Fadima Mara (centre) is a housewife who lives in Kissidougou. She was treated for obstetric fistula under an ISFD-supported project in 2015. Now she has her healthy body and life back, she is supporting other women who are awaiting their treatment for obstetric fistula at Kissidougou hospital. She organizes singing and dancing to help reassure them before their surgery.
Guinea suffers from a multitude of health challenges. Malaria is a persistent threat, and the Ebola epidemic from 2013 to 2015 placed a major strain on medical resources. The limited funding allocated to the health sector, which represented 5.6% of Gross Domestic Product (GDP) in 2014, is below the global average of 9.9%. That means that many diseases, including maternal ailments, are not treated as medical services and treatments are under-resourced.¹

Limited access to good maternal healthcare leads to a range of problems. One of these is obstetric fistula, a treatable condition that is one of the most common complications during pregnancy. Guinea has a National Strategy for the Prevention and Management of Fistula.² However, this strategy cannot be fully implemented due to the lack of financial resources in the country.

The result is a life of misery and exclusion from society for women living with fistula. Aside from the pain of losing their child, their communities often ostracize them or their husbands and families reject them. Almost all of the women who suffer from fistula lose their self-confidence, leaving them unable to work or take part in social life.

Fortunately, donor support for fistula treatment in Guinea is helping to treat many women. The Islamic Solidarity Fund for Development (ISFD) helped to fund the Towards a Fistula Free Generation in Guinea project, which ran from May to September 2015. The 59 women who were treated are now successfully reintegrated into their communities. As well as treating the women’s condition, the project empowered them and helped to restore their self-confidence and social inclusion.

The project also sensitized nearly 5,000 people through Village Safe Motherhood Committees, through which it educated them on how to reduce the risk of obstetric fistula. This has helped to create a more resilient health system in Guinea for future generations.

Towards a fistula-free generation in Guinea

The vision of a fistula-free generation was funded by ISFD, which provided US$100,000, and the Islamic Development Bank (IsDB), which provided US$50,000. This funding supported treatment in Kissidougou and Labé, while the Fistula Foundation, which provided US$150,000, supported activities in Conakry. The partner organization EngenderHealth, which managed the project, provided US$95,000.

Thanks to a highly efficient process of identifying and referring women with obstetric fistula, the hospitals in Kissidougou and Labé were able to treat a higher number of patients than expected, without incurring significant extra costs. As a result, the project exceeded all of its targets.

<table>
<thead>
<tr>
<th>Location</th>
<th>Women treated (target)</th>
<th>People reached by Village Safe Motherhood Committees</th>
<th>Women in social immersion programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissidougou</td>
<td>31 (20)</td>
<td>2,029 (1,250)</td>
<td>31 (20)</td>
</tr>
<tr>
<td>Labé</td>
<td>28 (20)</td>
<td>2,949 (1,250)</td>
<td>28 (20)</td>
</tr>
</tbody>
</table>

“The situation [with obstetric fistula] is improving ... but the need for treatment is still very high. Thanks to our partners ... we can keep services running. Donors like ISFD are essential to us.”

– Dr Mamady Kourouma, National Director of Family Health and Nutrition, Ministry of Health and Public Hygiene
Kissidougou

Odette Mano, trader, 22
I was abandoned by my husband and his parents. I went back to my mother; nobody visited me and I visited nobody. [Now] I have been cured, and I am happy. I am an advocate in my village for girls not to get married before the legal age.

Makoura Wamounou, trader, 40
I lived with my fistula for three years. One day, I learnt from the rural radio about the fistula treatment centre in Kissidougou. I went quickly to Kissidougou, where I was operated on. I now work in the marketplace.

Nako Traoré, soap maker, 35
I lived with fistula for roughly 20 years. My husband, a blind man, didn’t abandon me, but his parents went away from me. I continued begging for my subsistence. Then one day, listening to the radio, I heard about the fistula treatment centre in Kissidougou. Now I am cured, I am happy.

