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ISSUES IN PUBLIC HEALTH RESPONSE

A community program for women's health and development: Implications for the long-term care of women with fistulas

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KEYWORDS

Empowerment;
Income generation;
Reintegration;
Residential rehabilitation;
Treatment;
Vesico-vaginal fistula

Abstract

The Women's Health and Development project, also known as FORWARD, was set up to improve the social, economic, and health status of women affected with vesico-vaginal fistulas. The project takes a holistic approach not only by providing surgical repair and rehabilitation, but also through the development of skills that will help women improve their physical and economic well-being. In addition, to prevent vesico-vaginal fistulas in young women, the project organizes campaigns to bring about a culture fostering the education and empowerment of women. These campaigns also raise awareness on general health, reproductive health and rights, and the necessity of integrating women into mainstream community development programs. In 2006, the project was in its seventh year and still recording success.

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1. Introduction

A situation analysis of vesico-vaginal fistulas (VVF) and the issues surrounding this condition in Addis Abba, Ethiopia, and the states of Akwa Ibong, Katsina, and Kano in Nigeria stated the following: "VVF is a result of poverty, under-development, harmful traditional practices, low status and educational level of women, lack of primary health networks and maternal and child health care, and lack of accessible Caesarean services" [1]. A 3-year intervention was carried out to address these issues.

Most interventions to treat VVF have been surgical and hospital based. However, many women affected with VVF need preoperative rehabilitation to overcome infections caused by the neglected leakage of urine and feces, or to build up their strength sapped by malnutrition. Also, post-operative rehabilitation is needed, especially for girls, to overcome the psychological trauma of having been rejected by their families and communities, but very little work is being done in this area. In "no-cure" cases, where the fistula is too complex for repair or the incontinence will be permanent, the patient requires special rehabilitation, accommodation with access to medical care, and a way to generate income.

An appropriate intervention is one that takes care of the physical, mental, social, and economic damage that has been commonly inflicted on girls and women with VVF. This type of intervention cannot take place in the hospital environment where meager staff must attend urgent cases; nor is the

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hospital a place to address issues of economic and social development.

2. FORWARD

The Foundation for Women's Health Research and Development (FORWARD) project was set up to improve the health and socio-economic status of women who have been treated or who need treatment for VVF. The project is located in the Dambatta area of Kano State, Nigeria. The first 3 years of the project (1999–2002) were funded by the UK Department of International Development (DfID). After the lifespan of the funding, the project has been sustained by donations from local and international philanthropic organizations and support from local and state governments.

The project takes a holistic approach not only by providing surgical repair and rehabilitation, but also through the development of skills that will help women improve their physical and economic well-being. In addition, to prevent VVF in young women, the project organizes campaigns to bring about a culture fostering the education and empowerment of women. These campaigns also raise awareness on general health, reproductive health and rights, and the necessity of integrating women into mainstream community development programs.

In 2006, FORWARD was in its seventh year and still recording success. The project conducts outreach literacy classes, works with women to raise awareness on their civil and political rights, and has established health committees in the communities to promote healthy living for women and their families. This article describes the project and its subsequent evaluation demonstrating its impact and effectiveness.

The 3 main objectives of FORWARD are (A) to strengthen existing community-based health provision and delivery services; (B) to improve the socio-economic status of women by strengthening adult literacy services, with a high component of vocational training to develop and build skills for income-generating activities; and (C) to create community awareness through culturally sensitive information, education, and communication for behavioral changes.

2.1. Project activities

The FORWARD project addresses prevention, treatment, rehabilitation, and community reintegration for women who have experienced the trauma of living with a VVF. Project activities are carried out at a residential rehabilitation center in Dambatta and surrounding local government areas. Dambatta was chosen for the project because of an existing accommodation built specifically for obstetric fistula intervention in the mid-1980s. It was built by the government of Kano State as a result of advocacy by the state branch of the National Council for Women Societies.

