

Fistula Care *Plus* in Uganda: Success Stories

COMMUNITY



Ganyana Tausi speaks about her work as a youth leader in Mpalo village.

Photo: ©Frank Baguma

I help others learn about health care

Ganyana Tausi, a youth leader in Mpalo village, was selected to attend a religious leaders training at her mosque in 2014. After the training, she formed a group of five youths (aged 15–30 years) in the village to conduct counseling and raise awareness. *“We go to different mosques during Juma and sensitize women about Fistula.”*

The group has been able to reach 570 men and 360 women with health messages. The topics covered include family planning, maternal health, male engagement, antenatal care, referrals, and delivering at health facilities. *“We have so far referred 11 pregnant women to health facilities and identified a 15-year-old girl who had a fistula after delivering her first child at age 14.”* This girl and a 28-year-old woman received referrals for treatment through the efforts of this young leader.

I feel empowered

Hussein is a peer educator who dropped out of school before completing his formal education. He is a resident of Butiki village, Mafubira sub-county in Jinja district.

He did not have much health knowledge and could not make informed decisions to protect his health. He also lacked financial skills and had experienced losses when he tried to start small businesses.

As part of the Fistula Care *Plus* Aflateen PLUS youth engagement program,¹ Hussein received training to be a peer educator to support fellow youth in building knowledge and skills in family planning, reproductive health, fistula prevention, and financial literacy. *“This training helped me a lot since I learned about saving and gained knowledge about fistula and... sexually transmitted diseases.”*

“After the training, I began saving right from the facilitation I was given during the training, which I used to buy three goats and some chicken. I am planning to sell the goats when they multiply and buy a cow, which can give me milk that I can sell and earn money on a daily basis. The... health and rights knowledge I received has made me feel empowered. I am proud that I have been passing the skills to fellow youth both in the group and in community.”

“I urge fellow youth who I reach out to practice and learn from me. I also thank EngenderHealth and USAID who have supported the youth to be better people in future.”



Hussein uses the skills he received as an Aflateen PLUS peer educator to engage in financial enterprises and grow his income.

Photo: ©Frank Baguma

¹ Fistula Care *Plus*. 2019. *Engaging Youth for Improved Life Skills and Reproductive Health: The Aflateen PLUS Pilot in Uganda*. New York: Fistula Care *Plus*/EngenderHealth.

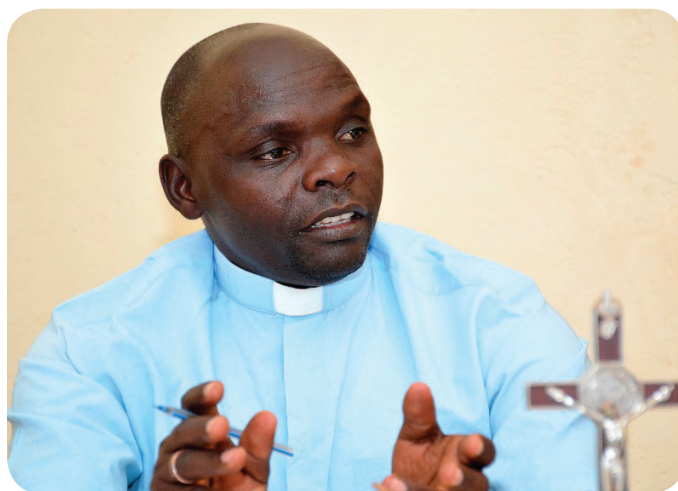
I am now more informed about health promotion

Father Raphael Byaruhanga, is a chief priest at Kaboya parish in Kikube District, working with 33 catechists and chapels. He is among the religious leaders trained to promote maternal health in Hoima diocese where fistula is high due to low use of maternal health services. After receiving training in 2014, he formed a maternal health committee—the Kaboya Parish Health Educators Group. He uses social events and church gatherings to deliver information regarding maternal health. He also uses the community radio on Mondays, which are market days, to discuss maternal health.

“When I get a chance to talk to the congregation, I don’t leave out the aspect of maternal and child health.”

