

Reducing Obstetric Fistula Surgical Backlog Through a Comprehensive Routine Service Delivery Model in Makueni County, Kenya: A Promising Approach

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INTRODUCTION

Obstetric fistula (OF), a devastating injury sustained during childbirth resulting in severe lifelong morbidity. It is a major burden for women in low and middle-income countries (LMICs), particularly in sub-Saharan Africa and South Asia.



OF is prevalent in 1% of women in Kenya which can be attributed to underreporting, stigma, and limited access to healthcare. Since the obstetric fistula patient population is hard to reach and as the condition tends to occur mostly in countries where there is a scarcity of health facilities, many cases will remain undiagnosed and underreported. The World Health Organization (WHO) has estimated that between 50,000 and 100,000 women are affected by new occurrences of obstetric fistula each year.

In developing countries including Kenya, many women and girls are silently suffering from obstetric fistula that occur due to early marriage, poor socioeconomic status, lack of access to skilled birth attendants, and limited awareness of obstetric fistula. The condition remains ‘hidden’ in the community, and it is highly associated with myths and misconceptions. Surgery is the primary treatment for obstetric fistula. There is a global shortage of skilled fistula surgeons, meaning repair rates are low.

Kenya currently has 11 fistula surgeons (with the 11th one recently trained from Makueni county) 3 of whom can repair complex OF cases. In many instances, provision of fistula care services, has been done through fistula repair camps which is a short-term mobilization of women with suspected fistula for screening and repair of positively diagnosed cases.

Jhpiego with funding from Johnson and Johnson is collaborating with the Ministry of Health (MoH) Division of Reproductive and Maternal Health (DRMH) and County Government of Makueni Department of Health in setting up a fistula repair centre, which will serve as a health system blueprint for replication in other counties in Kenya.



RESULTS

Since the launch of the Fistula center and services in March 2023, a total of:

134

surgeries have been performed



300+

women have been screened for fistula to date

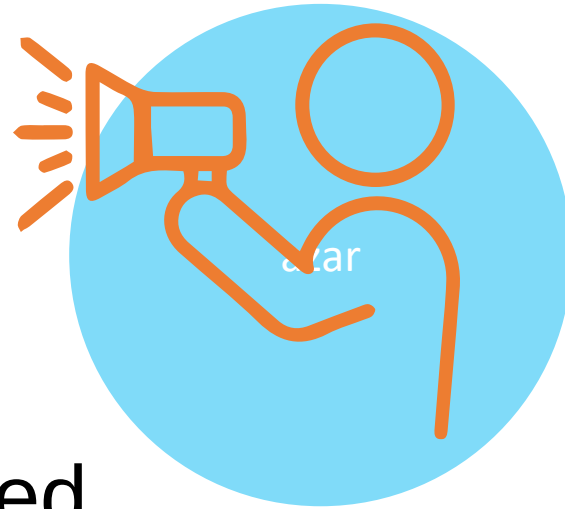
826

CHPs trained on community verbal screening and referrals of suspected fistula cases



20,000+

community members have been reached through structured and unstructured avenues on OF messaging