At the residential Center in Dambatta, girls and women with VVF receive the following: (A) counseling from peers and professionals, surgical treatment, and appropriate preoperative and postoperative nursing care; (B) residential rehabilitation where activities are coordinated and managed to educate and train women on income-generating skills; and (C) physical and psychological rehabilitation at the Center and subsequent reintegration of women into their communities, with 12-months of follow-up and re-assimilation monitoring.

The project was designed to become a semipermanent yet integral feature of the women's lives. At the Center the women create ties with other women like themselves in an atmosphere of support and learning. The content of the classes and instruction has a constant thread of women's rights and empowerment and the girls and women support and help each other. The VVF issues are put in a perspective of general health combined with reproductive and sexual health and rights, so that the girls and women understand how the VVF occurred and what to do to prevent a recurrence. FORWARD does not see them as patients, victims, or inmates; they are referred to as clients while they stay at the rehabilitation center.

2.2. Daily activities at the residential center

A typical day at the Center starts with environmental sanitation and personal hygiene activities. Breakfast follows, then literacy classes are conducted from 10 AM to 12:30 PM. Lunch follows at 1:30 PM, after which the clients say their prayers. Then they have a rest period until 4 PM, when they return to classes for income-generating activities or engage in extracurricular activities such as tending the vegetable gardens and livestock. Dinner is served at 7:30 PM, after which more activities (when necessary) are conducted before the clients retire for the night.

Food preparation and cooking are done by the clients themselves on a rotation basis. Two clients cook breakfast, lunch, and dinner for the rest of the group. An experienced live-in matron ensures that the food is nutritious and well prepared. The Center has individual vegetable plots tended by the clients, who contribute to the food preparation and nutrition discussions with vegetables they have grown themselves. The Center has various fruit trees, including pawpaw (papaya), banana, orange, cashew, date, guava, and mango trees, from which the clients' meals are supplemented for vitamins and minerals.

2.3. Income-generating activities

As low socio-economic status and lack of education have been identified as the major causes of obstetric fistulas, improving the socio-economic status of women through income-generating activities is an important factor of the effort to reduce fistula incidence in the project area.

At the Center, the provision of literacy and vocational education means that the girls and women are equipped to return to their communities not only economically equipped to make their own decisions but also with the information they need to make the best decisions possible.

Activities providing or enhancing vocational skills are very important at the Center. During and after their stay, the clients pursue these activities which include soap and pomade making, sewing, knitting, and cap making (crocheted and woven), as well as livestock rearing and animal husbandry. The training takes place daily at the Center and periodic workshops are held to train facilitators and staff. The project runs literacy and arithmetic classes each day, sewing and knitting classes twice a week, and soap and pomade classes once a week. Clients fully participate in animal husbandry activities throughout their stay at the Center, as they may wish to

raise livestock later on to generate income. Small business management principles are also taught to help clients develop the skills necessary to manage their own businesses when they return to their villages.

2.4. Graduation

A graduation ceremony takes place after a median stay of 10 months at the Center. The clients' families as well as community leaders and government functionaries at the local and state levels are invited to meet the women who, from outcasts, are transformed into empowered literate individuals with a high self-esteem.

When leaving the Center the clients are given a loan in kind, which usually consists of specific quantities of knitting, sewing, or crochet materials; or animals; or other raw materials for activities such as peanut oil processing and snack production. The loan has an approximate value of N5000 (about US\$35). The scheme was set up in the first year of the project. Clients pay back in installments with 0% interest, which are collected during outreach visits or when the women come to visit the Center.

2.5. Follow-up

FORWARD also conducts follow-up visits with previous clients to assist and monitor their reintegration into their communities and evaluate their income-generating activities. The project helps them establish co-operative groups in their respective villages to sustain the skills they acquired at the Center and pass them on to other women. Technical assistance from FORWARD project staff is offered during outreach and follow-up visits. FORWARD maintains its link with former clients by encouraging visits from them as well as inviting them to social functions, seminars, and workshops at the Center.

As soon as a client is registered with the Center, detailed information is recorded about her village of origin, the village into which she was married, and contact persons (such as father, uncle, village head, mother, and husband) in both places. Based on this information, FORWARD visits the villages to establish links with the clients' family members and invites them to visit when they wish and to attend graduation ceremonies. Clients are also allowed to visit home on compassionate grounds when they choose to. Establishing links between FORWARD and the communities helps immensely during the follow-up component of the project.

