

VOICES FROM THE MALI FISTULA CARE PROJECT



**HEALTH WORKERS
AND FISTULA PATIENTS
SHARE THEIR STORIES**



INTRODUCTION

From 2008 to 2013, IntraHealth International worked in Mali through the Fistula Care Project, led globally by EngenderHealth, to reduce the enormous backlog of women waiting for life-altering fistula repair by strengthening fistula care services nationally and introducing surgical repair services in three regional hospitals. Before the political crisis in early 2012, the Mali Fistula Care Project focused activities in the northern region of Gao. When it became impossible to work in Gao, the project shifted its work to the southern regions of Sikasso and Kayes. In addition to fistula repair services, the project introduced quality improvement practices, infection prevention, and fistula counseling at the three repair sites, in Ségou and Mopti regional hospitals, and at Point G National Hospital in Bamako.

The project supported the regional health office in Gao by organizing trainings on emergency obstetric and newborn care to improve knowledge and skills of health workers in the prevention of obstetrical fistula through improved delivery care and management of obstetrical emergencies. The project provided technical assistance to the Ministry of Health in the development of national norms, protocols, guidelines and supervision tools for fistula services, as well as in the development and dissemination of the National Strategy for Fistula Prevention, Treatment and Reintegration and the National Quality Standards on Prevention and Treatment of Obstetric Fistula in Mali. Additionally, the Mali Fistula Care project has collaborated with local nongovernmental organizations in these regions to increase community awareness about the causes of fistula and the availability of services. This booklet is a compilation of stories of just a few of the lives that were changed by the Mali Fistula Care Project.

KEY RESULTS OF THE MALI FISTULA CARE PROJECT (2008-2013)

GAO

- 230 women received fistula repair interventions at Gao Hospital
- 20 women from Gao received fistula repair interventions at Mopti Hospital
- 5 surgeons trained in simple fistula repair
- 246 providers trained in fistula and FP counseling
- 40 providers trained in infection prevention
- 184 nursing students trained in fistula prevention and treatment

SIKASSO

- 140 women received fistula repair interventions
- 4 surgeons trained in simple fistula repair
- 30 providers trained in fistula and FP counseling
- 35 providers trained in infection prevention

KAYES

- 70 women received fistula repair interventions
- 4 surgeons trained in simple fistula repair
- 25 providers trained in fistula and FP counseling
- 34 providers trained in infection prevention

NATIONAL

- National Strategy for Fistula Prevention and Treatment developed and disseminated
- National Quality Standards on Prevention and Treatment of Obstetric Fistula in Mali developed and disseminated
- Stakeholders meeting held on integration of family planning and fistula services
- 500 midwives reached with fistula messages during national midwives conference

CLIENT: Agaïcha

“Today, I am 20 years-old. My father is the head of our village, and I am his 13th daughter. When I was 15, my father arranged my marriage with the head of our neighboring village. Soon after I married, I was pregnant. When I went into labor, it was very difficult. I spent five days laboring in the hands of the village women, battling for my life and battling to give birth. But I could not.

On the sixth day, my uncle took me from the village to the nearest health center, 65 km away. Once we got there, an unskilled health provider pulled the baby out by force. My son was dead. The following day, my torment started: I could not control my bladder anymore.”

Agaïcha’s experience of prolonged and obstructed labor is a major cause of maternal death and disability. Often, labor is prolonged when the woman’s pelvis is too small or the baby is too large for a vaginal delivery. This type of labor happens in up to 5% of births and causes 8% of maternal deaths. Adolescent girls, like Agaïcha, may be especially at risk for obstructed labor since often their pelvises are not yet fully developed.

In cases like Agaïcha’s, when labor is prolonged for even 24 hours, it can compress the tissues between the baby’s head and the woman’s pelvis, cutting off blood flow to the women’s bladder and rectum. The tissue can die within three to 10 days and lead to an opening, or fistula, between the vagina and the bladder and/or rectum. Obstetric fistula can lead to chronic incontinence and severe nerve damage, which can affect a woman’s ability to walk. In up to 90% of cases, the baby is stillborn or dies within weeks.