Sometimes the committee facilitates members to conduct home visits and asks about family planning, fistula, and personal hygiene issues. ***“We sensitize Christians about natural family planning which requires [them] to be disciplined, follow proper means such as moon beads. I also refer Christians to health centers. I pray for expectant mothers, talk about birth preparedness, and I encourage them to go for antenatal care. Also I emphasize male engagement.”***

During his work, Father Raphael helped a family with 10 children to start family planning. He counseled them on family planning and child spacing and referred them to the health center where the couple received further counseling from health providers. He also informed community members about the fistula treatment camp in Kagadi at social gatherings. Through his efforts, five women received referrals to treatment camps in the nearby treatment hospitals of Kagadi, Hoima, and Kagando. ***“Those with maternal health issues come to me openly and receive counseling, I refer them for appropriate care at the health facility.”***



Father Raphael Byaruhanga teaches his congregants about maternal health and child spacing.

Photo: ©Frank Baguma

FISTULA REPAIR

I am proud to be a fistula trainee surgeon

Angela Namala, an obstetrician-gynecologist working with Jinja Regional Referral Hospital, seeks to ensure that pregnant women deliver safely. The hospital is in a region with low levels of education, high rates of teenage pregnancy, and cultural practices that contribute to obstructed labor, which is the main cause of obstetric fistula.



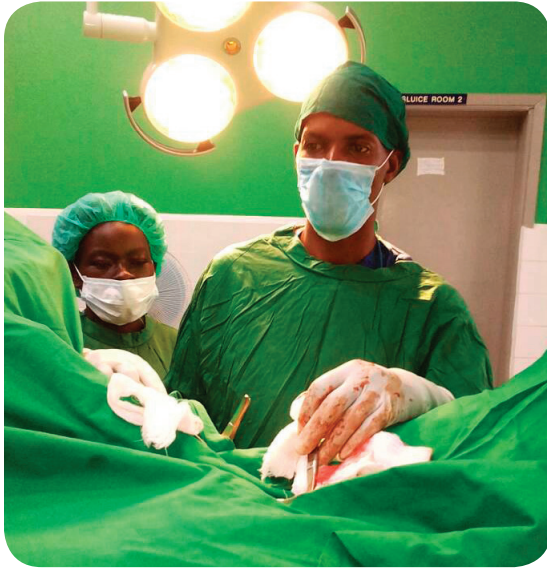
Dr. Angela Namala speaks with a fistula patient during her rounds at Jinja Regional Referral Hospital. Photo: ©Frank Baguma

In 2013, Angela started engaging in fistula treatment services through camps at the hospital. Due to her interest in this work, the Ministry of Health selected Angela to work with three expert surgeons as a fistula trainee, using the FIGO Global Competency-Based Fistula Training Manual. During her training, she participated in fistula surgeries where her trainers assessed her performance. The expert surgeons provided Angela with mentorship and coaching for more than two years. During this period, she was able to support more than 340 women, including 189 fistula patients, 115 pelvic organ prolapse patients, and 36 other patients with maternal morbidities.

Angela has been able to conduct complex fistula repairs at her hospital, integrating this service into routine care. Thus far, she has provided 36 complex fistula repairs in Jinja.

“... I am proud that I am able to conduct a fistula repair on my own. In January 2019 alone, I repaired six women with [ureteric] fistula; I will continue doing this work because these are poor women who have no option but my support.”

Jinja Regional Referral Hospital, with support from Fistula Care Plus, has embraced routine fistula treatment, greatly increasing access for women affected by this condition. This is largely due to Angela's empathy, passion, and willingness to learn about fistula repair. Angela also praises the fistula team at the hospital that embraced these new services and enabled great improvements in the quality of care at Jinja.



Dr. Moses Baliraine performs a fistula repair at Kamuli Mission Hospital. Photo: ©Joan Nabaggala

I am passionate about fistula repair

Dr. Moses Baliraine is a qualified medical officer working with Kamuli Mission Hospital. When he started working at the hospital, he had little knowledge about fistula. After seeing fistula repair camps held at Kamuli, supported by visiting and local expert fistula surgeons, he became interested in becoming a fistula surgeon himself.

“During my routine hospital work, I [wanted to ensure] that all women identified with fistula were repaired before they leave the facility because it is bad for them to go back home while leaking after they have come to the facility for help. Unfortunately, some of them were not able to pay the small hospital user fee and in that case, we had to book them for the next [fistula repair] camp, which is completely free of charge.”

Health workers identify patients with incontinence from different areas of the hospital, such as the outpatient department, the maternity ward, and the surgical ward. The providers in these departments are able to assess women and refer those suspected to have fistula to fistula nurses for further assessment. When the final obstetric fistula diagnosis is confirmed, the fistula team prepares to repair the fistula according to its complexity.