The follow-up of former clients is an important activity that was not appropriately addressed during our feasibility study. It was argued that girls and women do not want to return to their villages after treatment because of their past shame, when they were smelling of urine. However, the FORWARD project found the opposite to be true. After 9 to 10 months of physical and mental rehabilitation and economic empowerment, FORWARD clients return to their villages with a higher status than when they left. Outreach officers have reported that not only the status of former clients improved, but that they brought happiness and pride to their families. They are referred to as "*Malama* (teacher) educated in Dambatta."

This innovative aspect of the project ensures that, once the women are cured and rehabilitated, they reach an enviable status because they are armed with skills.

The outreach exercise starts 2 to 3 months after the clients leave the Center to allow them time to settle down in their villages and plan strategies to continue with their income-generating activities. The aftercare visits maintain the girls and women in a support system outside the family, which keeps them growing and maturing. Bouncing their thoughts off to the outreach worker—who then acts as a sounding board—they are better able to resist being forced into positions where their new skills and empowerment would be stifled. Some clients have been so empowered that they were able to "renegotiate" their marriages. In some cases the marriage was dissolved and they married men of their choice. Those who were divorced before the rehabilitation refuse to be rushed into another marriage, as they now know that it is their right to consent to a marriage contract before the wedding is performed.

FORWARD expects its former clients to be leaders in their communities. Because they now have skills and knowledge, they have new power and take this responsibility very seriously. For example, they organize discussion groups in their villages to discuss issues of overall growth and reproductive health. Becoming community leaders certainly helps them to reintegrate into the community. The ultimate aim is to assist them as they continue with their income-generating activities and, later, as they form community-based organizations that could be registered as a co-operatives.

3. Evaluation

After 3 years of intervention, in 2002, the project was evaluated and found to have a positive impact on its beneficiaries. Returning to their communities armed with skills to generate income toward economic independence, the girls and women served by the project succeed in living normal lives and bearing children [2]. And by their example and leadership, they in turn serve the other women in their communities.

In 1996, a feasibility study indicated that many girls and women roaming the streets had undergone fistula repair but had not had any form of counseling or rehabilitation. Thus, at first, FORWARD anticipated rehabilitating and reintegrating girls and women treated at Katsina, Kano, and Jigawa hospitals and did not include surgical repair. However, as FORWARD could not turn away women presenting with new fistulas or unsuccessfully repairs ones, it became apparent within a year that a surgical program would have to be implemented. Once the need to incorporate surgery into the project was ascertained, FORWARD engaged the services of a trained private surgeon to carry out the repairs at Dambatta General Hospital, which is adjacent to the rehabilitation Center.

The first set of clients was taken off the streets for rehabilitation. At the beginning 38 women and girls were registered, but 10 left before the end of the year. Some were not interested in the rehabilitation. Many disliked being in a restricted environment after years of independence in the city, roaming the streets and earning money from domestic work. Others, who were not completely continent despite 4 or more previous surgeries, left because they expected further surgical treatment, which was not available. The subsequent sets came to the Center through recommendations from local government officers, community leaders, community-based women's organizations, individuals, and previous clients. Most of those treated between 1999 and

Table 1 Results for the first 3 years of intervention^a

	1st set 1999/00	2nd set 2000/01	3rd set 2001/02
<i>Surgery</i>			
Clients at the Center	28	22	26
Surgical repairs	25	22	26
2nd operations	9	2	3
Successful repairs	21	20	23
Repeat surgeries ^b	4	2	3
<i>Rehabilitation and reintegration</i>			
Participated in income generating activities	28	22	26
Learned to read and write	28	22	26
Successfully re-integrated to their communities	28	22	26
Disappeared from their communities since leaving the Center	3 ^c	0	0
Deaths after leaving the Center	1	0	1

^a Values are given as numbers.

^b Repeat surgeries are those who after leaving the Center are linked up to the Murtala Mohammed hospital for the expert attention of the hospital Surgeon.

