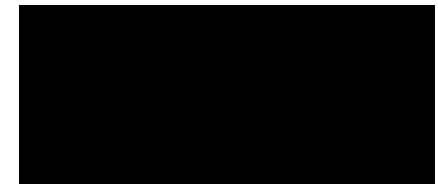


Dancing the Dance
Fistula and Health Equity in Tanzania

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Women's Dignity, Tanzania





Today's presentation

- Our mission and approach
 - Linking fistula, maternal mortality and morbidity (MM) and health equity
- Our strategy
 - Research and Policy Analysis
 - Public Information and Debate
 - Strategic Partnerships
- Does it work?



Women's Dignity: *Who We Are*

Women's Dignity promotes **citizen engagement** to enable all Tanzanians - particularly marginalized girls and women – to realize their **basic right to health**. We hold a particular commitment to enhancing the rights of **girls and women living with obstetric fistula**.



Women's Dignity: *What we Do*

- Support citizens to access and use information to promote their health rights
- Ensure policies, programs and services promote the dignity and rights of the poor, particularly girls and women
- Engage communities as meaningful participants in processes for social change



Why link fistula and health equity?

*Fistula is a clear marker between
“haves” and “have-nots”,*

Exposing the failure to:

- Prioritize marginalized girls and women
- Allocate resources to meet their basic needs
- Implement promises made in national and international policy circles

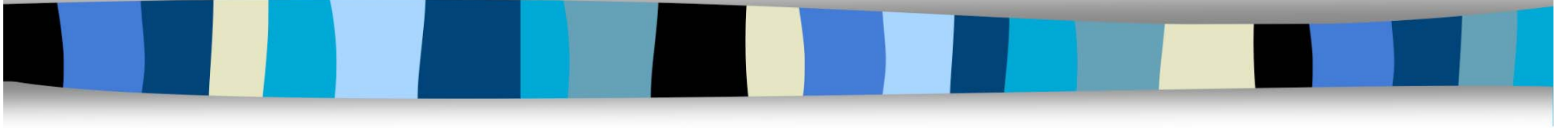


And what is “health equity?”

The *fair* and *just* distribution of resources and entitlements for marginalized people

- Inputs - prioritizing resources to under-served locales
 - Skilled providers
 - Emergency obstetric care
 - Referral systems
- As well as processes such as
 - Effective allocation and use of health budgets
 - Citizen involvement in priority setting for health care
 - Mechanisms of complaint – and accountability - for negligence, abuse, and poor quality care

Our Strategy





Building Evidence



Examine the ‘drivers’ of fistula, maternal mortality and morbidity, and ill-health of the poor

Identify changes for policy and practice



Research and Policy Analysis

- Mapping fistula care in Tanzania
- “Risk & Resilience”; “Sharing the Burden”
 - Fistula and social vulnerability in Tanzania and Uganda
- “I Have No Choice”
 - Barriers Tanzanian women face accessing maternity care; and providers face delivering it
- “Fair’s Fair”
 - Determinants of health equity in Tanzania

See www.womensdignity.org/publications

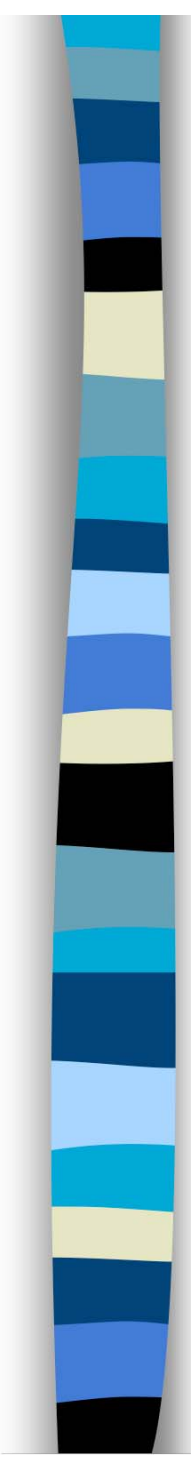
Taking research findings to the community

Community debate engages citizens and their leaders

Film and photography illustrate the reality

Information not only increases knowledge, but improves local accountability





Health Equity research

Gaps between “haves” and “have-nots”

Urban vs Rural Women

- **2x** likelihood of facility delivery
- **3.6 x** likelihood of c-section
- **4x** likelihood of postnatal care

Best vs Least Educated Women

- **2.6 x** facility-based delivery
- **11 x** c-section
- **4 x** postnatal care



Citizen Debate



Improve citizens' access to information
Enable people to articulate their views
Mobilize broad public debate



Public Information and Debate

- Popular media: using film, photography and print with communities -> policy makers
- Public service spots: TV and radio using messages on health rights and maternal health
- Investigative journalism: exposing key threats to women's health and health rights

Showing change is possible – new publication series on “best practices”



What's next for Dr. Mbaruku?