Obstetric fistula can often be prevented by the careful monitoring of childbirth by a skilled health provider who can undertake or refer the woman for a Caesarean section if necessary. Often, an obstetric fistula can also be surgically repaired.

“After I came back from the health center, my friends and most of my in-laws deserted me. They insisted I return to my village to be treated. I went back feeling ashamed. At age 16, this rejection and isolation was more painful and destructive than my physical handicap.

At first, when arrived back at my parents’ house, everyone took very good care of me and I began to feel like I would heal. But after a few days, people started to become suspicious of me. I was eating by myself and everyone was avoiding me as if I were contagious. I was completely disillusioned. Two years before, I had been a princess that everybody looked up to. Now, I was just a wreck. I wanted to hang myself and end it all. I thought that if my mother had been alive, she would have taken good care of me. But she had died of a massive hemorrhage while in labor.

Things went on like this for two years. Then my father heard on the radio that it’s possible to treat this sickness, the urine leakage, in Gao. It was then that I realized how much my father loved me. He gave up everything he had to take me to Gao and stay with me there for 45 days. He prayed night and day that I would get better. In 2009, I underwent surgery. Today, I am healed, and I have regained my dignity. I can go to the ceremony and do all the things that women can normally do.

When my husband heard that I was healed, he sent a delegation to come and pick me up, but I refused categorically. But I had the feeling that my parents were going to yield, so I decided to flee to Ménaka and then to Gao. There I was taken in by the manager of a non-governmental organization (NGO) called Greffa. She really helped me see the light at the end of the tunnel. Now, I help this NGO to help other women who are suffering from the same disease. I also raise awareness about this condition in villages. During the campaigns for fistula repair, I stand by the patients to provide moral support.

Every time I tell people about my story, I end up in tears because nobody can possibly imagine what I had to go through. That is the reason why I decided to dedicate my life to helping the thousands of girls and women who experience this tragedy and to do everything I can to eradicate fistula. I am really thankful to the hospital staff and the USAID Fistula Care Project for making this possible.”



PROVIDER: Professor Kalilou Ouattara

“Fistula is not an illness, it is a careless neglect,” says Professor Kalilou Ouattara. “It is a failure to help someone who’s in danger.”

Professor Ouattara has been the Head of Urology at the Point G University Hospital Center (CHU) for more than 30 years. He has seen countless cases of women suffering from obstetric fistula over the years and has performed thousands of surgical repair operations. “I can’t even remember my first fistula surgery anymore,” he says.

But there was a time when he wasn’t so familiar with the condition. He had never seen a case of obstetric fistula before taking the position at Point G, although he had learned about it during his 13 years of urology training in Russia. “I read about fistula in the textbooks,” he remembers. But he had never encountered an actual case. Then he returned to Mali.

“At Point G, I was very quickly confronted with this problem [of obstetric fistula],” he says. So many women came to the urology unit with incontinence due to fistula, that there was no place to put them all. With this seemingly insurmountable challenge facing him, and no practical experience to guide him, Professor Ouattara decided to study the condition to better serve this rapidly accumulating pool of clients in desperate need of help. By reading as many resources as he could find and attempting repair operations, he taught himself how to perform obstetric fistula surgery.

Understandably, his urology training was essential in tackling the problem of obstetric fistula. “90% of a fistula operation involves urology,” he states. Despite the limited resources at his disposal through the hospital, he was able to educate the population and potential donors through TV and radio interviews which allowed him to raise support for his work. In 1994, the Point G CHU received a gift from the First Lady of Mali to build the country’s first Fistula Welcome Center, as well as a limited amount of funding to pay for repairs. Professor Ouattara became an Associate of Medicine (Professor) at this time as well. He spent so much time treating fistula patients and performing repair operations that he eventually developed a classification system for the different types of urogenital fistula, which he revised and refined over the course of about 15 years.

Today, Professor Ouattara is Mali’s National Coordinator for Fistula Surgery Training, an honor accorded to him in 2004.



