

Healing Wounds and Restoring Hope of Women in Rwanda

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Ruhengeri, Rwanda—The first-ever obstetric fistula training for Rwandan surgeons was held from March 6 to 10, at Ruhengeri Hospital. A town in northern Rwanda, Ruhengeri is framed by mountainous and volcanic terrain; the landscape is breathtakingly beautiful, but potentially treacherous for a rural woman in labor. Obstetric fistula—the most devastating of all pregnancy-related disabilities—affects up to 2 million women in developing countries worldwide. It is estimated that between 400 and 600 new fistula cases occur each year in Rwanda, with only 150 able to be repaired through surgery.



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The Ruhengeri training was a first step in a more long-term collaborative effort to address this preventable and treatable condition. The training was sponsored by the U.S. Agency for International Development (USAID) through EngenderHealth/the ACQUIRE Project,¹ The German Cooperation (GTZ), Doctors Without Borders (MSF) and the United Nations Population Fund (UNFPA). This important step will launch the USAID-supported ACQUIRE Project in Rwanda, which will work to increase the fistula treatment capacity of the Central University Hospital (CHU) of Kigali and Ruhengeri Hospital and to reduce the number of women living with this dehumanizing and treatable condition.

During the course of five days, 11 Rwandan surgeons from Ruhengeri Hospital, CHU Kigali, CHU Butare, Kibuye Hospital, and Gitarama Hospital learned about the fundamentals of fistula repair surgery. They also observed and assisted the work of master trainers Dr. Theobald Hategekimana (from CHU Kigali), Dr. Tom Raassen (with the African Medical and Research Foundation [AMREF], Nairobi), and Dr. Marietta Mahendeka (from Mwanza Hospital, Tanzania). The training resulted in the repair of 36 women's fistulas and was meant to build interest among trainees, with the hope that they would pursue further training and work in this critical field.

“It is extremely important to train doctors in fistula repair,” said Dr. Radjabu Mbukani, assistant ob-gyn from CHU Butare. “There are too few people who are skilled to provide this service in Rwanda, and we hope that there will be further opportunities to be trained.”

Dr. Zilimwobagabo, an ob-gyn from CHU Kigali, said, “Because of this training, I have found that there are techniques I will be able to do now that I could not do before.”

¹ The ACQUIRE Project (Access, Quality, and Use in Reproductive Health) is a five-year global cooperative agreement supported by USAID.



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The root causes of fistula are poverty, poor maternal health services, and social discrimination against women. Fistula is caused by prolonged and obstructed labor, coupled with a lack of appropriate medical intervention—typically a cesarean section—to relieve it. The woman is left with chronic incontinence, and in nearly all cases the baby dies.

A baseline survey conducted in 2002 by EngenderHealth and Columbia University revealed the many challenges that hospitals in Rwanda face in providing fistula care: a growing number of

fistula patients, a shortage of trained surgeons, few equipped operating theaters, and a heavy reliance on visiting doctors to treat the large numbers of women awaiting surgery.

About 60% of Rwandan women deliver their babies at home, and only 38% of births take place with a skilled birth attendant. Over the last several years, the country has made concerted efforts to decrease maternal mortality, increase the number of hospitals at the district level, and place skilled health personnel in remote areas. Despite these great strides, a large number of women still die in childbirth or suffer in silence from obstetric fistula.

Two weeks prior to the Ruhengeri training, a radio spot announcing the event called on women with fistula to come to that hospital for repair. Uncertain of the exact number of women affected by fistula in Rwanda, hospital staff and training organizers were astounded when more than 160 women arrived in search of surgical repair. Women reported having traveled from the neighboring Democratic Republic of Congo or from the south of Rwanda—journeys that could have easily taken more than one day. The majority of these women made these trips alone and had little to no money for food or transport.

Although a five-day training was not enough time to repair all of the women who sought services, hospital staff recorded the contact information for these women so they can be reached in the future. A follow-up training and treatment campaign is currently being planned by the ACQUIRE Project and partners, to ensure that the women who bravely came forward are not left without recourse.

“Early repair and treatment is critical,” stated Dr. Joseph Ruminjo, Senior Clinical Manager at EngenderHealth. “It prevents the onset of a cycle of stigma and discrimination that will lead to dependency, disempowerment for the woman, and a loss of self-efficacy to seek treatment.”

A first step in a wider effort, the Ruhengeri training succeeded in generating interest in fistula repair among doctors, raising awareness about the condition and the numbers of women affected in Rwanda, and, perhaps most importantly, restoring the lives of 36 women suffering from obstetric fistula.

For further information on the ACQUIRE Project’s work to address fistula, send inquiries to ktell@engenderhealth.org.

