

Ebonyi State Mother and Child Care Initiative (MCCI)

Policy brief - Elimination of obstetric fistula

Obstetric fistula is a major public health problem in Nigeria, the situation being more evident in the Northern part of the country. The prevalence estimates range between 400,000-and 800,000 cases, plus an estimated 20,000 new cases per year. With only 2,000 - 4,000 fistula repair surgeries being carried out yearly, there is a large backlog of patients waiting for surgery. It is estimated that Nigeria accounts for 40% of the worldwide prevalence of obstetric fistula.

In 2007, the Wife of Ebonyi State Governor, Chief (Mrs.) Josephine N. Elechi established **the Mother and Child Care Initiative (MCCI)** with the objective of fostering partnerships across a broad spectrum of stakeholders for promoting the survival of mothers and children of Ebonyi State.

MCCI's **vision**¹ is "to facilitate the creation of an optimised environment that will allow for the attainment, fulfilment and self actualisation of the Ebonyi woman and child"

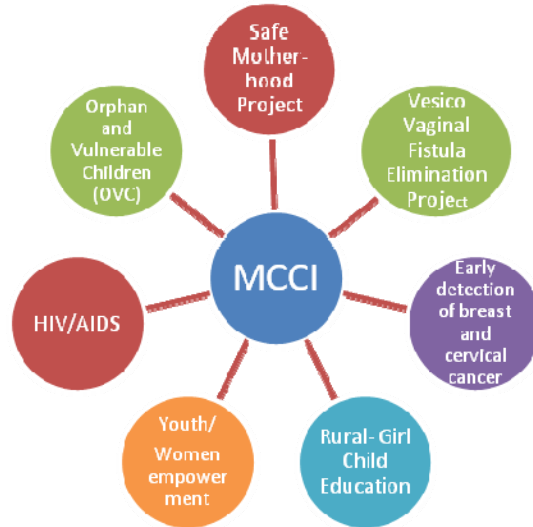
The **objectives** for MCCI are:

1. To empower the Ebonyi woman
2. To reduce maternal mortality
3. To promote an environment that will allow for the eradication of maternal morbidities like vesico-vaginal fistula
4. To facilitate the establishment of functional primary/comprehensive health facilities in the state and promote effective referral systems
5. To facilitate the establishment of cancer screening centres in the state
6. To educate the public on unhealthy life styles
7. To facilitate the development and empowerment of the Ebonyi youth
8. To promote mother and child survival

MCCI activities started in 2007. In spite of this short period, there have been positive outcomes resulting from the implementation of activities. For example:

- The number of deliveries in all type of health facilities in the State has double in 2009 compared to 2006 as a result of community mobilisation and provision of free maternal care in mission hospitals;
- the number of antenatal care attendances has tripled in the same period;
- 524 women from Ebonyi and thirteen States² in the country have had their fistula repaired at the South East Fistula Centre.

Figure 1 Mother and Child Care Initiative Project / Components



¹ MCCI's vision, objectives, components are described in the concept document "Mother and Child Care Initiative (MCCI) of Her Excellency Mrs. Josephine N. Elechi, Wife of the Ebonyi State Governor", November 2007.

² Abia, Enugu, Imo, Anambra, Cross River, Bayelsa, Bauchi, Lagos, Delta, Edo, Anambra, Kogi and Benue States

The strategies adopted and the interventions implemented by MCCI have been comprehensive and integrated in such a way that a synergy has been created with relevant government interventions (both at state as well as local government levels), private sector, non-government organisations, development partners and others. In an effort to sustain these achievements and continue the work on behalf of women and children, MCCI has been made a government agency by an act of the Ebonyi State House of Assembly.

What MCCI is doing to address obstetric Fistula

For MCCI obstetric fistula has been an **entry point to address issues of maternal health**. The approach taken has been to simultaneously develop and implement strategies and interventions in several areas including advocacy and community mobilisation activities, prevention, treatment and rehabilitation.

Grassroots mobilisation



Advocacy, sensitisation and other community mobilisation activities have brought about a great deal of on-site and direct contact. They have also touched all segments of society (government, private sector, civil society organisations, traditional and religious leaders, communities, individuals).