In addition to performing fistula operations at Point G CHU, he’s also responsible for training university students in urology and fistula surgery. Furthermore, he coordinates an inter-university diploma in fistula surgery that certifies approximately 20 students from different countries each year. He’s been providing technical assistance to the Fistula Care Project in Mali since 2009 in surgical fistula repair and on-the-job companion training.

“It is thanks to the Fistula Project that I can fulfill my mission as National Coordinator,” he says. Otherwise, he wouldn’t have the means at his disposal to provide in-service training to Mali’s health providers for surgical fistula repair.

Professor Ouattara recognizes the obstacles that exist when it comes to preventing and treating obstetric fistula – a preference for home births in many communities, inaccurate beliefs at the community level about the causes and consequences of fistula, insufficient recruitment of health providers by the state, the need for additional provider training, a lack of service coordination at the different levels of the health pyramid. Many challenges exist, but there are fundamental facts that cannot be ignored.

“Everyone knows that giving birth is dangerous,” he says. “Women can die giving birth, and they can also develop an obstetric fistula. It’s not a personal curse – there are actual objective causes,” he continues. He recommends that more attention be given to the management and care of pregnancies and birth. Pregnant women need prenatal care and births need to take place in a qualified hospital setting.

But he can see that things are changing in Mali since project activities began. “I know they are changing because people are coming to campaigns,” he explains. Communities are being educated and mobilized around the need to prevent and treat this debilitating condition. His biggest challenge in his fistula work is teaching providers how to perform a fistula operation with successful results. He wants to prepare a new generation of fistula surgeons. “The day I’m no longer here, I want them to be capable of treating it.”



CLIENT: Wassa Diarra

Wassa Diarra was in 4th grade at her local school in Sikasso, Mali when she began having stomach pain and trouble urinating. Worried, her parents took her to the regional hospital for a consultation, where she received treatment from a group of visiting foreign health care providers. An ultrasound revealed an abnormal growth in her reproductive tract, and the doctors decided to surgically remove the mass. Wassa spent one night at the hospital recovering, and returned home the next day. It was only then that she noticed the leaking.

“I thought it was just something that happened to me,” she says, “and I couldn’t do anything about it.” Wassa had never heard of fistula and had no idea why she was incontinent, but decided to hide the affliction from her family and friends. She decided to stop sleeping in the same bed with her grandmother, for fear that she would find out. Wassa wanted to continue her normal life, but the problem followed her.

She returned to school shortly after the operation, but noticed throughout the day that her clothes were wet and smelled of urine. The other students noticed, too. “They complained that the classroom smelled like urine,” she says. And they soon noticed that Wassa’s clothes were wet. “They made fun of me.” Wassa was embarrassed and would often end up crying and leaving school early to go home. One of her teacher’s tried to comfort her and encouraged her to seek help at the hospital. Her friends tried to console her, too, but still treated her like she was different. She was ashamed and the reaction of her fellow classmates was too much for her to bear. After about a month, Wassa stopped going to school.

Her mother, Habibatou, knew that something was wrong and soon discovered that Wassa was suffering from urinary incontinence. She was convinced something had gone wrong during the surgery at the hospital, but by this point, the visiting health providers had already left the country and she had no way to contact them. Habibatou decided to take Wassa to the Association for the Promotion of Women and Children (APROFEM) to seek their advice. The head of the association told Habibatou how important it was to support Wassa and not to isolate her. She also suggested that they seek treatment in a health facility.

In November 2012, Wassa and her mother heard a radio broadcast about a repair campaign at the Sikasso Hospital for women and girls suffering from symptoms just like Wassa’s. Soon thereafter, they received a visit from a local nongovernmental organization called IAMANEH. APROFEM had given IAMANEH Wassa’s name and contact information, suggesting that she come to the campaign to be diagnosed and treated for fistula.



Wassa was scared at first, but her family and neighbors encouraged her to go. She and her mother arrived at the hospital where they were welcomed and given a Bissimila Kit to cover their immediate needs while waiting for treatment. The hospital staff could tell that Wassa was nervous, so they did their best to put her at ease and she quickly became the darling of the campaign. After her surgery and recuperation, Wassa left the hospital completely healed.

