



## Biweekly Update – June 25, 2008

### **FISTULA CARE ENABLES FOUR TRAUMATIC FISTULA EXPERTS TO PRESENT AT THE 2008 REPRODUCTIVE HEALTH IN EMERGENCIES CONFERENCE IN KAMPALA, UGANDA**

The Reproductive Health in Emergencies Conference 2008, organized by the RAISE Initiative in collaboration with the RHRC Consortium, took place June 18-20, 2008 at the Speke Conference Centre in Kampala, Uganda. It brought together a wide range of actors to contribute to the expansion of comprehensive reproductive health services in crisis settings.

The Fistula Care Program took the opportunity of this conference to encourage technical experts who work in conflict settings to share their experiences with traumatic fistula. We submitted four abstracts detailing work that has been done in northern Uganda and the eastern D.R. Congo. Two were invited as formal presentations:

- Traumatic Gynaecologic Fistula in Reproductive Health Emergencies -- Achwal I, Ruminjo J, Ngongo C [Global]
- La prise en charge des fistules génitales de la femme en RDC: Contexte, ampleur et perspectives -- Kalume MA, Ahuka L [D.R. Congo]

An additional author presented a roundtable presentation:

- Voices from the field: Community research on the experiences of survivors and perpetrators of sexual violence -- Akullu H [Uganda]

A fourth author presented her work as a poster:

- Psychosocial effects of sexual violence in conflict situations -- Mungherera M [Uganda]

Over 450 people attended the conference, with representation from across sub-Saharan Africa. Over 70 participants attended the formal presentations, while for the roundtable presentation conference organizers tried to move audience members to



another table because the seats were inadequate!

The presentations sparked a wide range of questions and reflections. The UN statement on the use of rape as a tool of war had been released the evening just before the conference, which provided a timely introduction to the disturbing prevalence of traumatic fistula. Participants inquired about the use of implements to cause trauma, and factors that would influence such sexually violent crimes. Audience members reflected on the linkages to safe motherhood and gender-based violence in general, the self-isolation (as well as community stigma) of women with traumatic fistula, the opportunities to use the media for community mobilization and education, and the social interventions linked to traumatic fistula surgical repair programs. More dedication to prevention efforts is needed. The audience was eager to discuss what is needed to increase access to care, and Dr. Kalume eloquently argued that the answer is peace. He and his colleagues have been able to do outreach primarily in stable places, where infrastructure can also be repaired. This in turn has an important impact on women learning that help is available. It was observed that often doctors are not aware of a backlog of fistula patients, but that whenever media messages reach the population facilities are overwhelmed by women in need of repair who were previously hidden.

### **FISTULA CARE PUBLICATION**

Dr. Joseph Ruminjo, Senior Clinical Advisor at EngenderHealth, co-authored "Fistula and Traumatic Genital Injury from Sexual Violence in a Conflict Setting in Eastern Congo: Case Studies," in the May issue of Reproductive Health Matters.