

Zemzem who is from the Berbere District in the Bale Zone of the Oromia Region was married when she was just 16. She underwent four antenatal care follow-ups at health institutions and was told to visit the health center when her labor started. But her family refused to oblige.

She labored for 2 days at home and was finally taken to the health center nearby. She was assisted by health professionals but gave birth to a stillborn. Two days after she was admitted at the health center, Zemzem

became incontinent and very weak. She was referred to the Goba Hospital where she was treated for 18 days.

She was then discharged from the hospital after she got appointment to visit the Fistula Center at Assela Hospital after three months. Luckily, she was well supported by her relatives and husband during that time.

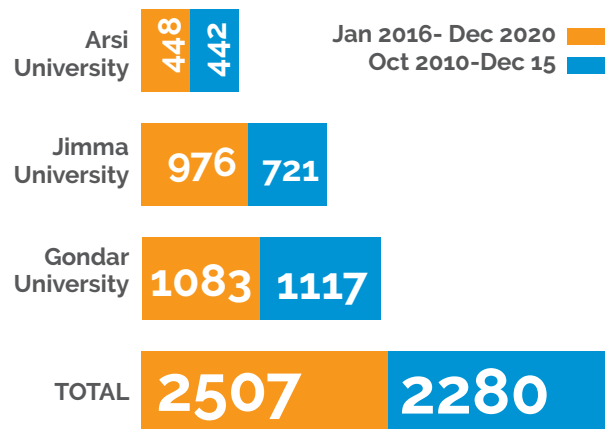
Zemzem was eventually treated at the Fistula Center and cured.

Pelvic organ prolapse is another growing and increasingly concerning maternal health morbidity in Ethiopia. UNFPA has integrated the repair of pelvic organ prolapse at the fistula centers at Gondar and Jimma universities as well as the Hamlin Fistula Hospital and its 5 centers across the country.

Strategic Plan for the Elimination of Obstetric Fistula

UNFPA is actively working as part of the Task Force led by the Ministry of Health overseeing the implementation of the Strategic Plan which started rolling in 2016. The revised strategic plan which is currently being implemented (2021-2025) aims at maintaining prevention strategies while accelerating treatment of the backlog of fistula cases.

Number of Fistula Repair



131

Obstetric Fistula cases treated at Hamlin Fistula Hospital and Centers in Addis Ababa, Amhara, Oromia,

SNNP and Tigray Regions with funding from Global Affairs Canada

Canada



ENDING FISTULA TRANSFORMING LIVES



Canada



Overview

Obstetric Fistula is a devastating and severe childbirth injury. It is highly prevalent in Ethiopia, primarily as a result of obstructed labor. An estimated **36,000 to 39,000** women currently live with this terrible morbidity in Ethiopia and between 3,300 and 3,750 new obstetric fistula cases occur in Ethiopia every year.

What is Obstetric Fistula?

An **obstetric fistula** is a hole between the vagina and rectum or bladder that is caused by prolonged obstructed labor, leaving a woman incontinent of urine or feces or both. Unattended Obstructed labor lasting for days pushes the baby's head against the mother's pelvic bone compressing the soft tissues between the baby's head and the pelvic bone blocking adequate blood flow. The lack of blood flow causes this delicate tissue to die resulting in holes between the laboring mother's bladder and vagina and/or between the rectum and vagina. This is what produces incontinence.

Lack of skilled attendance at birth and access to emergency obstetric care are the main challenges to the reduction of Obstetric Fistula in Ethiopia. Harmful practices such as child marriage and FGM are contributing factors as does poor nutrition which can result in short stature and a pelvis that is too narrow to allow a baby's head to safely pass through.

Women with obstetric fistula suffer multiple health, psychological and socio-economic consequences such as divorce, depression and social isolation.

Tackling Obstetric Fistula: A Two-Pronged Approach

Prevention of obstetric fistula through increasing the number of deliveries assisted by midwives as well as improving access to emergency obstetric care is the most tenable strategy to tackle this morbidity. Well-trained midwives, obstetricians and Integrated Emergency Obstetric Officers are essential for providing these services.

Since 2010 UNFPA has been partnering with the Ministry of Health and other partners to train integrated Emergency Obstetric Officers and midwives through supporting the Integrated Emergency Surgery and Obstetrics and Accelerated Midwifery Training Programs respectively.

Community mobilization and awareness creation efforts through the engagement of community based structures has been very critical in the prevention effort.

Young **Sintayehu** who is a victim of rape had a very difficult nine months of pregnancy. "I felt ashamed of the pregnancy and wanted an abortion," she says. But her childbirth experience was even worse. After laboring for three painful days at home she was taken to a health center to no avail. She was referred to a hospital only to give birth to a stillborn baby through C-section. The ordeal left her with urine incontinence which devastated her.

Sintayehu was eventually brought to the Hamlin Fistula Center in Bahir Dar with the support of the UNFPA case identification team. She passed through different treatment procedures and underwent a successful surgery getting cured from her condition.

"Look at me now with complete dignity as a woman. I can't thank you enough for your kindness in giving me my life back," Sintayehu expresses her joy.

"Look at me now with complete dignity as a woman. I can't thank you enough for your kindness in giving me my life back."

Sintayehu

The second prong in tackling obstetric fistula is identifying, referring and treating women with obstetric fistula. With funding from the Government of Sweden and the Maternal Health Trust Fund, UNFPA has been supporting the fistula centers at **Arsi, Gondar, Jimma Universities** since 2010 and partnering with Hamlin Fistula Ethiopia to repair and treat women with obstetric fistula. Moreover, as part of the scale-up of the program funded by the Government of Canada, support has also been provided for the social reintegration of treated fistula patients in **Addis Ababa** and three regions – **Amhara, Oromia** and **Tigray** Regions.

131 of the total cases were treated at Hamlin Fistula Hospital and Centres in **Addis Ababa, Amhara, Oromia, SNNP** and **Tigray** Regions with funding from Global Affairs Canada.