Since 2008, MCCI has undertaken these activities in the thirteen Local Government Areas (LGAs) to sensitise and mobilise the public for community participation in the MCCI thematic areas. The fact that H.E. Chief (Mrs.) Josephine Elechi participates in these visits and delivers the messages not only motivates increased participation from community members and community leaders but also brings additional credibility to the messages delivered. For example in 2009, key messages delivered related among others to the need for pregnant women to attend antenatal clinics and deliver at the hospital, dangers of teenage pregnancy, dangers of female genital cutting, need for girl-child education and breast self-examination, causes of obstetric fistula and the need to support women with fistula. The Free Mobile Clinics are also used for awareness raising and community mobilisation. Through the Mobile Clinics a number of health care services are brought down to the communities in the various LGAs and Development Centres. Sixty-three Mobile Clinics took place in 2009.

The dissemination of the MCCI Law and Related Matter as well as the training of the members of the Maternal Mortality and Morbidity Monitoring Committees (MMMMC) provided opportunities for community mobilisation.

Traditional leaders, ward coordinators, Development Centre Coordinators, members of the MMMMC and the Chairpersons³ have played key roles in these activities, while radio and TV jingles produced in English and local languages are being aired to promote issues of maternal health. Two radio programmes hosted by MCCI address the thematic areas of MCCI.

³ Chairpersons are the wives of the Chairmen of LGA. In each LGA, they are acting as liaison / coordinators of MCCI activities in each LGA.

Prevention of obstructed labour to prevent obstetric fistula as well as maternal deaths

It is estimated that approximately 11% of maternal deaths are due to obstructed labour. It is also known that obstructed labour and lack of access to emergency obstetric care (EOC) are the main causes for obstetric fistula. MCCI has been implementing interventions to address **the three delays during prolonged labour that impede women's access to quality care:**

First delay: decision to seek care from a skilled attendant: There have been grassroots campaigns to raise awareness on the need for pregnant women to register for ANC and to deliver at a health facility. The messages stress the need for the women to prepare for the delivery (e.g. save money for safe delivery), to refer patients early when complications in labour and delivery appear, and to encourage men to support their pregnant wives.

MCCI has also reached out to traditional birth attendants (TBA). In 2008 more than 600 TBAs across the state participated in a safe motherhood workshop where they were sensitised on issues related to the unacceptable maternal mortality and morbidities in the state. The meeting discussed the signs of obstructed labour and they were encouraged to make early referral of patients when complications appear during labour.

Pregnant with fistula



Even with fistula, Jane Ekoyo, had 15 pregnancies with three of the children surviving. Labour for other deliveries lasted not more than 24 hours but the first one which preceded the fistula went on for three days. She was just 15 years old then.

A traditional birth attendant (TBA) took the delivery. It was not the practice then to go to hospitals, and the closest hospital was quite some distance. When the fistula happened, her relations blamed the TBA and wanted her arrested but the idea was dropped since the TBA was a relation.

The years of carrying the fistula burden were painful for Jane. Tears well up in her eyes as she recollects how she had to continue with life as a farmer despite the daily ridicule. All she could do was to cry. Some neighbours gave her a shoulder to cry on.

After the 15th pregnancy her husband married another wife when she turned down his request to try for more children. By the time she heard about the South East Fistula Centre she didn't know what to believe anymore. But she came all the same and found that hers was not a hopeless case even at 60. Her surgery was successful.


MCCI advocated for the enactment by the State House of Assembly of the [Ebonyi State Mother and Child Care Initiative and Related Matters Law, 2008](#) . This Law mandates any midwife or caregiver to immediately refer cases of labour up to ten hours to a higher level of medical care. This provision makes it necessary to seek care from a skilled attendant when giving birth. Apart from TBAs other members of the Maternal Mortality and Morbidity Monitoring Committees (MMMMCs) now monitor every pregnancy and delivery in their respective catchment areas as a result of the law. The Law also has made obligatory to report all maternal deaths.

Second delay: reaching a health care facility: Community leaders and individuals have been mobilised to support the transportation of women for delivery, particularly in cases of emergency. In some communities vehicles for this purpose have been identified. In some

areas the MMMMC have been provided with mobile phones or motorcycles to ease communication and movement in case of emergency. The Association of Local Governments of Nigeria (ALGON) in collaboration with the Development Centres have donated thirteen ambulances (one for each LGA) for easy referral of cases during emergencies.

Third delay: receiving emergency obstetric care (EOC) at the facility: MCCI in collaboration with the Ebonyi State Ministry of Health & Environment, advocated with the State government for the allocation of grants to six mission hospitals for the provision of free maternal health care services (antenatal care and delivery services, including caesarean sections). This was approved and between September 2008 - June 2010 these hospitals received seven instalments totalling 700 million naira. With the grants the hospitals have carried out renovation of infrastructure (e.g. laboratory services and delivery rooms); acquired equipment and medical supplies (e.g. blood bank refrigerator, caesarean section surgical kits, electric generator); acquired drugs (e.g. magnate sulphate, misoprostol) and hired additional staff (e.g. gynaecologists, midwives, nurses) to provide comprehensive EOC. Pregnant women receive free EOC in these facilities.