Nialem Condé, maize puree seller, 22
I was very welcome in my host family and I was happy there. I was considered a member of this family and even now our relationship continues. I feel better.

Boye Guilavogui, tailor, 27
I lived with my fistula for three years. My husband was informed about the fistula treatment centre. I quickly went to Kissidougou with my husband, where I underwent a surgical reparation. I am healed now and I’m happy.
Labé

Finda Komano, 35, farmer
I spent three days without delivering [my baby], so the community transported me to the hospital. I gave birth but the baby was dead and I got the disease. I couldn’t control my urine. My husband abandoned me because of my bad smell. Now [after surgery], people are talking with me; nobody goes away from me now.

Adama Sow, 25, farmer
I got this disease during my first delivery. My family took care of me [after surgery]. I reintegrated into my community, and this year I went back to farming. I am very happy and I thank the project.

Mariama Baïlo Balbé, 40, charcoal seller
When I got pregnant, there was no health structure, so I spent four days without delivering the baby. On the fifth day, I gave birth but the baby was dead. The day after, I noticed that I couldn’t control my urination... I lived with my fistula for 13 years; nobody could visit me, nobody could approach me. [But] now I work for the project at the social centre for fistula in Labé.

Marliatou Diallo, 35, farmer
My parents sent me to Sikasso (Mali) for treatment. I underwent two surgeries there, but in vain. I came to Guinea and I went to Labé because we heard that there was a centre for fistula treatment. I am healed now; I can do all the things that women can do now.

Houleymatou Diallo, 40, soap maker
I got this disease in my seventh delivery. Because of my smell, I lived alone through choice. I was informed by the rural radio of Labé that a session of fistula treatment was happening. I went to Labé, where I was treated and cured. I am reintegrated into my village now; I feel better.

*A fistula is an injury, not a disease, but this is the term often used by sufferers.*
The testimonies of treated women clearly demonstrate how the ISFD-funded project transformed their lives. From living hidden away from her community, each woman is now back to where she always wanted to be: in the heart of her family, pursuing her own livelihood and taking part in everyday life.

The project’s impact extended beyond these direct beneficiaries. It also increased awareness among Guineans about obstetric fistula, its causes, prevention and treatment. “Fistula was considered an untreatable disease,” explains Dr. Cisse, the Prefectural Director of Health in Kissidougou. “Since the project began, however, health workers and communities have a better understanding of it. When a parent notices her daughter is suffering, she knows she can be treated. This is a huge change in our region.”

Changing attitudes: the key to success

A long-lasting benefit

As well as the immediate impact on the lives of the women treated, the project helped to improve the standard of healthcare in Kissidougou and Labé for the future, through training Guinean surgeons in fistula repair.

The training came from overseas specialists. “If a fistula is diagnosed as being complicated, then the patient has to wait until a specialist surgeon arrives – around once every three months,” explains Dr. Moustapha Diallo, Director of EngenderHealth in Guinea. “The specialists, from the Geneva Foundation for Medical Education and Research, train local surgeons in advanced fistula surgery while they are in Guinea.”

Three surgeons at Labé were trained in fistula repair surgery. “One has now become certified,” confirms Dr. Ataoullaye Sall, Director of Labé Regional Hospital, “while the other two are still undergoing training; it is a long process.” In Kissidougou, one surgeon was enrolled in the surgical repair training process during the ISFD-funded project.

It is not just surgeons that have benefitted; all healthcare workers involved in the project now have a better understanding of the causes and treatment of obstetric fistula. “Through the project, more people are now trained in fistula awareness,” confirms Dr. Cisse, the Prefectural Director of Health in Kissidougou.