“She’s been given a chance to resume her life as a young girl,” Habibatou says. Wassa’s family and community knew that she didn’t deserve to suffer from an illness like fistula, and everyone is delighted to see that she’s doing well and spending time with her friends. Wassa now feels comfortable sleeping in the same bed as her grandmother again. Wassa has also returned to school 2 years after dropping out. At the age of 14, she is thrilled to resume her studies. “I’d like to be a police officer in Abidjan when I grow up,” she says, with a shy smile.

PROVIDER: Maimouna Yalcouyé

Maimouna Yalcouyé had been a nurse since 2006 but only encountered one case of obstetric fistula in her first six years as a health provider. “I had heard about fistula in school – not in the books, but just people talking about it,” she explains. “I assumed the illness could not be cured,” says Maimouna. She had always heard that if you attempt to repair a fistula, it wouldn’t work.

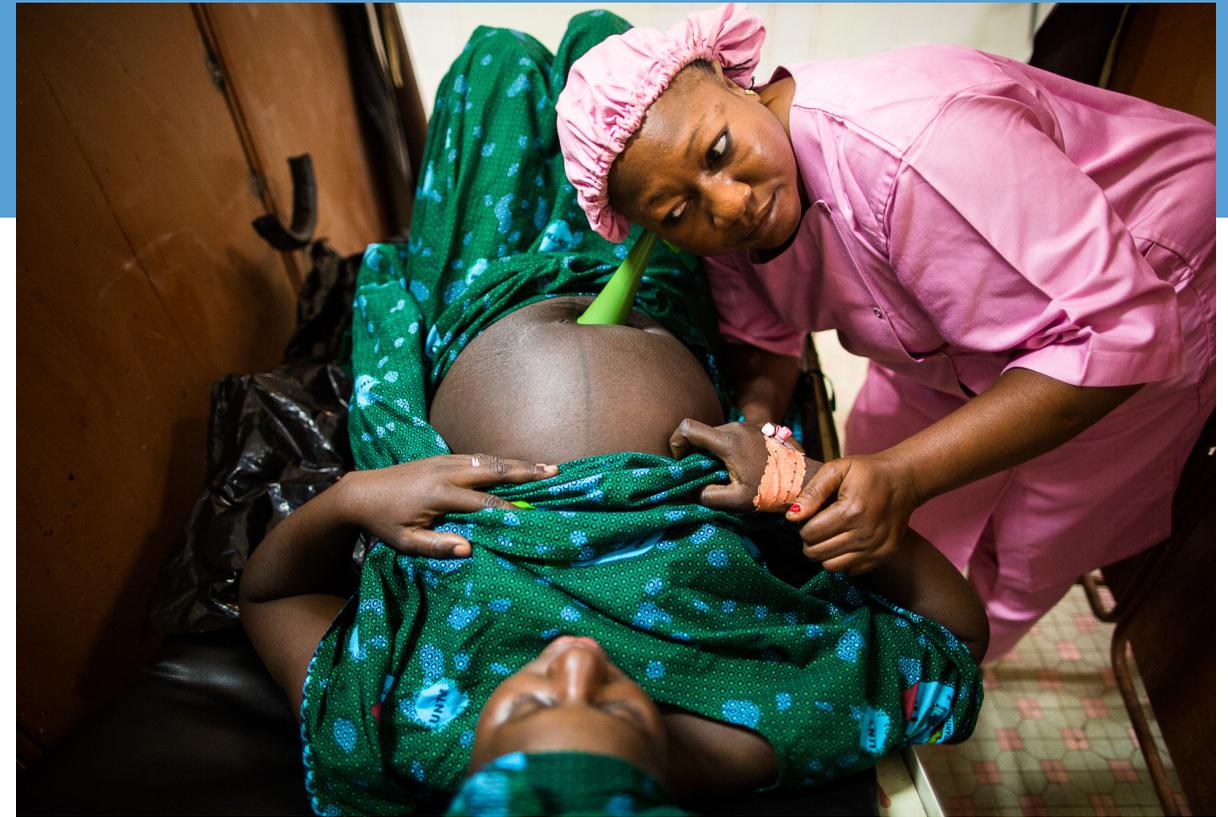
One day while Maimouna was on duty as a nurse in training, a woman arrived at Sikasso hospital after suffering in labor at home for four days. The hospital staff had to perform a cesarean to remove her now stillborn child. Within 24 hours, the woman began to experience urine leakage from her vagina.