METHOD

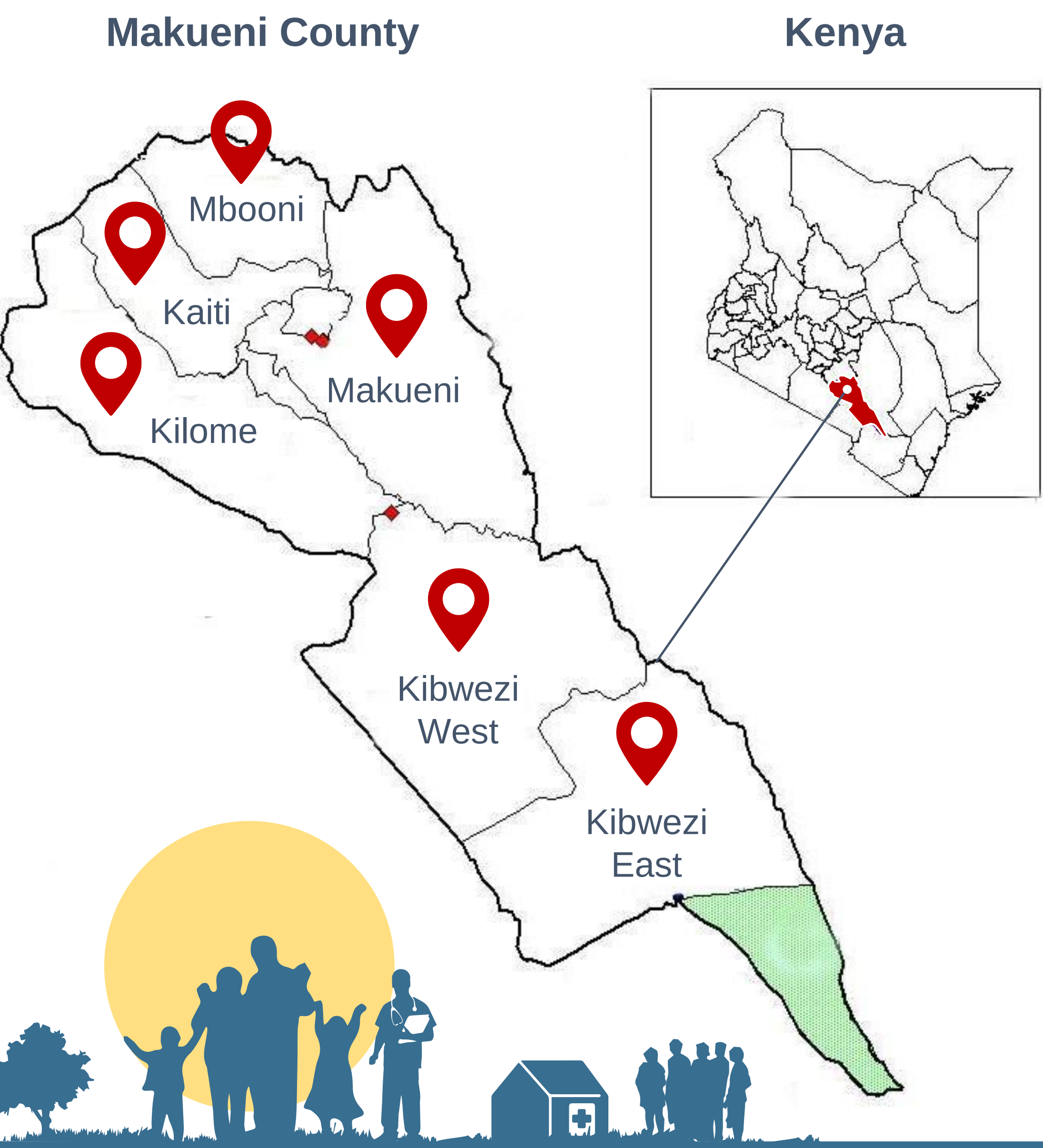
To set up OF repair services in Makueni County, an OF Care team comprising of an Obstetrician/Gynecologist, theatre nurse, post-natal ward nurses, anesthetists, physiotherapist, counselling psychologist and nutritionist underwent a 6-week period training for the surgeon and 2-week training for the other OF care team members at the accredited training institution of Gynocare Women’s & Fistula Hospital in Eldoret, Kenya. The trained surgical team conducted a whole-site orientation to the other health care workers at the Makueni county referral hospital with a focus on screening, preoperative preparation, surgical intervention, postoperative care, and psychological support. The county and hospital leadership provided the required infrastructure (theater bed, screening room and space) and patient care equipment and supplies. Client mobilization and awareness creation was done through media engagements, use of trained community health volunteers (CHPs), social mobilization, community engagement activities among others.

The routine model of OF care focuses on integrating Obstetric Fistula into routine health services, rather than relying on intermittent surgical camps which are expensive and there is no continuity of patient care. This approach ensures that women suffering from Obstetric Fistula receive timely and quality care, reducing the need for repeated visits and multiple referrals thus lowering the risk of complications.

There has been a lot emphasis on community education to raise awareness about Obstetric Fistula, its prevention, and the availability of treatment services in the county. Training healthcare providers and community health promoters has capacity strengthened the healthcare system for identification, screening and referral of suspected cases, ensuring early detection and treatment.

Mentorship by expert surgeon has led to skills retention and advancement from basic level by the trained county surgeon.

GEOGRAPHICAL FOCUS



CONCLUSIONS

To successfully set up a fistula center, the following key components are necessary: Training of the fistula care team, provision of the necessary infrastructure (space, screening space, theatre) equipment and supplies and community involvement to help identify hidden cases, improve access to treatment and support successful reintegration and rehabilitation of clients

The comprehensive routine service delivery model presents a sustainable and scalable solution to reduce the Obstetric Fistula surgical backlog in resource-limited settings. It underscores the importance of local health system strengthening and community engagement in addressing global health challenges. With success of this approach, advocacy can be done for scalability in regions grappling with similar health issues.



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