levels of healthcare provision (community based up to regional hospitals);
- Provision of appropriate healthcare equipment (i.e., rubber gloves for TBA's, obstetric surgical equipment for regional hospitals);
- Creation of appropriate monitoring system and database to better understand the prevalence of fistula throughout the country;
- Improving communication between the different levels of the health care referral system.

### *Social*

- IEC program with local communities on reproductive health issues and risk factors for fistula
- IEC on the impacts of early marriage, Female Genital Mutilation, overburdening of girls, poor nutrition
- Extensive local stakeholder outreach
- IEC on legal issues regarding early marriage, rape, abduction, etc.

Communication - Possible introduction of: community walkie talkies, cell phones, satellite phones.

### *Partnerships*

- Discussions were held with JICA and the Japanese Embassy Grassroots Grants Program regarding possible synergies in funding and participation in activities. The Japanese embassy was supportive of the project and is going to seek other additional funds to complement project funds, in areas of the country where the project would not be active.
- Discussions were held with the local chapter of IFRTD regarding research, implementation and dissemination of findings
- Discussions were held with related World Bank Programs and in particular the Road Sector Development Program for Ethiopia and the Ethiopia Health Sector Development Program.

### **Next Steps**

Building on the information gained from the local stakeholder consultations, the team is preparing a full JSDF proposal to be submitted in the present call for proposals.

### **Attachments:**

Fistula hospital presentation & Yirgalem hospital presentation:



Obstructed labour and obstructed transpo Yirgalem hospital.ppt