Maimouna then witnessed how the health care system responded to a patient with obstetric fistula. “We didn’t try to treat the woman,” Maimouna says. The attending physician explained to the woman now suffering from obstetric fistula that the condition was difficult to heal. They let her leave the hospital without further care.

In December 2012, Maimouna was recruited by IAMANEH, a local NGO partnering with the Fistula Care project in Sikasso, to work as a community health educator and recruiter for an upcoming fistula repair campaign at the regional hospital. After an initial training on the signs and symptoms of obstetric fistula and on facilitation techniques, Maimouna joined a team of 7 community health educators to spread the word about the campaign and to recruit women believed to be suffering from obstetric fistula.

They covered 2 out of Sikasso’s 7 districts for the first campaign. They worked with staff from the referral health centers and regional hospitals, introduced local authorities to the project, developed and aired radio announcements about the repair campaign, led fistula education sessions during vaccination campaigns, and collaborated with local community associations to identify potential fistula clients through telephone calls and home visits.

And the women came. More women than they had ever expected would come. They made a



list of potential clients, and when the list was full they started a new list and gave women appointments to come back for the next campaign. The need for fistula services was overwhelming. Thirty-five women received surgical repair during that first campaign, and a list of more than 40 women waiting for the next campaign was growing.

Maimouna was amazed at the results of the repair campaign. “Women came even though their husbands refused to accompany them, even though they didn’t have any way to treat the condition themselves. They came and they were healed here,” she says. “This illness is actually treatable.”

“The community needs this project,” Maimouna implores. “These women are our sisters. We need to help them – I have to do everything I can to help them.”

And Maimouna is making a difference in their lives, even mentoring a former client. She smiles as she remembers a young girl named Wassa from the first campaign. “She was healed during the campaign, and now she spends all her time at my house,” says Maimouna. “We spend the day together watching TV or talking about guys. Wassa and I have become friends.”

CLIENT:
Nassarata Bamba



Nassarata Bamba is 28 years old and works on her family's farm in Koutiala. She never attended the local schools, but used to have a very normal life in her community, collecting wood to sell for personal expenses and participating in the local income generating activities organized by women's groups. She was married at the age of 15 and by 19 was delivering her third child. When she felt the first contractions of this labor, she quickly went to the Pimperna health center for assistance with her birth. She spent 36 hours in labor before her child was stillborn. During the difficult delivery, Nassarata had also developed an obstetric fistula.

During the pregnancy, she and her husband had been having marital problems so she left him to live with her parents before giving birth. "After I left, he yelled at me and said I would not be able to have a child if I did not come back to live with him," she recalls. When she realized that she was leaking urine after the birth, she thought it must have been God's will. Her husband also thought it was some sort of divine punishment to make her pay for abandoning him. "At first, I thought I would never heal from this condition," she says.

When the community found out about Nassarata's condition they all started talking about her. "Everyone was pointing at me," she says. One of the most hurtful experiences she recalls was a fight she had with her mother-in-law. "She told me I smelled bad and that I would never find a husband." But her family stood by her side. Nassarata has even remarried since then, and has been with her current husband for 5 years.

Nassarata had been suffering with fistula for almost 10 years when her sister told her about a radio broadcast on the availability of free fistula care services at the Sikasso hospital. "I told my husband about it right away," she says. He was open to the idea, so they decided to go to the hospital to seek care. After undergoing a surgical repair operation during the Fistula Care project's campaign, Nassarata has completely recovered.

"My family was very happy that I healed and that I came back home," she says. She is grateful for her husband's unconditional support and the commitment of her relatives throughout the process. She looks forward to participating in weddings, baptisms, and other community activities again. She also has plans for her own future. "My goal now is to start my own business," she says.

