

A Fistula Patient receives support from a Social Care worker in Darham Hospital, Nepal. Photo: UNFPA APRO / RUOM / Luke Duggleby



Breaking the Cycle: Addressing the Burden of Obstetric Fistula in Nepal

May 2024

Nepal: Key Data

- 151** Maternal Mortality Ratio (per 100,000 live births) – Source: NPHC, 2021
- 2.5** Health facilities offering normal vaginal delivery services applying or carrying out signal functions for emergency obstetric and neonatal care (%) – Source: NHFS, 2021
- 17.5** Multi Poverty Index (MPI) multidimensionally poor (% of population)– Source: MPI, 2021
- 79** Deliveries conducted in a health facility (%) – Source: NDHS, 2021
- 80** Deliveries conducted by skilled health providers (%) – Source: NDHS, 2021
- 21** Unmet need for family planning among married women (%) – Source: NDHS, 2021

Country Context

Nepal has seen significant improvement in the uptake of maternal health services including antenatal and postnatal care over the last five years. Despite this progress, wide disparities are evident in the use of these services, notably differing by geography and socioeconomic status of women. Although there have been substantial increases in the number of deliveries by skilled birth attendants and institutional deliveries, quality of care is a significant issue. Only 1% of health facilities meet the minimum standards of quality of care at the point of service delivery (NHFS 2021).

The country has also made significant progress in improving sexual and reproductive health and advancing the reproductive rights of women and girls. But many women, especially the poor and vulnerable, still lack access to quality sexual and reproductive health information and services, including life-saving emergency obstetric care that prevents obstetric fistula. Traditional harmful

practices also present a challenge, and Nepal still has one of the highest rates of child marriage in South Asia. In 2022, among women aged 20–24 years, 34.9% were married before the age of 18, and 5.8% before age 15¹.

Harsh terrain and travel conditions also impact women's ability to access health care, particularly emergency care. Women in the lowest wealth quintile are significantly more likely to live further away from a health facility, with 10% having to travel more than 2 hours (compared to 2.4% of the whole population), and 96% having to walk to the facility. Almost a third of the poorest women report that their child was born before reaching the facility.

Nepal's pledge to eradicate Obstetric Fistula (OF) is reflected in its national and global commitments. The Nepal Health Sector Strategy and Implementation Plan and the Nepal Safe Motherhood and Newborn Health Road Map 2030 both include specific interventions to prevent and manage obstetric fistula or its causes.

Efforts to address Obstetric Fistula (OF)

Obstetric fistula (OF) is a traumatic childbirth injury that develops between the birth canal and a woman's internal organs, as a result of prolonged, obstructed labour without access to timely and skilled medical care. It nearly always results in a stillborn baby, and if left untreated can lead to chronic medical problems and significantly impact physical, mental, social, and economic well-being.

OF management was a neglected issue until a few years ago but it is now included as part of the

reproductive health care afforded to women in Nepal.

The country does not currently have a nationwide programme to address OF, rather it is integrated into Reproductive Health morbidities management. While Nepal's legislation includes the right to safe motherhood and reproductive health including management of OF, there is room to strengthen the application of the principles and bring the legislation into effect.

The country has three permanent facilities² (and an occasional fourth site) where OF can be treated. Treatment and awareness outreach programmes are at the discretion of each site. While progress has been made in the provision of surgical treatment, prevention and rehabilitation initiatives are lagging. Few women present themselves for treatment. From 2005-2007, one treatment site provided 23 women with fistula repair surgery over a three-year period. It is now estimated that 200-300 cases are treated nationally each year and around 4,362 women actively live with the condition without treatment and care. While this is an improvement, it addresses neither the backlog of cases, still likely to be in the thousands, nor the cases which require repeat operations. Furthermore, the limited experience of surgeons, due in part to the low case load per site, impacts the success rate of complicated repair surgery.

Nonetheless, progress in OF management has been made over the last 15 years. Surgery success rates have improved, a national training centre at BP Koirala Institute of Health Sciences (BPKIHS) has been established, and an expanding pool of surgeons has been trained to provide OF treatment.

¹ Ministry of Health and Population, Nepal, New ERA, and ICF, 2023. *Nepal Demographic and Health Survey 2022*. <https://dhsprogram.com/publications/publication-FR379-DHS-Final-Reports.cfm>

² As of June 2023, OF treatment is provided at B.P. Koirala Institute of Health Sciences (BPKIHS), Patan Hospital, Fistula Centre Surkhet (run by INF), and occasionally at Prasutigriha Maternity Hospital Thapathal.

However, continuing challenges such as health-system-related causes of obstructed labour, poor retention of trained-surgeons and the emergence of cases of Iatrogenic Fistula (IF) all call for a targeted, coordinated approach under government leadership and through collaborative partnership.

UNFPA Nepal, in collaboration with other stakeholders, has recently developed an Obstetric Fistula Elimination Roadmap which outlines the key priorities to tackle OF/IF including prevention, treatment, rehabilitation, governance and coordination, and evidence and knowledge management. Initiatives included in this proposed project are aligned with the Roadmap.

Proposed Top Priorities for Implementing an Obstetric Fistula Prevention and Treatment Programme

- ✓ Implement the new Obstetric Fistula Elimination Roadmap through district-by-district elimination campaign focusing on prevention, case management (including screening, referral, treatment, and immediate recovery), rehabilitation and social reintegration, leadership, coordination, and governance, evidence generation and knowledge management and regional learning and resource mobilization;
- ✓ Assess functionality of existing Basic and Comprehensive Emergency Obstetric and Newborn Care (EmONC) sites and upgrade as necessary, to ensure availability of 24/7 quality obstetric care;
- ✓ Support the introduction of pre-service education of professional midwives with a goal to create 6,000 midwives by 2030 as per the national nursing and midwifery strategy;
- ✓ Establish a strategically located Centre of Excellence as a hub of best practice on the holistic model of care, including IF prevention;
- ✓ Support the Federal Government to roll-out the RH Morbidities Training Package to substantially increase screening and treatment for OF in all provinces;
- ✓ Improve referral mechanisms within/across municipalities and all health facility levels.

This brief was prepared by UNFPA Asia-Pacific Regional Office, in collaboration with UNFPA Nepal Country Office, in May 2024. UNFPA APRO would like to thank Anna Wight for her support in preparing the original country profile.

For more information on Obstetric Fistula, please visit:

<https://asiapacific.unfpa.org/en/end-fistula-apro>