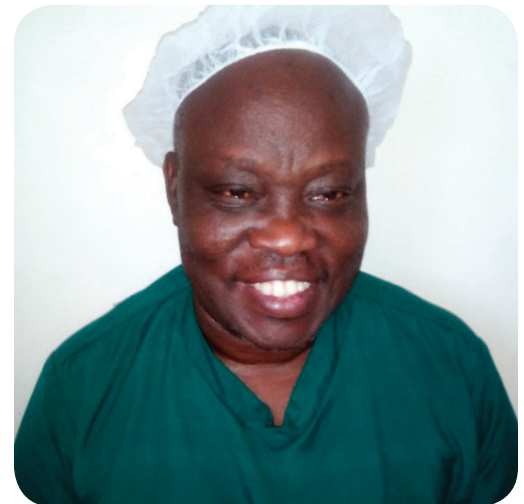
“I usually repair simple cases, over the [past] two years, and have had only one failed repair, which was RVF [recto-vaginal fistula]. The patient came back for the second attempt, which was successful.”

“I thank EngenderHealth and the USAID-funded Fistula Care Plus project for considering me as one of the doctors that are doing a great job. I am so proud of what I am doing. ... I am aware of the training program that follows the FIGO curriculum which EngenderHealth is using to train more surgeons and I hope they take me on as a trainee so that I am able to help more women suffering from obstetric fistula.”

I feel so happy that we have reduced fistulas

Dr. Odong Emintone Ayella is one of three expert surgeons in Uganda who have been working with Fistula Care Plus in the effort to bring back hope and restore dignity to women with obstetric fistula and other birth-related injuries at Hoima and Jinja regional referral hospitals and Kamuli and Kisiizi mission hospitals. He began work with EngenderHealth through the Fistula Care project in 2010. Before that, he had worked with the African Medical and Research Foundation (AMREF) Kenya and later with AMREF Uganda under the Flying Doctors Volunteer Physicians Programme providing fistula repairs and care around the country.

“When we conducted our first camp at Hoima Regional Referral Hospital, in 2010, there were so many women with vesicovaginal fistula (VVF) so that we could not finish repairing women with VVF during the two weeks' camps, but now I am so happy that when we organize similar fistula camps we get very few VVFs. I think this project has helped to significantly reduce the backlog of obstetric fistulas in Uganda. We now just need to 'close the tap' in order to reduce new cases and fistulae will be eliminated from Uganda.”



Dr. Odong Emintone Ayella reduces the backlog of fistula patients. Photo: ©Paul Kaduyu

The success rate of fistula repairs in Uganda have always been well above 90%. This is because the project supports the best surgeons in the country to conduct repairs. These experts have also been involved in mentoring and training additional fistula surgeons in the regional hospitals and some private nonprofit hospitals in Uganda. Five new fistula surgeons have been mentored and trained under the Fistula Care Plus project. This will help institutionalize and scale up fistula care and treatment in all regional referral hospitals and in selected private nonprofit hospitals in Uganda. This is in line with the Ugandan Ministry of Health's aim of promoting routine fistula care in all central and regional referral hospitals and some private nonprofit hospitals in order to sustain these services.

Fistula patients do not have to wait for a doctor to know what the problem is

According to the Ugandan Ministry of Health's estimates, there are approximately 75,000 women with fistula awaiting treatment and each year more than 1,900 more women develop the condition, primarily from obstetric causes. There are only about 21 fistula surgeons in the entire country. Traditionally in Uganda, surgeons offer fistula care, including screening, diagnosis, health education and counseling, and surgery. However, clients mainly access care through pooled efforts or repair camps. The patient numbers at these camps can be overwhelming, making it difficult for surgeons to serve everyone. Because of this, some fistula clients may not have the opportunity to receive care and return home without treatment.

Task shifting—where midwives and nurses are trained and empowered to perform less-specialized duties, like screening and health education and counseling—allows surgeons to focus on other tasks, like clinical diagnosis and surgery. In 2016, the Fistula Care Plus project trained 10 midwives to perform fistula screening and counseling. Margret Nyakaisiki, a registered midwife at the Hoima Regional Referral Hospital, was one of the trainees. She has screened 533 clients, referring 341 (64%) of them to surgeons for confirmation of diagnosis with an accuracy rate of 70%. She diagnosed and treated or referred to the relevant department the remaining clients, whom she found did not require care from a fistula surgeon.