She believes the work of the Fistula Care Project is very important for the community. "I would like fistula care interventions to be pursued until there are no more fistula cases in our area," says Nassarata. She also wants to see income-generating activities introduced so that women can be financially independent.

She encourages women to regularly go to health centers for care and to give birth in a health facility to avoid developing an obstetric fistula. "In the future, I would like to have a baby and introduce my child to the campaign team."



PROVIDER:
Dr. Abdou Guiré



"I consider myself a product of the Fistula Care Project," says Dr. Abdou Guiré, a general surgeon who has been working with the project since 2009. Before being transferred to the project repair site in Gao, he did not have the skills required to meet the needs of women suffering from obstetric fistula.

"I began to hear about obstetric fistula during my clinical practicum at the urology unit of the Point G University Hospital back when I was a medical student," Guiré says. Later in his career, while working in a small health district in the region of Sikasso, he would refer suspected fistula cases to hospitals in Mopti and Bamako for diagnostics and case management. But it was not until he arrived at Gao Hospital that he benefitted from targeted training in fistula prevention, diagnosis and treatment, counseling, and supportive supervision provided by the Fistula Care project.

Dr. Guiré says the various training sessions, systematic follow-up and constant support of the project staff strengthened his knowledge and allowed him to practice his newly-honed skills. "[The project] created a positive environment that contributed to the overall improvement of the health workforce, and more particularly of surgeons like me," Dr. Guiré continues. "I became a Level III fistula surgeon although I did not have any skills in that area prior to 2009."

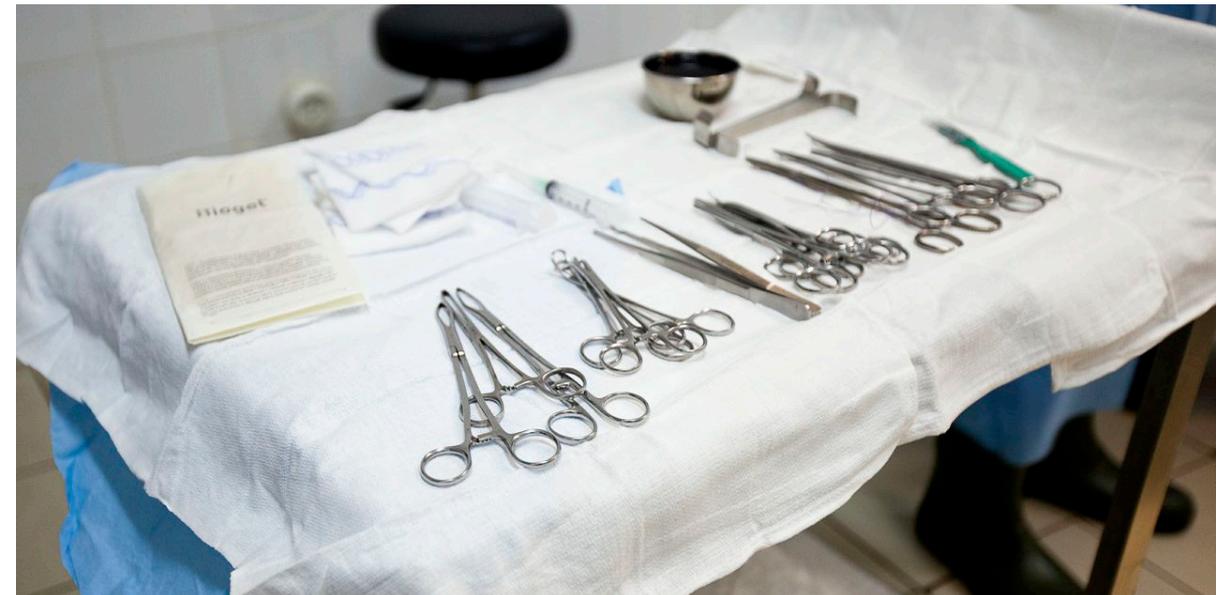
When asked if any experiences with fistula service provision have really affected him, he says there is one that always comes to mind. "I will always remember how I gave a desperate 13-year old Tamashek girl her smile back," he says.