A medical kit for fistula treatment contains items such as gloves, bandages, fluids, drugs, tubes and disinfectants. Costs for these items can vary (the average cost is around US$94), but the kit is one of the major expenses in fistula surgery.
Across the airwaves: the role of rural radio

While most of the women treated under the project came from Guinea, some travelled from Côte d’Ivoire, Liberia, Mali and Sierra Leone. One factor behind this wide-reaching impact is the use of rural radio, which is a central tenet of Engender Health’s approach. Projects were announced on rural radio stations to raise awareness of upcoming sessions, and the message spread far and wide.

“In Kissidougou, radio reaches all of the prefecture, and almost all people have access to a radio,” says Dr Sisse. Radio is a highly effective tool, as it means that even illiterate people can understand the messages. And once people knew about the sessions, the message travelled via word of mouth. As a result, people from beyond the immediate project regions heard about the availability of treatment.

Not everybody listens to the radio, however. To reach as many people as possible, the project used other awareness-raising approaches as well, such as the Village Safe Motherhood Committees and information at rural health posts. “Radio has a wider range, but with the committees, the message stays with people,” says Dr Sisse. “The two approaches complement each other well.”

What is obstetric fistula?

An obstetric fistula is a hole between a woman’s reproductive organs and the rectum or bladder, caused by a prolonged or obstructed labour. This leaves the sufferer incontinent, unable to control the passing of urine and/or faeces. It can lead to psychological issues, with women suffering from symptoms such as despair, isolation and low self-esteem.

The condition is closely linked to delayed medical intervention during labour. The pressure of the baby’s head stops blood circulating to the tissues around the birth canal, causing the fistula. As a consequence, the condition is more common in remote areas with limited healthcare services, and among poor or uneducated communities where people are unaware of how to prevent fistula, or cannot afford healthcare.

It is difficult to accurately measure the number of women suffering from obstetric fistula in Guinea and other developing countries. Many cases remain undiagnosed, meaning the scale of the problem is not fully known. The lack of treatment in developing countries is clearer: the Fistula Foundation estimates that for every woman who does get treatment, a further 50 are left untreated.

“The hospital in Labé.
The Village Safe Motherhood Committee in Lombonna chant the slogans, “We can fight fistula”, “Women must not be stigmatized” and “Women must be treated” with members of the Thierno Sow family and the Mody Hassemiou family, who share a farming compound, in Kouraweye, around 7km from Labé. The committee has been running since 2009 and was one of seven near Labé that took part in the ISFD-funded project.
EngenderHealth uses two complimentary tools to tackle obstetric fistula: facility-based prevention, which involves training healthcare providers and surgeons with the skills and knowledge they need, and community-based prevention, which raises awareness of the condition and how to prevent and treat it, changing attitudes around childbirth and pregnancy.

The availability of basic health services to the poorest people, especially maternal care services, is crucial in tackling persistent problems such as fistula. Health researchers recognize that community participation is critical for improving access to, and the use of, healthcare services. Developing and supporting Village Safe Motherhood Committees (the approach used in this project) was first used in Guinea in the Fistula Care project (2006–13), funded by the United States Agency for International Development (USAID).

To form a Village Safe Motherhood Committee, the community selects six to seven men and women. They are equipped with knowledge in subjects such as antenatal care and family planning, for example the need to allow more time between pregnancies, the health risks of early marriage and the need for check-ups during pregnancy. Importantly, they explain how pregnant women need to prepare for a birth, which is a major factor in reducing the likelihood of suffering a fistula. Members are also trained in skills such as community mobilization, data collection and the use of pictorial tools to raise awareness.

Once trained, the committees conduct health talks in their community, travelling from house to house. They usually visit each family group four times, but increase this if there are pregnant women in a family. The committees are supervised by local authorities, rather than centrally; handing over ownership in this way means that they continue to function even after a specific project has finished.

Analysis by EngenderHealth shows that Village Safe Motherhood Committees are an important catalyst for positive change. Not only do they increase communities’ knowledge of maternal care, they also make people more likely to seek out healthcare, for example visiting a health centre early on in their pregnancy. This is a major factor in reducing the likelihood of obstetric fistula.