Dr. Mbaruku spent 18 years in Kigoma, working his way up from obstetrician at Kigoma Regional Hospital to Regional Medical Officer for Kigoma Region, a post he held from 1993 until 2007. In this period he took some time out to study and he obtained a PhD from a Swedish University, basing his thesis on his Kigoma experiences. He recently changed jobs, and he is now working at a Dar es Salaam-based medical research organization. He has not abandoned his fight to reduce maternal mortality, not has he given up on Kigoma. Dr. Mbaruku has continued to carry out research on how maternal mortality can be further reduced. He recently completed a study on the quality of (emergency) obstetric operations carried out by Assistant Medical Officers in Kigoma and Mwanza. The study has led to a Kigoma-based pilot project that is designed to show that relatively simple interventions can lead to major improvements of hospital services.

The project aims to:

- Upgrade health centres to provide basic surgery in small hospitals closer to the population it serves
- Produce and distribute a supply of blood for transfusion that is both safe and adequate
- Develop a functioning transport system for referrals
- Improve the maternity services offered by health centres
- Attract more midwives and Assistant Medical Officers to work in isolated posts (by, among other things, constructing housing for them)

didn't have the right equipment to carry out the tests. His assumptions turned out to be true, it was a fairly rare condition. Unfortunately it was already too late to prevent a miscarriage, but I responded well to treatment, and in 2001 we were blessed with the birth of our son, Theodore." Mary's husband adds: "Dr. Mbaruku worked hard to get the right diagnosis for us; he sent us to a nearby mission hospital for tests first, and then to Muhimbili. Many doctors give up if they don't have the right equipment to confirm a diagnosis, but not Dr. Mbaruku! At that stage he was already the Regional Medical Officer, but every spare minute he had, every weekend, he devoted to helping women who had problems during pregnancy or childbirth. He was like a friend to his patients, but principled and professional too.

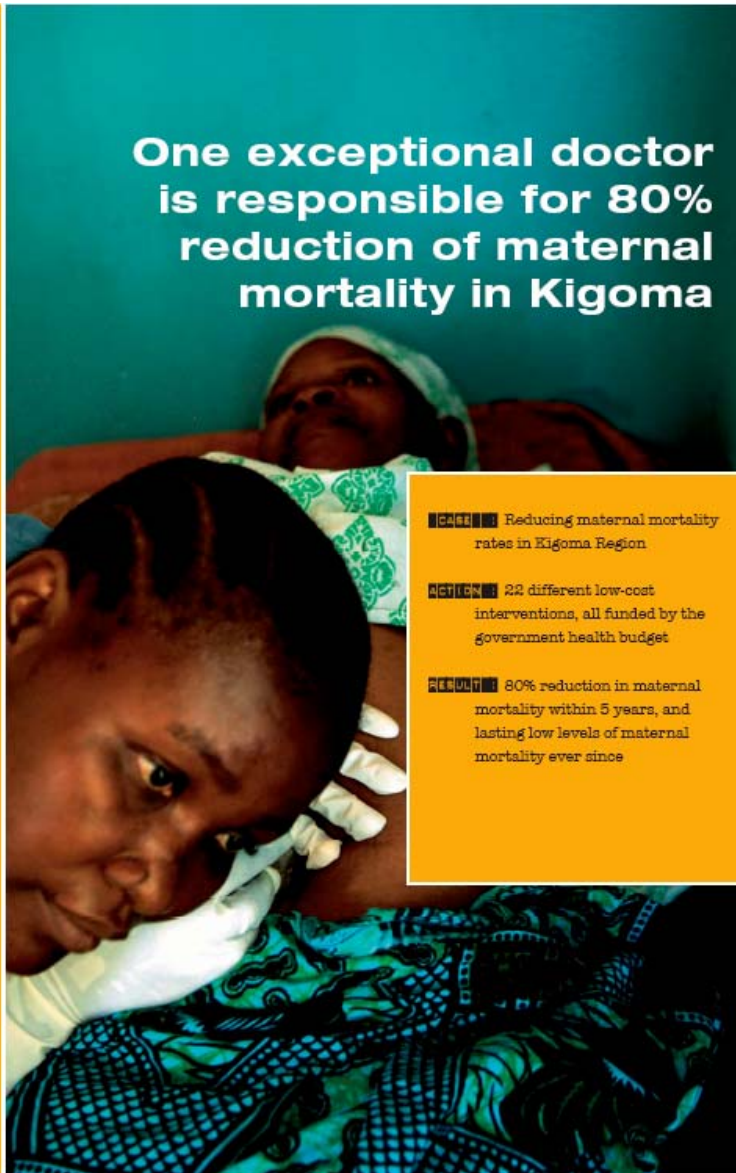
Former patient

Simon and Mary are a professional couple who live in Dar es Salaam. From 1998-2001 Simon was working for the government in Kigoma, and it was there that the couple decided to start a family. When Mary began to feel unwell during her pregnancy she met with Dr. Mbaruku, who investigated her problems. Mary explains: "When Dr. Mbaruku could not find the cause of my complaints he didn't hesitate to send me to Dar es Salaam for further testing. He had an idea of what was wrong with me, but he