Grants as elixir



ANC clinic at Mater Hospital

Six Mission hospitals in Ebonyi State have received a new lease of life courtesy special grants given by the State government.

Maria Anwara, ANC attendee at Mater Misericordiae Hospital, Afikpo is pregnant with her third child. She came for ANC for the first time after hearing of the free maternal services offered by the hospital. Monica Agbishi a patient from Ikwo who has been on admission for two months had an ovarian cyst removed ahead of delivery. She is full of praises for the quality of service at St Vincent Hospital, Ndubia. A previous experience of successful evacuation of a stillbirth in the hospital convinced her to come back. She is a beneficiary of the free maternal care.

The number of ANC and deliveries services provided by both hospitals has increased significantly since receiving the grants. St. Vincent Hospital provided 7 times more ANC services and performed 8 times more deliveries in 2009 as compared to 2008. At Mater, the hospital has recorded over 100% increase ANC attendances and a 300% increase in number of deliveries performed since the introduction of free maternal services, says Theresa Akpelu, matron.

Working with communities to break the myths about Fistula

Many myths and taboos surrounded fistula in the State. Women with fistula have lived miserable lives not knowing that the condition could be treated nor where treatment could be provided. For women to come out to look for fistula treatment it was necessary to overcome the stigma, shame and ignorance attached to the condition. MCCI carried out extensive sensitisation in each LGA to promote a better understanding of the causes for fistula and the fact that the condition could be treated in Ebonyi State.



The wife of the Governor went to wards and communities to spread this message. Community leaders also spread the same message. A screening campaign was organised with a multidisciplinary team going to all LGAs to screen for fistula patients. Contact was made with Chairpersons in each LGA to coordinate with community leaders the identification of women “leaking” and to request them to encourage and bring the identified women for screening. As a result of this exercise more than 400 women with fistula were identified, most of them older women. The young fistula patients initially believed that it was all a gimmick. When the provision of treatment started (as fistula treatment campaigns) these women were contacted to receive treatment. With time the younger women also started coming for treatment.

Addressing the lack of treatment opportunities for fistula patients

Securing provision of *treatment* for obstetric fistula patients within the State has been a major challenge. MCCI took on the task of building and equipping a new Centre for the treatment of fistula patients. For this it was necessary to embark on a fund raising campaign to raise funds for the construction and build support for its activities. The State government and other stakeholders responded positively, providing cash or in-kind contributions (e.g. equipment, vehicles). The Centre was built in a few months and inaugurated on December 5th, 2008.



South East Fistula Centre

Initially it was not possible to provide treatment on regular basis. There was shortage of qualified staff. Funds for the timely procurement of drugs, medical supplies, food and other patient’s needs was also not adequate. The decision was therefore made to offer treatment during treatment campaigns, organised specifically for this purpose. In the treatment campaigns, fistula surgeons from Nigeria or abroad, join the State fistula management team to take care of a large number of patients over a period of one-three weeks. Routine treatment has however started.

Treatment at the Centre is free. Once a woman is admitted to the South East Fistula Centre all her expenses are covered (including medical care, drugs, laboratory tests, food). On arrival she receives a small bag with personal items (soap, sanitary pads, a plastic container for keeping water⁴ and others). After surgery, the women stay at the hospital for at least three weeks, after which they are discharged. At the time of discharge from the Centre, every woman receives a package containing a bag of rice, a piece of cloth material and cash to help them to pay for transport. All of these items are provided by MCCI. In some cases the ward coordinators or chairperson of the respective LGAs support discharged patients with transportation to and from the Centre.

The long term vision for the South East Fistula Centre is to become a centre of excellence providing treatment and training for obstetric fistula, as well as carrying out research. Presently seven research initiatives are on-going including one on microbial patterns in VVF surgery and another one analysing the outcome of fistula repairs.

In March 2010, the National Council of Health approved the South East Fistula Centre as National Fistula Centre. In July 2010, a team from the Federal Ministry of Health carried out a technical assessment of the Centre and initiated discussions on the handover of the Centre. A time table for this handover has been agreed.

⁴ Before and after surgery, women need to drink 5-6 litres of water every day.