^c Three women who had 3 to 4 previous operations at other hospitals (Katsina and Kano) were not operated on because the fistulae were not repairable. All 3 were informed of this but still decided to participate in the rehabilitation program and got the income generating loan, and initially returned to their communities. Later however, they went to the City hospital with the hope of getting more surgical interventions and have not returned home. FORWARD is in touch with them and they visit the Centre and participate in activities when invited. One of them has continued with her income generating activities at the hospital compound.

2002 were from Dambatta and neighboring local government areas of Kano State.

As shown in Tables 1 and 2, a high percentage of the surgical repairs performed at the Center were successful at the first attempt. For example, in the third set, more than 80% of the women became continent at the first attempt. The project employs a full-time nurse and a clinical assistant for medical management. Up-to-date, comprehensive medical records are kept by the nursing staff.

Two deaths have been reported so far among clients from the first and third sets. The death in the first set was not related to childbirth but the other death was. Table 2 shows records for the subsequent 4 years (2002–2006) of the project. Progress in the subsequent years follows the same trend as in the previous years.

Of all 145 previous clients, 25 have had successful vaginal deliveries with no VVF recurrence. This aspect of the intervention needs further investigation, as only 6 of these 25 women were delivered in the hospital. Even though the remaining 19 attended antenatal clinic coordinated by FORWARD, they decided to give birth at home with the assistance of traditional birth attendants.

4. Conclusions

With a good intervention package and a suitable environment, it is possible to turn around the lives of women with VVF—from hopelessness to good mental and physical health. The FORWARD approach was taken because of the close relationship

Table 2 Results of subsequent years after initial funding ended—success was sustained^a

	4th set 2002/03	5th set 2003/04	6th set 2004/05	7th set 2005/06
<i>Surgery</i>				
Clients at the Center	11	17	20	21
Surgical repairs	11	17	19	21
2nd operations	4	3	3	3
Successful repairs	8	13	15	15
Unsuccessful repairs	3	4	4	6
<i>Rehabilitation and reintegration</i>				
Successfully reintegrated to their communities	11	17	20	21
Disappeared from their communities since leaving the Center	NA	0	0	0
Deaths after leaving the Center	NA	0	0	0

^a Values are given as numbers.

between poor reproductive health and the problems that plague underdeveloped countries, such as poverty, inadequate provision of primary health care for almost anyone, inadequate maternal and child health services, and the low educational and social status of women.

The project has strong built-in health components, such as raising awareness and increasing knowledge on issues concerning reproductive health and sexual rights, which are necessary for the eradication of VVF. The project also focuses on the importance of the women's reintegration into their communities following the rehabilitation period. They gain empowerment and socio-economic status from being involved in the project, and many are setting up women's co-operatives and businesses in the Dambatta and Makoda local government areas, where the project is based. In turn, they teach what they have learned from FORWARD to other women in their villages. To achieve these objectives FORWARD has worked in close collaboration with local women's organizations, nongovernmental organizations, and community-based organizations, which all provided training for the women and helped them launch their co-operatives and businesses.

The project can be seen as an example of a holistic approach, with community participation, to address a problem whose causes are multidimensional. The FORWARD approach has changed the lives not only of girls and women affected with VVF, but also that of their families and communities. The cost of the approach is minimal. Treatment and rehabilitation cost \$2300 for a 10 months' stay at the Center. An additional \$340 is needed for 12 months of follow-up and reintegration. This initiative has recorded unprecedented success because stakeholders and beneficiaries at all levels have been involved in its planning and implementation.

Enough knowledge and technology is now available to respond to the health and developmental needs of women. What is lacking, or lagging far behind, are action programs to match such knowledge. In the past 2 decades, women-specific projects have been the main method of addressing the problems of women's health and development in most African countries, but this approach has had limited success; integrated approaches are now introduced to address such issues.

5. Recommendations

Policy makers and those responsible for implementing policies concerning women are being encouraged to integrate women's health, education, work burden, income, productivity, and community participation into coordinated sectional programs.