“When you find a confusing case, the surgeon guides you on what to do and tells you what it is so next time you do not have problems.”

This approach has led to a more efficient use of human resources and time. Clients also do not have to wait for fistula surgeons for screening during repair camps. Trained midwives can also provide fistula screening as part of routine services.

“I now screen patients with incontinence routinely even outside of fistula camps.”



Margret Nyakaisiki conducts counseling and health education on obstetric fistula.

Photo: ©Frank Baguma



Ntakimanye Teopista in her home village. Photo: ©Frank Baguma

I did not believe I could get cured

Ntakimanye Teopista is 46 years old. She is from Kabuganga Village, a landing site at Lake Albert in Kagadi District in western Uganda. Ntakimanye lived with fistula for 20 years before she was successfully treated through a fistula repair camp in Kagadi supported by Fistula Care Plus. Ntakimanye considered herself cursed by God and believed that she would die with her condition.

She developed fistula following prolonged labor during her first delivery, when she was 16 years old. She was able to deliver two other children while she had fistula. She used sanitary pads throughout the time she had fistula. Ntakimanye operated a restaurant and felt that she had to ensure that people did not know about her condition.

“I used to frequently wash my clothes with soap, so that I keep myself clean. This was really expensive for me.”

When she learned about the fistula repair camp in Kagadi through her daughter, Ntakimanye went to the hospital but did not think she would be healed. She had already undergone two unsuccessful repair attempts. After several sessions of counseling and assurance from health workers, Ntakimanye agreed to a third repair attempt. Through two weeks of postoperative care, Ntakimanye said she was treated with care and support. This surgery was successful and Ntakimanye no longer has fistula. She is happy that she can openly run her restaurant with no inconvenience.

“I no longer spend a lot of money on pads, I don’t feel any pain. I never believed that I would get cured.”

Ntakimanye advises women who have fistula to take measures to protect sanitation and hygiene as they wait for treatment opportunities. She also advises pregnant women to go to health facilities for antenatal care and delivery to prevent fistula. She thanked USAID and the health providers who supported her during the treatment



Ntakimanye Teopista works at her restaurant in Kabuganga.

Photo: ©Frank Baguma

CLINICAL PREVENTION



Aliona Masika teaches health workers about the partograph.

Photo: ©Frank Baguma

World Health Organization, that can help health providers recognize complications early. It is especially useful in recognizing and preventing prolonged or obstructed labor, the primary cause of obstetric fistula. Aliona has helped improve partograph use at more than a dozen lower-level health centers that refer patients to Bwera hospital. As a partograph champion, Aliona has built the capacity of other health workers. She believes that once properly used, partographs can help improve Uganda’s maternal outcomes.

“I am so passionate about the partograph. I have volunteered to work with Fistula Care Plus on several initiatives, including sharing my experience both through documentation and helping other health workers in the hospital and at lower health facilities in the district.”

I am so passionate about the partograph

Aliona Masika, aged 45 years, is the in-charge of the maternity department at Bwera Hospital in Kasese district. Aliona is the mother of six children. During her 16 years of practice, she has supported the birth of more than 600 babies.

Aliona describes caring for a mother who had previously tried to have a baby three times—and each time had lost her baby during or soon after delivery. When she delivered at Bwera Hospital, Aliona reviewed her history carefully and monitored her labor progress using a partograph. She was able to deliver a healthy baby.

“Seeing this lady hold a baby for the first time was greatly rewarding. No mother or baby should die during labor because this is preventable.”

The partograph is a labor monitoring tool, endorsed by the

Personal testimony: Shem Mutala, Clinical officer, Facility In charge Lukolo Health Centre III, Uganda

The world and God in particular has created us with different capabilities not only to benefit ourselves but as well the people around us in different ways. Quite often, these capabilities are silent for various reasons. I was in the category of health workers whose actual potential had never been fully tapped, not until EngenderHealth identified me. The Fistula Care Plus project took on Lukolo Health Centre III as one of its fistula prevention sites midway through its [project cycle]. I was assigned to deliver trainings to the village health teams [VHTs] that were to help steer the project in our catchment areas.

EngenderHealth sponsored me to train as a National Trainer for the rollout of Implanon NXT and Sayana Press (DMPA-SC). I supported and trained with EngenderHealth in its supported sites. I also become a national FP [family planning] trainer, moved across different USAID projects from the Central, East, East Central, East North, and Lango sub-regions. These exposures improved my ability to train, mentor/coach, and also support various health workers and VHTs in knowledge and skills acquisition.