Forty-five years later



Grace Ugwoma Ewa

She lived 45 of her 65 years on earth carrying the burden of a fistula, but now Grace Ugwoma Ewa is healthy again. The problem started when during her second pregnancy at 20 she went ahead to fetch firewood despite the onset of labour pains. The pains worsened in the bush and she could not move till people found her. She lost the baby and her capacity to urinate normally. Her mother had to bring her to the family house when she was abandoned by her husband. She never remarried. As Grace recounted her life with fistula before a crowded hall in Afikpo, there were repeated sighs. But she was all smiles at the end of her story as she sat flanked by four others who were also treated at the South East Fistula Centre.

One of them Ugo Ogbonnia Oko developed fistula following her eight pregnancy. When it was time to deliver she locked herself up during labour and delivered herself of the baby. That was the beginning of her problems. By the time Ugo was repaired she was a month into another pregnancy. Her surprise was that the pregnancy survived the fistula repair. Based on medical advice during the treatment, she went for a caesarean section when it was time to deliver. Today Ugo was smiling as she clutched the baby. She overcame vesico-vaginal fistula (VVF) and rectovaginal fistula (RVF). Her days of shame are over.



Ugo Ogbonnia Oko and child

Creating opportunities for fistula survivors

MCCI is developing mechanisms to ensure that support for *rehabilitation and social reintegration* of treated fistula patients is provided. The main strategy is to liaise with existing programmes working on women empowerment such as the National Poverty Eradication Programme (NAPEP). Twenty former fistula patients have each received grants of at least 20 000 naira for the initiation of small businesses.

Some former fistula patients are acting as fistula advocates in their communities, sharing their experiences with other women and men and encouraging safe motherhood practices. They are contributing to break with the stigma and discrimination against fistula patients

UNFPA support to MCCI



The work of UNFPA with MCCI concentrated initially on providing support to the South East Fistula Centre, mainly with provision of equipment. Since then UNFPA provided a bus to the Centre, sponsored treatment campaigns, and supported the training of staff. The UNFPA partnership with MCCI has evolved and extended now to a partnership with Ebonyi State. In the current 6th UNFPA Country Programme, Ebonyi State is one of the twelve States being provided integrated support in the areas of reproductive health, population & development and gender. In this new set-up, the support to MCCI has been integrated within the programme of work with the Ministry of Health. UNFPA has already donated two

operational vehicles to the State.

Next steps

The MCCI experience provides a number of strategies and interventions that could be scaled up to practically address the challenges of maternal health, including obstetric fistula in other parts of the country. It has shown that:

- **Strong leadership and political** will are paramount in efforts to achieve safe motherhood and the elimination of obstetric fistula.
- **Strong partnerships for maternal health** with government institutions (ministries, departments, agencies, local government), private sector, non-government organisations, international organisations, development partners, local organisations should be promoted. Each stakeholder has to play a clear and active role. The opportunity to play this role should be encouraged and specific commitments should be made by each actor.
- There should be **grassroots mobilisation** to increase knowledge and understanding of issues related to safe motherhood and the prevention and treatment of obstetric fistula. Taboos associated with causes for obstetric fistula should be addressed using different communication techniques (e.g. person to person, radio, health talks in mobile clinics, schools). Local political, religious and traditional leaders are key to successful outcomes.
- **Greater investment** is needed **to secure adequate coverage in the implementation of effective interventions** such as:
 - child spacing services,
 - coverage and access to maternal health services, for example through the provision of free maternal care through a public-private partnership (such as the grants to mission hospitals to provide these services) or through the provision of free maternal care in government-owned facilities
 - creating conditions for the provision of quality EOC in government facilities (e.g. adequate human resources in skills and numbers, proper equipment, secure availability of medical supplies)
 - secure the use of pantograph by health personnel providing delivery services
 - increase the number of girls attending schools
- Promote the **use of catheterisation** in all health facilities for prompt response to early signs of obstetric fistula.
- Adopt **supportive legislation** in favour of maternal health. In the case of Ebonyi State, continue supporting the functioning of the MMMMC at all levels
- **Consolidate the operation and functioning of the South East Fistula Centre** as a National Centre carrying out prevention, treatment, training and research activities. Prepare a 3-year rolling plan and advocate for joint support for the implementation of this plan with collaborating partners.
- Strengthen the capacity to **monitor and evaluate maternal health programmes.**
- **Disseminate the MCCI experience** to other states in the country.

Note: this policy brief is based on information reported from the Documentation Report, Ebonyi State Mother and Child Care Initiative (MCCI), commissioned by The United Nations Population Fund (UNFPA).

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