

Obstetric fistula prevention off to a good start!

A more than 90% reduction in deaths of women during childbirth was reported by Bankilare's villages during the project's first four months. This reduction includes deaths due to all causes, not only deaths from obstructed labor. No woman died in obstructed labor since the project began. And the number of new obstetric fistula cases has been reduced by 87.9% to a single case during the project's first four months.

In fact, while the numbers may change -- we are braced for surprises and setbacks-- the project has already surpassed the goal it set out to achieve by the end of its 2nd year.

The fabulous fundraising event held at their home by Rita, Shelby, and Loni Steele this past February raised \$41,100 and a matching grant of up to \$50,000 by the Jean Perkins Foundation under James Carroll III in Los Angeles. So we only need \$8,900 to fully benefit from these matching funds. Thanks especially to the Steeles and their friends, we are well on our way to the goal of \$152,000, the amount we need to fund the rapid prevention of obstetric fistula program through 2008. Almost all of this issue of the newsletter will be dedicated to the good news about our obstetric fistula prevention project.



Picture from the 11-page cloth flip-chart. The chart was made in three artistic versions and four languages to convey the information to everyone in Bankilare regardless of their ethnic background. Volunteers in over 300 villages have a flip-chart and picture-based data registration materials.

additional villages has been ongoing since then. The initial wave of volunteers returned to their villages and started the program, effectively on February 1st.

The sun must NEVER set twice over a woman giving birth! A woman must be evacuated before that happens. That is the basis for this community-based project to rapidly prevent obstetric fistulas and maternal deaths.

The message is getting across. The number of women going to health clinics for prenatal consultations has essentially doubled in the project area. Pre-eclampsia and severe anemia are just two of several potentially dangerous conditions that can be dealt with if women go for prenatal consultations.

On March 16th, Cox Channel 4 TV's *San Diego Insider* show featured a story about obstetric fistula, its causes and prevention. This was a great opportunity to inform people in the San Diego metropolitan area (population of 2.9 million) about the needless suffering and shame caused by obstetric fistula. Ambassador Barbro Owens Kirkpatrick, HDI's Chair, who lives in the San Diego area, and Dr. Anders Seim were interviewed. Our thanks to Emmy Award winning producer Carla Hockley, photo-journalist Gary Seideman, and the team at Channel 4 for a marvelous program that will help us eliminate obstetric fistula!

That's a lot of solid progress for a program that was only officially launched on December 1st, though HDI has been putting the pieces in place for several years.

HDI trained a supervisor in all 7 of the Bankilare health posts at the end of December 2007. In very late January, almost 600 volunteers were trained, a man and a woman in each village. Supplementary training of volunteers in

The number of women having their babies in a clinic with a trained nurse has also doubled all across this area which is twice the size of Rhode Island.

During the project's first three months, 21 women were evacuated to a clinic or hospital when the situation threatened her life and/or the life of her baby, compared with 54 women for all 12 months of 2007. That increase in evacuations translates to lives saved.

The number of women going for postnatal consultation has also increased markedly. This allows health personnel to vaccinate the baby, care for the woman and treat post partum issues.

Dr. A. Alou Mainassara is doing an impressive job as HDI's representative in Niger. First he literally volunteered to help with translation and writing the planning document in French during the 2-week detailed-planning session last September, refusing payment when the job was done. Intrigued by the possibilities he saw to save

women's lives and protect their dignity in large numbers, Dr. Alou then graciously accepted to continue working on this project.

It is no exaggeration to say that without Dr. Alou's untiring efforts, way above and beyond any reasonable requirements under duty and salary, this project would not at all be succeeding to the extent that it is.

Can this really work? That was the question we asked in HDI's December newsletter. The goal we set was at least a 75% reduction in obstructed labor deaths by the end of the project's 2nd year. And the goal was to reduce new fistula cases by over 50% during that time. Provisional numbers through May indicate that only a single new obstetric fistula case has occurred in Bankilare in the four months since the project became operational. That compares with 47 deaths and 25 fistulas reported retrospectively by villages for 2007 as a whole. Eleven women with existing fistulas have been found and sent for treatment at Niger's National Hospital in the capital.

In fact, two patients were found during Dr. Anders Seim's April visit to Bankilare. The trip happened to coincide with the quarterly trip to Niger by American teams of surgeons, surgical nurses, anesthesiologists and anesthesia nurses to do fistula repair surgery in Niger. The National Hospital's permanent fistula surgeon agreed to receive the women, so each of them was in Niamey within a day. Both women were operated on within a week, thanks to the additional capacity provided by the American team. Both operations were successful; the one woman has returned home, and the other is to do so soon.

Collaboration with traditional leaders, key

It's typically a challenge for community-based programs to genuinely engage local leaders and opinion-makers while working within the regular health care system.

HDI is pleased to report that this project is successfully building alliances with traditional leaders.

In May, two of Bankilare's three main leaders from different ethnic groups even joined Dr. Alou in going from village to village in an especially hard-to-reach part of Bankilare, where health workers have normally been reticent to go. One leader's niece once had an obstetric fistula, and he has been a staunch supporter of the project since he first heard of it. Perhaps expecting city-slickers with much talk and little action, both chiefs participated in training sessions in the communities and seemed impressed by the project's straight-forward yet sensitive, respectful way of dealing with the populations, regardless of ethnic group.

Having the traditional leaders on board and convinced of the project's merits is absolutely essential if it is to succeed, and so far that is going well.

Harvard to honor HDI's founder

Harvard University has announced that Dr. Anders Seim, HDI's founder, has been selected to receive the 2008 Alumni Award of Merit. "This award is the highest honor the Harvard School of Public Health bestows on its alumni in recognition of outstanding contributions to the field of public health." The award is to be presented in Boston on June 6th. "Dr. Anders" as he is typically known, was unbeknownst to himself nominated by Dr. Doris Schopper in Switzerland, a former international president of Physicians Without Borders. HDI is tremendously grateful for the recognition that this award entails, and we hope that too will help eliminate obstetric fistula.

You'll find more information about HDI (Health & Development International) at www.hdi-us.org. Or contact:

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Benefits of HDI's work reach millions in Africa and elsewhere, though its annual budget is less than \$500,000.

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