

OBSTETRIC FISTULA RESEARCH:



- THE EXTENT OF THE PROBLEM,
- COST
- REINTEGRATION CHALLENGES IN KENYA



Submitted to Global Forum for Health Research by:

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in partnership with
- **Dr. Raassen and his Patients**

with the Institutional Support of
The African Medical and Research Foundation
(AMREF) and,
**The Geneva Foundation for Medical Education
and Research (GFMER)**

BACKGROUND



- 4000 BC - first fistula recorded I
- Obstetric Fistulas have become an exclusive problem of developing countries due to varied reasons that include:
- Early Marriage (bef. Full pelvic growth]
- FGM
- Chronic Malnutrition,
- lack of qualified healthcare professionals,
- lack of access to medical facilities during child birth (their obstructed labour may be protracted for days or weeks]

BRIEF DEFINITION



- **Vesico-Vaginal Fistula (VVF)**, a hole between the bladder and the vagina leading to uncontrolled Leakage of urine and

- **Recto Vaginal Fistula (RVF)** a hole between the rectum and the vagina causing the unabated leakage of faeces (1).

Complex Cases:

fistulas where there is « poor access for repair, significant tissue loss, ureteric involvement or coexistent Recto Vaginal Fistula. (2).

CURRENT NUMBERS: Kenya, Uganda, Tanzania



80 million people,

3.6 million women in
deliver babies every
year.

1 to 3 per 1000
deliveries results in an
Obstetric Fistula.

At least **7,200** new
Fistula cases in East
Africa, every year.

Only **750-1000** fistulas
are operated on
annually

less than 15% of women
currently afflicted.



OVERVIEW

This Initiative will:

1. Address the outcomes of TREATMENT
2. Document local myths and traditional practices leading to Obstetric Fistulas,
3. Provide recommendations and simple guidelines for Prevention and Reintegration
 - in order to improve community education, social and public health response systems in the context of governmental and community policies.

PRIMARY SITES



- **Kenyatta National Hospital** (National Referral Hospital, Nairobi)
- **Ortum Mission Hospital** (Northern Kenya),
- **Mutomo Hospital** (Northwestern Kenya) and
- **Garissa Hospital** (Northeastern Kenya).
- **Machakos Hospital** (Central Kenya)



OVERALL OBJECTIVE

- **To Increase Awareness about the Magnitude of the Problem, the Availability of Treatment and the Challenges of Reintegration in Kenya.**



STRATEGIES TO ACHIEVE OBJECTIVES

- **Needs Assessment and Situational Update**
- **Research Framework**
- **Direct Field Research**
- **Documentation** of prevention, treatment and reintegration resources available in the various provinces for the development of an informational manual.
- **Partnership**
- **Community Interventions** through informal workshops on basic health and hygiene, reproductive health, and the use and availability of local and regional medical facilities.

STUDY PHASE	OBJECTIVES	ACTIVITY
<u>I. PRE-PROJECT ACTIVITIES</u> (NAIROBI & GENEVA)	1. NEEDS ANALYSIS	completed
	2. SITUATIONAL UPDATE	completed
	3. RESEARCH DESIGN	Reproductive Health Research Training Participate in 7 week Post Graduate Reproductive Health Research Course offered by the GFMER* and the WHO
<u>II. FIELD WORK IN KENYA</u>	1. COMPLETE INDIVIDUAL QUESTIONAIRES	Distribution of Individual questionnaires to women in the four regions in Kenya as part of Dr. Raassen's team interviewing his patients
	2. COMMUNITY SURVEYS AND ACTIVITIES	Initiate, with the assistance of AMREF* community awareness workshops with local chiefs, elders, and community leaders centered around safe motherhood
	3. WOMEN'S GROUPS WORKSHOPS	Work directly with groups of women within the community to fill out community surveys and provide information on reproductive health, Obstetric Fistulas and Safe Motherhood through informal workshops.
<u>III. DATA ANALYSIS</u>	1. INTERPRETATION OF RESULTS	Consultation with Partners, Experts and Economists
<u>IV. REPORT</u>	1. GUIDELINES	Based on sound evidence from research results. With practical comments from AMREF, local partners Female Genital Mutilation specialist, and stakeholders
	2. RECCOMENDATIONS	Consult with Fistula Specials for reccomendations derived from research findings
<u>V. PUBLICATION</u>	1. PUBLICATION	Report Publishing and Presentation.
	2. ROUND-UP MEETING	Launch of Continued Advocacy and Lobbying Initiative. Meet with Key partners to review the initiative's process and identify the future direction of the Obstetric Fistula Initiative such as the OF MANUAL

GFMER (Geneva Foundation for Medical Education Research)

AMREF (African Medical and Research Foundation)

JUNE	JULY
[1 - 21] NAIROBI / AMREF [25 - 28] GARISSA DISTRICT	[7 - 9] KENYATTA NAT. HOSPITAL [14 - 18] MUTOMO DISTRICT [21 - 25] MACHAKOS DISTRICT
AUGUST	SEPTEMBER
[5 - 9] NAIROBI / AMREF [12 - 16] GARISSA DISTRICT [26 - 30] KENYATTA NAT. HOSPITAL *progress report sent to partners	[2 - 6] MACHAKOS DISTRICT [9 - 13] KISUMU CITY [16-20] ORTUM MISSION HOSPITAL [23-27] MUTOMO DISTRICT
OCTOBER	NOVEMBER
[6-10] NAIROBI / AMREF [13-17] KENYATTA NAT. HOSPITAL [20-30] ORTUM MISSION HOSPITAL	[4 - 8] NAIROBI / AMREF [11-22] KISUMU CITY [25-28] KENYATTA NAT. HOSPITAL *progress report sent to partners
DECEMBER	JANUARY/FEBRUARY
NAIROBI * DATA COMPILATION ** DATA ANALYSIS *** DISSEMINATION OF PRELIMINARY REPORT ****PUBLIC PRESENTATION OF FINDINGS *progress report sent to partners	NAIROBI/GENEVA * FINAL REPORT DISTRIBUTION **STAKEHOLDERS MEETING ***MANUAL DEVELOPMENT **** FINAL REPORT & RECCOMENDATIONS SENT TO PARTNERS.

EXPECTED RESULTS

- Development of an Informational Manual
- Continued Research in Kenya.
- Expanded Research to Western Africa: Benin.
- **Lobbying** for the training of more Obstetric Fistula Surgeons and for the integration of the Obstetric Fistula corrective surgery procedure into the curriculum of all government run University Medical Schools
- **Advocacy** for a formal reintegration and rehabilitation process for women who develop Obstetric Fistula