This young girl had been forced to marry her cousin when she was only 12 years old and became pregnant a year later. She had not received antenatal care services during her pregnancy and attempted to deliver her child at home. After three days of labor, her parents took her to the community health center by camelback,

as it was the only transportation available in that area. The health providers at the facility did not have the skills required to adequately manage her case, so they referred her to another facility where her already-dead newborn could finally be extracted. A few days later, she started to lose urine and was abandoned by her husband overnight before being rejected by several other family members.

In 2009, she was identified by GREFFA, a local Fistula Care partner organization, and received a successful operation as part of the second surgical campaign implemented by the project. The young woman remarried in 2011 and is currently expecting a child. Thanks to the counseling she received at Gao Hospital, she agreed to have her pregnancy monitored and to give birth in a health facility.

Dr. Guiré's experiences over the last 5 years have convinced him that fistula prevention should be increased, that surgery should be free of charge, and that fistula services should be extended to all regions in Mali. He emphasized the importance of education in the community to dispel myths and rumors about obstetric fistula. "On a personal level," Dr. Guiré says, "my [fistula] training has helped me become more involved in the treatment of my patients and made me more aware of their needs. It has helped me deliver the best possible care."



CLIENT: Maimounata

Doulaye has spent more than 20 years trying to give his daughter, Maimounata, her life back. Maimounata developed obstetric fistula at the age of 19 and moved in with her father after her husband abandoned her following the development of the condition.

When Maimounata was pregnant with her first child, she never attended a prenatal visit because her husband would not allow it. "He never gave me the authorization," she explains. Once her labor started, she spent 72 hours in their home before fainting with her child only partially birthed. It was only then that her husband agreed to send her to the hospital. "That's where they removed my child who was already dead," she says.

Maimounata spent another month at the hospital recovering from "foot drop¹." She returned home, now suffering from incontinence and battling with depression. "I even felt like killing myself," she says, "like disappearing forever."

"My husband never said anything; he never did anything. He continued his normal life as if nothing had happened," says Maimounata. Three months later, he collected all of his wife's belongings and left them on her father's doorstep.

Her father, brothers and their wives welcomed her back with open arms and she says they treat her well. "There's no difference between me and the other members of my family," she says. Despite knowing that her family accepts her, Maimounata still fears rejection. "She never leaves the house anymore," Doulaye says. When everyone else goes to the fields in the morning, she stays home all day to watch their children.



¹ A common complication of prolonged labor because of damage to or compression of the peroneal nerve which affects the functioning of the lower leg.

It's hard for Doulaye to see his daughter like this. Ever since she developed the fistula, she's been despondent and detached from the community. But he has refused to give up on her. "I just want her to recover," he says. Over the past 20 years, he has sought out and paid for 10 repair operations for Maimounata in three different hospitals throughout the country. Despite his daughter's reluctance to keep trying after so many unsuccessful attempts at repair, he hasn't given up hope. "With this illness, you shouldn't rush," he says. "It takes patience."

When Doulaye heard about the Fistula Care campaign that was taking place at the Sikasso hospital, he didn't hesitate for a second to bring Maimounata and sign her up for treatment. Despite a disappointing result from this most recent operation, the father and daughter plan to be present at the next campaign to try again.

Doulaye has high hopes that his daughter will be healed, and eventually get married and have at least one child. "Someone to take care of her when I'm gone," he says. As for Maimounata, she's also hoping for a complete recovery. "I want to be myself again," she says.



PROVIDER:
Dr. Aly Boubacar



Dr. Aly Boubacar Diallo is a general surgeon with 9 years of experience and is currently the head of the surgical unit at Sikasso hospital. Before being introduced to the Fistula Care project, Dr. Diallo had the opportunity to support fistula clients while collaborating with health providers who were visiting Sikasso hospital from China. These providers performed fistula repair operations and Dr. Diallo assisted these procedures.