There is growing evidence that interrelated projects focused on efforts to improve the health and overall status of women will provide substantial benefits in terms of human welfare, poverty alleviation, and economic growth. Household nutritional and economic security has emerged as a major priority, and programs have been initiated in Burkina Faso, Burundi, Malawi, Nigeria, and Tanzania to help women contribute to bringing about such security. However, Nigeria, especially the northern area, continues to lag behind in these efforts.

FORWARD has been running this VVF surgery and rehabilitation project in the Kano State of Nigeria for 7 years with

funding from the United Kingdom and help from local philanthropists and volunteers. The project has been extremely successful at ensuring sustained impact, and it is recommended for replication not only in other states of Nigeria, but alongside other VVF projects in other African countries. FORWARD is thus in a good position to make recommendations to those who want to help address the VVF problem in Nigeria.

The Federal Ministry of Health has laudable maternal and child health initiatives, which include the Making Pregnancy Safer initiative, the Women and Children Friendly Health Services initiative, and the Birth Preparedness and Complication Readiness initiative stated in the Ministry's Fact Sheets on Safe Motherhood [3].

To achieve the objectives of Safe Motherhood, the following are essential: (A) One or more primary health care facilities, with at least 4 trained midwives, are needed per local government area to offer basic essential obstetric care, and (B) one comprehensive essential obstetric care facility is needed in each state. These expectations need to be met with concrete actions on the ground to ensure an improved quality of life for Nigerian women and girls. There is an urgent need for functional basic essential obstetric care in each local government area, as soon as possible, to stop all unnecessary suffering for women who want to perform the natural act giving birth.

The Federal Ministry of Health should also develop a standard protocol for the surgical repair of VVF. The interventions are performed on powerless, voiceless girls and women, and it is very important that the surgical procedures be monitored by indigenous physicians who have been specially trained to perform the surgery. In the same vein, all international interventions should be regulated, monitored, and evaluated to meet the standards set up by the Ministry.

The Federal Ministry of Women's Affairs should be among the principal stakeholders addressing issue of VVF in Nigeria. This is necessary to add a tender and supporting perspective to the issue.

Maternal and child nutrition is very important to improve the psychological and physical health of women and children. A malnourished child is not likely to develop physically in a way conducive to healthy pregnancies and easy deliveries. And if she happens to give birth to a healthy child, she will not be able to nurture the child toward a harmonious physical and psychological development. It is therefore necessary that more attention be paid to adequately feeding women and children. Nutrition rehabilitation centers as well as feeding centers should be instituted in all local government areas of Nigeria. An appropriate use of local foodstuffs in these centers would go a long way to addressing malnutrition in the communities.

Involving local expertise is important, as a home-grown solution will be less expensive and more sustainable. If bodies such as the Medical Women's Association of Nigeria joined efforts with the Society of Gynecologists of Nigeria and other relevant professional associations, such as associations of nutritionists and sociologists, a lasting solution to the problems of maternal and child health in Nigeria would soon be on the way.

Achieving the objectives of the United Nations Millennium Development Goals will go a long way to improve the health of mothers and children in Nigeria [4]. And since achieving the

goals is tied to community empowerment and economic development, it is necessary that the policy makers at both state and federal levels commit adequate funds to carefully thought-out policies. At least 60% of the debt relief should be spent on women and children's health and community development, with a focus on reproductive health issues.

International organizations funding development initiatives should focus on action projects. Enough money has been spent on conferences, seminars, and workshops on VVF issues in the past 20 years and longer to fill many yards of shelves with reports—with little effect on the problems plaguing maternal and child health in Nigeria. It is time to wind down on the advocacy and increase activities to address maternal morbidities and mortality in general and VVF in particular. National and international interventions should always tap into the wealth of experience and other resources that are available in the communities, to help them with those issues in ways that will ensure the sustainability of the interventions.

Conflict of interest

The author wrote this article to raise awareness on the importance of addressing the issues associated with VVF with a broader perspective

on the community beyond the hospital, and as a voluntary service to FORWARD. No financial gain was involved, and no personal relationship with anyone in the organization could have influenced the content of the article.

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No sponsor was involved in the development, writing, or submission of this article.

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