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best practices
best practices



One exceptional doctor is responsible for 80% reduction of maternal mortality in Kigoma

CASE Reducing maternal mortality rates in Kigoma Region

ACTION 22 different low-cost interventions, all funded by the government health budget

RESULT 80% reduction in maternal mortality within 5 years, and lasting low levels of maternal mortality ever since



Women's voices in the media



Building a Movement for Health Rights



For women with fistula
For quality maternal health
For health rights of the poor



Strategic Partnerships

- **National Fistula Programme in Tanzania**
 - Hospitals, MoH, NGOs, media, donors
 - Training of providers, service delivery, referral system for repair, research, and advocacy
- **Health Equity Group in Tanzania**
 - Partnership of like-minded NGOs
 - Monitoring services, tracking budgets, educating MPs, launching public campaigns
- **Global linkages to share lessons learned**
 - WHO, UNFPA, EngenderHealth, etc.

Fistula?
Matibabu yapo!

1 Je, unatokwa na mkojo au haja kubwa au vyote kwa pamoja mfululizo?
2 Je, unashindwa kujizuia kutokwa mkojo au haja kubwa au vyote kwa pamoja wakati wote?
3 Je, tatizo hili lilianza baada ya kujifungua?

Kama jibu ni ndiyo, unaweza kuwa na tatizo linaloitwa FISTULA.

FISTULA inatibika. Fanya yafuatayo:

1 Nyuma ya kipeperushi hiki kuna orodha ya hospitali zinazotoa matibabu ya fistula. Angalia hospitali ambayo ni rahisi kwako kuifikia
2 Jadiliana na ndugu zako jinsi ya kufika hospitali
3 Nenda hospitali ukatibiwe

Kuna hospitali 12 ambazo hutibu FISTULA kila wakati. Hospitali nyingine zinatoa huduma ya matibabu ya FISTULA mara moja au mbili kwa mwaka.

Angalia nyuma ya kipeperushi hiki kwa maelezo zaidi ●●●●

Wizara ya Afya na Ustawi wa Jamii, S.L.P. 9083, Dar es Salaam Simu: 022 2120261-7 Faksi: 022 2139951 Barua pepe: moh@moh.go.tz
Utu Mwanamke/Women's Dignity Project, S.L.P. 79402, Dar es Salaam Simu: 022 2153577/8 Faksi: 022 2159986 Barua pepe: info@womensdignity.org
African Medical and Research Foundation, S.L.P. 2773, Dar es Salaam Simu: 022 2116610/2153103/2136731/2152489 Faksi: 022 2115823 Barua pepe: info@amref.tz

National Fistula Program leaflets distributed nationally with information on fistula and where repair is available. Also on 14 radio stations.



*Health
Equity
Group and
partners
endorse
newspaper
inserts*



Is someone **you**
love pregnant?

Every hour about one girl or woman
in Tanzania dies from pregnancy or
childbirth related causes.*

Many more cope with serious damage
to their health for the rest of their lives.

This tragedy can be prevented.
What will you do to help?

Tell your health worker. Write to newspapers. Talk to your local leaders.

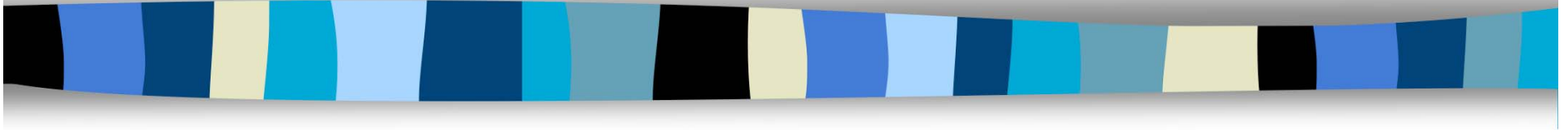


UJOMA WA APYA KWA FAMILIA DUNiani
FAMILY CARE INTERNATIONAL



*Based on 1996 Demographic and Health Survey

Does the '*dance*'
work?





Some steps forward...

- Partnerships on fistula and health equity effective and broad-based
- Articulating the fistula-health equity link has moved forward, but need to go further
- Moving from evidence to action through media and strategic advocacy
- Building bridges across the community, district, national and international levels



Where we're stumbling ...

- Weak basic health systems are still driving weak maternal health services
- Massive HIV/AIDS funding is pushing other health needs off the agenda, including maternal health
- Nascent and reticent 'public voice' limits effectiveness of advocacy
- Government resistance to NGOs and citizen-driven accountability places an obstacle to policy dialogue and real change.