Since December 2012, Dr. Diallo has become the hospital's focal point for the Fistula Care project, and has begun an intensive theoretical and practical training in fistula diagnosis and repair. He and his fistula team colleagues have participated in three repair campaigns, as well as a training on infection prevention, which he thinks has significantly contributed to behavior change among the health workers at the hospital. Dr. Diallo says that his motivation to pursue his training in fistula is high. "I want to become completely autonomous in fistula surgery and increase our success rate."

The training workshops have helped Dr. Diallo acquire the tools that he needs to successfully detect and manage simple obstetric fistula cases. "I am really proud that I am now able to perform surgery on some of these women," he confides. Seeing his clients leave the hospital smiling after a successful surgery is one of his greatest satisfactions.

But he believes that he has a lot more to learn. "I still need to strengthen my skills in the areas of fistula prevention and the management of obstetrical emergencies," he explains. Since the campaigns first started, the number of women requesting fistula care services has increased significantly. So much so, that Dr. Diallo hopes the hospital can establish a housing facility specifically for women suffering from fistula.

Dr. Diallo also wants to see the project activities and interventions sustained and expanded. He recommends increasing educational outreach at the community level, training surgeons and gynecologists across the

country in fistula surgery, and ensuring the availability of at least one surgeon and one gynecologist in all referral health centers in Mali.

"My take-away message to local communities would be to ensure that all pregnant women attend antenatal consultations and that they deliver their child in a health facility in the presence of qualified health providers," he says.



CLIENT: Fatoumata

“I still want to be with you until death do us part,” was the reaction of Fatoumata’s husband after she developed an obstetric fistula following a prolonged and obstructed labor.

During her 7th pregnancy, Fatoumata regularly went to her local health center for monthly prenatal visits with a *matrone*. One week before her due date, she arrived at the health center to wait for labor to begin. Two days later the contractions came, but several days passed without her child being born. After a total of seven days at the health center, she was finally evacuated to a hospital where they performed a cesarean section to remove her now dead unborn child. Shortly thereafter, she realized she was leaking urine.

Fatoumata was devastated by the affliction. “I thought my life was over,” she says. She and her husband had 6 children ranging from 4 to 17 years old and she was the primary caretaker, getting water for daily use, cutting wood for cooking, growing food for the household and selling any extra in the market. But now, she was worried that she could no longer take care of them and they would suffer. Her husband’s first thought was that he would do everything he could to get her the treatment she needed, but they had no money.

Fatoumata remembers that when she was young, a friend of her mother developed similar symptoms, and the community abandoned her. “She had no one left,” Fatoumata says. “They ignored her, like she wasn’t even there.” The woman didn’t believe that she could be treated so she never sought care for her problem. She died alone. Fatoumata was convinced that she, too, could never be healed.

Fatoumata and her family were living in Cote d’Ivoire when she developed the fistula, and they decided to return to her native village in Mali for fear that she would be ostracized. Even though her community welcomed her back offering words of encouragement and comfort, Fatoumata still felt alone. She began to isolate herself from her community because of the shame she felt. She stopped selling food at the market and supporting the family became difficult. When her husband passed away, a sister-in-law and her children moved in with Fatoumata and her family to help with their financial troubles.



After 10 years of living with obstetric fistula, Fatoumata heard a radio broadcast about the first Fistula Care campaign that would be held at the Sikasso Hospital where women could receive treatment free of charge. A relative who works as a surgical nurse at the hospital encouraged Fatoumata to go, so she and her eldest son, Aboudou, walked the 3km to the hospital to participate in the campaign. Fatoumata is now completely healed and ready to continue her life.

“I’m so proud,” says Aboudou. “When you have a problem that you can’t manage yourself and someone else comes and helps you, you just don’t know what to say. I’m just so proud.”

Knowing that her only worry on any given day is making sure her family has food is a relief for Fatoumata. She encourages other women suffering from the symptoms of obstetric fistula to seek treatment at Sikasso Hospital. “This is the house of hope,” she says.



USAID
FROM THE AMERICAN PEOPLE



EngenderHealth
for a better life

IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.



IntraHealth Mali | BP2243, Villa #1 | ACI 2000 | Hamdallaye Bamako, Mali
(223) 20-22-87-83 | www.intrahealth.org