



TERREWODE

"Empowering Women and Girls of Teso"

Fistula Strategy Brief

For a decade, The Association for the Re-orientation and Rehabilitation of Women Development (TERREWODE) members are committed to improving the livelihoods and status of women & children. It is concerned about the deteriorating reproductive health & rights situations of women aged 13-45; abuse and neglect of rights of women and the girls that have escalated. It works with community volunteers and social workers to raise awareness, lobby and advocate for women's health, economic, civic & political rights through a holistic obstetric fistula, which includes prevention, treatment and social reintegration of fistula patients. It employs a rights based approach to programming.

What is fistula? A woman dies in childbirth every 90 seconds from preventable conditions worldwide. Every year, these preventable circumstances leave more than 7 million babies dead and between 15 and 20 million women injured with life-altering disabilities such as obstetric vesicovaginal fistula (VVF)/ rector vaginal fistula (RVF). Uganda, six out of ten women deliver at home. After labouring for days unsuccessfully without skilled medical care, the women who end up with VVF/RVF are only lucky to have survived death in childbirth. During the prolonged labour, the soft tissues of the pelvis are compressed between the descending baby's head & the mother's pelvic bone. Without blood flow, the tissue dies creating a hole between the mother's vagina and bladder, or between the vagina and rectum. After losing her baby, the woman with obstetric fistula finds herself leaking a continuous stream of stinking urine, faeces or both through her vagina that she cannot understand, explain or escape. There are 100,000 women with fistula in Uganda; and 2000 new cases occur annually; 95% of these women are shunned by their partners, families and communities; they are subjected to absolute poverty and ostracization.



A former fistula patient (M) is counseled at TERREWODE Soroti office shortly after discharge from Soroti Referral Hospital.

Contributory factors to fistula

Obstetric fistula is a "disease" of poverty. It is a clear marker of the failure of political, social and health systems to protect and promote women's health and their health rights. The low status of women perpetuates this. It essentially starts by the girl child being deprived of her right to basic education and proper nutrition, or being pushed into an early

and or arranged marriage leading to teenage or unwanted pregnancies. Inadequate public health programs and limited access to timely quality family planning services and emergency obstetric care during difficult labour facilitate fistula occurrence. Pregnant women who suffer domestic violence are equally at high risk of getting fistula.

In its campaign to end fistula TERREWODE partners with the following organisations: Independent Development Fund, European Union, Fund for Global Human Rights, OperationOF, Worldwide Fistula Fund, Centre for Social Development, Urgent Action Fund, Access Fund, Norwegian Human Rights Fund and Women's Dignity Project.

Specific Achievements

500 women with fistula in Teso have been mobilized, 200 of them supported to access treatment & 50 have been socially -reintegrated in their communities.

600 men and women actively engaged in grassroots advocacy on the health and rights of women and girls within their sub-counties in 8 Teso districts, following training in health rights advocacy.

32 sub-counties in the 8 Teso districts have been reached directly with TERREWODE's various Fistula programme activities.

Increased awareness on the causes, prevention & treatment of fistula among 4,000 populace from all 32 sub counties.

40 community volunteers actively involved in family outreach activities on reproductive health and rights of women and girls.

200 opinion leaders from 32 sub counties mobilized & trained as dignity watch society members on abuse of women's reproductive health & rights).

40 senior secondary schools girls from 10 schools mobilized and trained as Trainers of Trainers on rights of women and girls.

Formed public- private partnerships with district technocrats on fistula with the ultimate goal of influencing budgetary allocations and policy formulation on fistula.

Increased male participation in reproductive health & rights of women and girls. For example, out of 48 home based maternal health care (HBMHC) volunteers, 28 are women and 20 men; & out of 200 DWS members, 146 are men and 54 are women.

80 law enforcement officers equipped with skills and knowledge on fistula and are actively involved in the campaign to end fistula

TERREWODE is a partner in the global movement to end fistula.

Areas for collaboration

- Building capacity among rural women& youth groups/school clubs in advocacy *for improved recognition & respect for health rights of women* and children especially girls.
- Mobilize resource through lobby & advocacy *to improve access to quality & timely treatment (surgeries) for fistula patients*.
- Creating community awareness on *fistula risk factors* such as high illiteracy rates, gender based violence, domestic violence, poverty with reference to issues of vulnerability and marginalisation.
- Strengthening and scale up TERREWODE's economic empowerment program for *fistula survivors* through advocacy for economic rights of high risk women and girls including fistula patients.
- Investing in strengthening TERREWODE's ICT & Documentation Department *to promote awareness among local, national and international human rights organizations* including, safe mother-hood initiatives for greater impact on the issue.
- Capacity building of community groups in *documentation, participatory resource monitoring and tracking local programs and services with a focus on accountability, transparency* for improved reproductive health services and care.
- Promote formations of coalitions for *successful policy formation/enforcement advocacy for the prevention, treatment & reintegration of fistula* patients in their family & community.
- Creation of awareness and advocacy for *increased budgetary allocations to improve access to quality patient care during treatment and reintegration process*.



Lambert and wife visit his sister Aname (R) after 20 years of abandonment due to fistula. The visit was possible after TERREWODE's fistula education program

Progress of TERREWODE's campaign to end fistula

TERREWODE uses obstetric fistula to mirror the broader reproductive health concerns of women and children while emphasizing capacity building of the rural affected individuals and groups to engage actively in campaigns improve the situation through advocacy for the rights of the poorer, vulnerable and marginalised population segments. School clubs are created/ strengthened to

engage in reproductive health campaigns and act as an entry point to the school community. Survivors / victims of abuse and violations of rights abuse are mobilised and empowered. Stakeholders successfully were targeted in awareness creation activities emphasizing provision of information and education on reproductive health and rights especially women and girls at high risk of or are living with or have been treated from fistula.

Lessons learned from the campaign to end fistula

- Fistula thrives on community ignorance about the causes, prevention, treatment and possibility of social integration.
- Communities yearn for information and would like to act on improving the situation.
- Lack of planned pregnancies and childbirth preparedness predisposes women to experience prolonged and obstructed labour.
- Male involvement on maternal and child health issues is still low, yet when effectively targeted, men are very supportive of the issues as agents of social change.
- More parents are aware about girls rights to education. Nevertheless, vulnerable girls such as orphans and the needy are often sexually abused and forced into marriages while young.
- Lack of a specific budget for fistula treatment; inadequate human resource and equipment to effectively treat and manage patients is a challenge.
- Inadequate funding makes execution of project activities difficult.
- Increased awareness about danger signs of pregnancies and difficult labour results into increased antenatal visits and hospital deliveries.
- Lack of decision-making by women on issues of maternal health often results into delays to access medical services.
- Communities tend to EMBRACE and own projects in which they have participated during formulation/designing as their original idea.