EngenderHealth made me part of a team of six Ugandans who piloted the newly approved REDI counseling framework for [voluntary] family planning by the Ministry of Health. I have directly trained over 400 health workers and mentored/coached about 120 health workers across Uganda in a space of only three years. I have offered long-acting reversible methods of family planning to over 100 clients and am happy to have contributed to the contraceptive prevalent rate of Uganda. [With continued support in the future] we would be very closer than ever before in achieving our 2020 Ministry of Health family planning goals.

I have plans to enroll for a PHD with particular interest in reproductive health and family planning. I extend my thanks to USAID for funding EngenderHealth to carry out these programs in our district.



Shem Mutala works at Lukolo Health Centre III.

Photo: ©Frank Baguma



Taasi Uzeal speaks about her work promoting the partograph.

Photo: ©Joshau Wesana

I am a partograph champion

Taasi Uzeal is a registered midwife who works in Kyarumba Health Centre III as an in-charge. Before coming here, she worked at Kagando Hospital. Before receiving training to use the partograph, she and other midwives had negative attitudes as well as limited knowledge about the partograph. Before the Fistula Care and Fistula Care Plus projects' work to strengthen labor monitoring, partograph documentation was incomplete and was interpretation poor, contributing to poor health outcomes including fetal asphyxia, fresh stillbirths, and unexplained referrals to other facilities.

In 2012, Fistula Care began promoting correct and consistent use of the partograph as one of its key fistula prevention intervention. The project trained and mentored Kagando Hospital staff on partograph use and introduced partograph reviews. Following this training, Taasi took the lead and started reviewing partographs weekly. After each review, she shared the findings with the ward in-charge, gynecologist, doctors, and other maternity ward staff. Together, the hospital team and Fistula Care staff developed actions for improvement. Taasi held continuous medical education sessions on the importance of effective use of partographs and ensured that partographs were available in the labor ward and admission registers.

Overall, partograph uptake reached and remained at 100% at both Kagando and Kyarumba Health Centre III, with very good completeness levels. Partograph interpretation greatly improved and health providers took timely action, when needed. ***“We noticed an improvement in maternal and newborn outcomes, reduced caesarean section rates... and reduced complications related to labor.”***

As a partograph champion, Taasi has trained and mentored 67 midwives in Bunkonzo East Health Centre III through Fistula Care Plus. This has resulted in improved midwife attitudes and better maternal and newborn outcomes.

“I have been able to contribute to this because of my personal interest, knowledge, skills, and positive attitude to the partograph.”

I can now serve youth

Catharine Babirye is a midwife at Mafubira Health Centre II.

“I used to be judgmental and I often chased away youth who came for family planning services. As result, youth were scared to come to the facility to receive services.”

As part of the Fistula Care Plus Aflateen PLUS youth engagement program in Uganda, the project trained health providers in age-appropriate adolescent and youth friendly services, including voluntary family planning. Catharine was one of the trainees.

“I received knowledge about communicating with and counseling youth. We were also taught about networking with youth groups, clubs, and schools in the community. I am now able to mentor fellow staff at the facility and the number of the youths coming to the facility to receive services has increased.”



Catharine Babirye describes how her attitudes toward offering family planning services to youth changed.

Photo: ©Frank Baguma

Acknowledgements

These success stories were collected and compiled by Lucy Asaba, Hassan Kanakulya, Paul Kaduyu, Joshua Wesana Mugoya, and Molly, with technical inputs from Rose Mukisa. This publication was edited by Amy Agarwal and Vandana Tripathi, and designed by Robert Vizzini. We thank Erin Mielke, Mary Ellen Stanton, and Rose Mukisa for their review. This publication was made possible by the generous support of the American People through the U.S. Agency for International Development (USAID), through cooperative agreement AID-OAA-A14-00013. The information provided here does not necessarily represent the views or positions of USAID or of the U.S. government.

The USAID-funded Fistula Care *Plus* project at EngenderHealth works to prevent fistula from occurring, treats and cares for women with fistula, and assists in their rehabilitation and reintegration. Fistula Care *Plus* partners with ministries of health, nongovernmental organizations, United Nations agencies, faith and community-based organizations, and other stakeholders, including hospitals providing surgical and non-surgical fistula repair in Sub-Saharan Africa and South Asia.

For more information about fistula and the Fistula Care *Plus* project, visit www.fistulacare.org.

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