The volunteers also value being involved. “The main benefit is serving my community,” says Amadou Diouma Camara, a member of the Lombonna Village Safe Motherhood Committee. “I have learned how to sensitize people to issues around maternal health. This has been rewarding and is also very important: sensitization reduces the rate of maternal mortality.”

“Of the 500 people who live in our community, 300 have been reached in just over one year. The main impact so far is that people understand that pregnant women have to visit a health centre; women now go more regularly to health centres.”

– Falam Tounkara, President of the Feroh Village Safe Motherhood Committee
Getting back to everyday life

Once a woman has recovered from surgery for obstetric fistula, there is still a further healing process to undergo, which is reintegration into society. For many women, obstetric fistula means living with stigma and being ostracized from her community, due to widespread misunderstanding of the condition; for example, some communities consider it a form of witchcraft. At times, stigmatization can come from her own family or her husband’s family.

To help women rebuild their self-confidence, the project supported each woman treated to spend a short period living with a host family, usually around two weeks. During this period, they were gradually involved in family activities, such as cooking, eating meals and shopping, and other activities they were often excluded from when living with fistula. “This helps with women’s social reintegration, and is an important feature of EngenderHealth’s approach,” says Moustapha Diallo.

Sia Delphine Bongono’s family hosted two women after she heard about the project in Kissidougou hospital, when she was being treated for a different condition. “My family was more than happy to receive them,” she says. “The main personal benefit of being involved is the satisfaction of helping women with difficulties.”

Her neighbours also helped out, visiting the women staying with her and bringing gifts. One of the women who stayed with her was a hairdresser, and spent her time doing the hair of her neighbours. “Our community adapted to hosting the women very quickly,” says Sia.

“I was well received in my host family. The neighbours visited me and brought me gifts. I ate with the family from the same bowl, and I lived in the same room with their children.”

– Odette Mano, 22, trader, Guéckédou
The Towards a Fistula-Free Generation in Guinea project was a success on every level. The testimonies of everyone involved, from the women treated to the volunteers helping as host families or in Village Safe Motherhood Committees, show that it brought positive changes to thousands of people.

While the project lasted for less than a year, its impacts are still being felt. As one of the first projects in Guinea to use the Village Safe Motherhood Committee approach, it contributed to learning and refining this valuable tool for improving community awareness of maternal health. As a result, more organizations are now adopting this model; the USA mining company Alcoa is funding community-based activities that use the same approach near their mines in the Boké region of Guinea.

EngenderHealth are currently running an integrated maternal health project, which is funded for a five-year period by USAID, that uses the same approach that was so successful in the ISFD-funded project. The organization shares the findings from its fistula work with several government ministries in Guinea to ensure that lessons are scaled up and replicated in other sectors, as appropriate.

The fact the project’s approach is being replicated so widely is a testament to its success.

As poverty is one of the main drivers of fistula, part of the long-term solution is to ensure that young women in poor rural areas are economically empowered through vocational skills and microfinance. This enables them to engage in economic activities and will help reduce the incidence of fistula; this should be considered as part of future fistula treatment programmes funded by ISFD and IsDB.

Success factors

- The project used a proven approach, one that addressed the causes and treatment of obstetric fistula in a holistic manner. Having a tried and tested method means that a project can proceed very smoothly once funding is available.
- The project managed to exceed its targets because the process of identifying and referring women with fistula was highly efficient. This meant that a higher number of patients were cured during the treatment sessions, without incurring extra costs.
- EngenderHealth works with established partners at the national, regional and local levels, including hospitals, rural radio stations, local government. This ensured that the most appropriate approaches were used in each place.

1  www.who.int/gho/health_financing/total_expenditure
2  https://fistulacare.org/archive/english-pages/5/5_4.html
3  www.fistulafoundation.org/what-is-fistula

“We are very happy. We were sick but we have been healed.”

– Houleymatou Diallo, soap maker, Togue, near Labé
Acknowledgements

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